

# Rules

## RULE

### Department of Agriculture and Forestry Horticulture Commission

#### Examination Fees (LAC 7:XXIX.109)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Commissioner of Agriculture and Forestry, at the request of the Horticulture Commission, has amended the following Rule governing fees for exams administered by the Horticulture Commission.

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 Horticulture Commission 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 be adequately funded for the 2003-2004 fiscal year. Adoption of these Rules will take place in accordance with the Administrative Procedure Act. However, this process takes several months to complete and would cause additional deficits to continue and the possibility of work reductions.

#### Title 7

### AGRICULTURE AND ANIMALS

#### Part XXIX. Horticulture Commission

#### Chapter 1. Horticulture

#### §109. Examination Fees

##### A. Retail Florist

1. The fee for examination for licensure as a retail florist shall be \$150.
2. The fee for re-examination in the written phase of the examination shall be \$50.
3. The fee for re-examination in any portion of the design phase of the examination shall be \$100.

##### B. Landscape Architect

1. The fee for examination for licensure as a landscape architect shall be the cost for each section of the examination plus an administrative fee of \$200 for first time applicants and those applying through reciprocity.
2. The fee for re-examination in the various sections for licensure as a landscape architect shall be the cost for each section plus one administrative fee of \$100.

##### C. Wholesale Florist, Horticulturist, Arborist, Utility Arborist, and Landscape Contractor

1. The fee for examination or re-examination for licensure as a wholesale florist, horticulturist, arborist, utility arborist and landscape contractor shall be \$50.

D. All fees required under this Rule must be submitted at the same time as the application; failure to submit any required fees will bar the applicant from taking the examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3801, R.S. 3:3805, and R.S. 3:3806.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Horticulture Commission, LR 8:184 (April 1982), amended by the Department of Agriculture and Forestry, Horticulture Commission, LR 14:8 (January 1988), LR 18:249 (March 1992), LR 20:640 (June 1994), LR 29:2297 (November 2003).

Bob Odom  
Commissioner

0311#064

## RULE

### Department of Agriculture and Forestry Office of Agricultural and Environmental Sciences

#### Nursery Certificate Permit Fees (LAC 7:XV.126)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Agriculture and Forestry hereby adopts regulations governing fees for nursery certificate permits and permit tags.

Louisiana is experiencing an unprecedented shortfall in state finances. The legislature has cut the department's budget; therefore, using other department funds is not a continuing option. The fiscal year begins on the first of July. Adoption of these Rules will take place in accordance with the Administrative Procedure Act.

These Rules are enabled by R.S. 3:1655 and 3:1652.

#### Title 7

### AGRICULTURE AND ANIMALS

#### Part XV. Plant Protection and Quarantine

#### Chapter 1. Crop Pests and Diseases

#### Subchapter B. Nursery Stock Quarantines

#### §126. Nursery Certificate Permit Fees

A. There is hereby established and henceforth there shall be an annual fee paid by nursery permittees as follows.

1. Any nursery which consists of acreage greater than 2,500 square feet or greenhouse area greater than 200 square feet shall be \$100 per location per year and all other nursery certificate permittees shall pay a fee of \$25 per location per year.

2. There is hereby established and henceforth there shall be a fee of \$0.10 per nursery certificate permit tag issued by the Louisiana Department of Agriculture and Forestry to the nursery certificate permittee.

##### B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1655 and R.S. 3:1652.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, LR 15:78 (February 1989), amended LR 29:2297 (November 2003).

Bob Odom  
Commissioner

0311#063

## RULE

### Department of Agriculture and Forestry Office of Agricultural and Environmental Sciences

#### Sweet Potato Quarantine (LAC 7:XV.143)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, has amended regulations regarding the sweet potato weevil quarantine.

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 for the sweet potato 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 be adequately funded for the 2003-2004 fiscal year. Adoption of this Rule will take place in accordance with the Administrative Procedure Act. However, this process takes several months to complete and would cause additional deficits to continue and the possibility of work reductions.

This Rule is enabled by R.S. 3:1652 and 3:1732.

#### AGRICULTURE AND ANIMALS

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

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

##### Subchapter C. Sweet Potato Weevil Quarantine

##### §143. Fees

A. fee of \$0.06 per bushel shall be charged for each bushel of sweet potatoes moved or shipped within or out of Louisiana.

B. ...

C. A fee of \$0.10 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 by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, LR 15:77 (February 1989), LR 18:705 (July 1992), LR 27:1178 (August 2001), LR 29:2298 (November 2003).

Bob Odom  
Commissioner

0311#062

## RULE

### Department of Economic Development Office of Business Development

#### Enterprise Zone Program (LAC 13:I.Chapter 7)

The Department of Economic Development, Office of Business Development, pursuant to the authority of R.S. 51:1786(5) and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., hereby amends LAC 13.I.Chapter 7, Enterprise Zone Program. The following

Sections are repealed: §§702, 703, 718, 735, 745, 747 and 751. The following Sections are adopted and contain new language: §§703, 713-745. The following Sections are amended: §§701, 705-711, and 749. The purpose of the amended Rules is to comply with changes to the enterprise zone legislation made by Acts 2002 1st Extra Session, No. 4, which changed the basis of determining enterprise zones to the most recent census and extended the \$5,000 per job tax credit for motor vehicle parts manufacturers. The changes also further clarify requirements for creating the minimum number a jobs.

#### Title 13

#### ECONOMIC DEVELOPMENT

#### Part I. Financial Incentive Programs

#### Chapter 7. Enterprise Zone Program

#### §701. Scope

A. Intent of Program. The intent of the program is to stimulate employment for residents in depressed areas of the state which are designated as enterprise zones by providing tax incentives to a business hiring from these areas.

B. Description of Program. The Louisiana Enterprise Zone Program is a jobs program which gives tax incentives to a business hiring from enterprise zones in Louisiana or from one of the other targeted groups. Enterprise Zone Program incentives are in addition to other state sponsored incentives such as the Industrial Tax Exemption Program and the Restoration Tax Abatement Program. Enterprise Zone and Quality Jobs Programs are mutually exclusive.

C. The following incentives are available.

1. A one-time tax credit of \$2,500 for each net new job filled with a Louisiana resident added to the applicant's payroll. The tax credit may be used to satisfy state income tax and/or franchise tax liabilities. If the entire tax credit cannot be used in the year created, the remainder may be applied against the state income tax and/or franchise tax liabilities for the succeeding 10 taxable years or until the entire credit is used, whichever occurs first.

2. In lieu of §701.C.1 tax credit, aviation and aerospace industries [as defined in the 3720s and 3760s Standard Industrial Classification (SIC) manual] and auto parts manufacturers [as defined in 3363s North American Industrial Classification System (NAICS) manual] are eligible for a one-time tax credit of \$5,000 for each net new job filled with a Louisiana resident added to the applicant's payroll. The tax credit may be used to satisfy state income tax and/or franchise tax liabilities. If the entire tax credit cannot be used in the year created, the remainder may be applied against the state income tax and/or franchise tax liabilities for the succeeding 10 years, or until the entire credit is used, whichever occurs first. The \$5,000 tax credit for auto parts manufacturers will sunset June 30, 2006.

3. An additional \$2,500 tax credit is available to an applicant hiring Temporary Assistance for Needy Families (TANF) recipients. This tax credit is in addition to the incentive for new jobs created in §701.C.1 and §701.C.2. The TANF recipient must receive compensation which will disqualify them from continued participation in TANIF and must be employed for two years to generate the additional tax credit. The tax credit may be used to satisfy state income tax and/or franchise tax liabilities. If the entire tax credit cannot be used in the year created the remainder may be applied against the state income tax and/or franchise tax

liabilities for the succeeding 10 years or until the entire credit is used, whichever occurs first. An employer shall not obtain the jobs tax credit for more than 10 TANIF employees in the first year of participation in the program.

4. Rebates can consist of sales/use taxes imposed by the state and imposed by local governmental subdivisions, upon approval of the governing authority of the appropriate municipality, parish, or district, where applicable, on all eligible purchases during the specified project/construction period per §725.H. The project/construction period is limited to a 24 month period. Upon a written request, a project/construction period extension, not to exceed six months, may be granted by the Office of Business Development, Business Incentives Division (BI). Rebates paid by local governmental subdivisions can only consist of those sales/use taxes that are not dedicated to the repayment of bond indebtedness or dedicated to schools. Final requests for the payment of any rebate must be filed with the Louisiana Department of Revenue (LDOR) and/or its local governmental subdivision no later than six months after the project's completion is documented or six months after the date of the governor's signature on the contract, whichever is later. Documentation of the completion of a project shall be either by using the application certification section or the filing of a separate Project Completion Report (PCR), as applicable, whichever date is later. An extension of up to six months on filing the rebate request with the LDOR may be granted upon written request to the BI. This request must be received by BI prior to the standard rebate request time period has expired.

#### D. Qualifications

1. The applicant's current level of employment must be increased by 10 percent (minimum of one net new job) within the first 12 months or a minimum of five net new jobs must be added to the current payroll within the first two years of the contract period. See §703.*Minimum Net New Jobs Required*. Thirty-five percent net new employees must meet §§709, 711, 713, or 715 as applicable.

2. Any business, except residential developments, (including but is not limited to the construction, selling, or leasing of single-family or multi-family dwellings, apartment buildings, condominiums, town houses, etc), churches, and businesses with gaming (See Title 13.1.3 Gaming Ineligibility) may apply for enterprise zone benefits.

3. An applicant in an urban parish must certify that a minimum of 35 percent of its net new employees meet the requirements of §709.

4. An applicant located in a rural parish and in an enterprise zone must certify that a minimum of 35 percent of its net new employees meet the requirements of §711.

5. An applicant located in a rural parish and not in an enterprise zone must certify that a minimum of 35 percent of its net new employees meet the requirements of §713.

6. An applicant located in an economic development zone must certify that a minimum of 35 percent of its net new employees meet the requirements of §715.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Finance Division, LR 17:252 (March 1991), amended by Department of Economic Development, Office of Commerce and Industry, LR 22:446 (June 1996), amended by the Department of

Economic Development, Office of Business Development, LR 29:2298 (November 2003).

### §702. Future Contract Availability

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5)) et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, amended LR 22:447 (June 1996), repealed Department of Economic Development, Office of Business Development, LR 29:2299 (November 2003).

### §703. Definitions

*Affiliate?*

1. any business entity that is:
  - a. controlled by the applicant business;
  - b. a controlling owner of the applicant business; or
  - c. controlled by an entity described in Subparagraph a or b;
2. for purposes of this definition, *Control* is defined as owning either directly, or indirectly through control of or by another business entity:
  - a. a majority of the voting stock or other voting interest of such business entity or the applicant business; or
  - b. stock or other interest whose value is a majority of the total value of such business entity or the applicant business;
3. a business entity may be treated as a non-affiliate if the applicant business proves that neither the applicant business nor any of its controlling owners exercise authority over the management, business policies and operations of the business entity.

*Beginning of Project/Construction?* the first day on which foundations are started or where foundations are unnecessary, the first day on which installation of the facility begins or the first day that materials or equipment purchased for that project are received. Where there is no construction, the first day on which a new hire is made in connection with the project shall mean "Beginning of Project/Construction" for the purposes of this Chapter.

*Contract Effective Date?* either the day that the advance notification was received by BI or the beginning date of the project/construction shown on the application. The contract effective date cannot be earlier than the date the advance notification was received by BI unless a waiver of timely filing has been approved by the Board of Commerce and Industry (Board).

*Date of Hire?* the first day of work for which the applicant directly pays an employee and is reported on the applicant's Louisiana Department of Labor (LDOL) Quarterly Report of Wages Paid.

*Economic Development Zone (EDZ)?* a geographic area of contiguous real properties defined by a visible boundary, designated as such by the state or the local governmental subdivision in which it is located and approved by the Board. The location of an EDZ once defined is permanent, cannot be moved, expanded, or relocated, and is owned or operated by the state or a political subdivision of the state or operated by an entity created by the state or a political subdivision of the state. EDZs must have been created by state statute and are defined to include the following:

1. industrial park;
2. business park;
3. airport or air park;

4. research park;
5. research and development park;
6. downtown development district? with taxing and bonding authority;
7. former federal facility? cannot be a single building or small grouping of prior federally owned and occupied buildings. The immediate previous occupant of this facility must have been a federal governmental entity; and
8. port? only the contiguous real property actually owned by that port.

*Enterprise Zone?* an area of high unemployment, low income and/or an area where a large number of residents are receiving some form of public assistance. For purposes of R.S.51:1787.B.4 and D.4 the term "some form of public assistance" shall include any program of assistance financed in whole or in part by a federal, state, or any local government agency, eligibility for which is dependant upon the employment status or income level of the individual. Any such assistance must have been received by the individual within a six month period prior to their employment. Receiving unemployment is not public assistance.

*Full Time Employee?* an employee reported on the applicant's Louisiana Department of Labor (LDOL) Quarterly Report of Wages Paid and who is scheduled to work 35 hours per week on a permanent basis and receive benefits.

*Lacking Basic Skills?* an employee that exhibits below a 9th grade level proficiency in reading or writing or math.

*Louisiana Resident?* shall be someone who has lived in Louisiana at least 30 consecutive days prior to being hired by the applicant.

*Net New Job?* in addition to all the other employees reported on the applicant's LDOL Quarterly Report of Wages Paid based at the site of the enterprise zone project.

*Minimum Net New Jobs Required?* an applicant must create the lesser of expanding their current workforce by a minimum of 10 percent of their present statewide workforce, minimum of 1, within the first 12 months of the contract or expand their workforce by a minimum of five net new employees within the first 24 months of the contract. The applicant's statewide workforce and the statewide workforce of all of its Louisiana affiliates will be considered when calculating the 10 percent.

*Part Time Employee?* an employee reported on the applicant's LDOL Quarterly Report of Wages Paid and works a minimum of 20 hours each week for six consecutive months.

*Project/Construction Ending Date?* the date all construction and purchasing is completed for the project.

*Project/Construction Period?* the time encompassed by the Contract Effective Date and the Project/Construction Ending Date.

*Rural Parish?* a parish having a current U.S. Census population of 75,000 or less.

*Some Form of Public Assistance?* any program of assistance financed in whole or in part by a federal, state, or any local government agency, eligibility for which is dependant upon the employment status or income level of the individual. Any such assistance must have been received by the individual within a six month period prior to their employment.

*Unemployable by Traditional Standards?* an employee that qualifies as physically challenged.

*Urban Parish?* a parish having a current U.S. Census population greater than 75,000.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2299 (November 2003).

#### **§705. Endorsement Resolution**

A. An applicant seeking a local sales/use tax rebate must obtain an endorsement resolution(s) from the local governmental subdivision(s) where those taxes are paid. The endorsement resolution must clearly state if the local governmental subdivision intends to rebate the allowable sales/use taxes for the project. This endorsement resolution must be passed by the local governmental subdivision(s) before the board approves the EZ application. Each project seeking a local sales/use tax rebate must have an endorsement resolution specific to the project.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Commerce, Office of Commerce and Industry, LR 8:230 (May 1982), amended LR 9:544 (August 1983), amended by the Department of Commerce, Office of Commerce and Industry, Division of Financial Programs Administration, LR 11:95 (February 1985), amended by the Department of Economic Development, Office of Commerce and Industry, Finance Division, LR 17:253 (March 1991), Department of Economic Development, Office of Commerce and Industry, LR 22:447 (June 1996), amended by the Department of Economic Development, Office of Commerce and Industry, Business Incentives Division, LR 23:295 (March 1997), amended by the Department of Economic Development, Office of Business Development, LR 29:2300 (November 2003).

#### **§707. Documentation of Location**

A. A current U.S. Census or the appropriate EDZ map with the project site location clearly marked shall be filed with the BI before the board approves the EZ application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Commerce, Office of Commerce and Industry, LR 8:230 (May 1982), amended LR 9:544 (August 1983), amended by the Department of Commerce, Office of Commerce and Industry, Division of Financial Programs Administration, LR 11:95 (February 1985), amended by the Department of Economic Development, Office of Commerce and Industry, Finance Division, LR 17:253 (March 1991), amended by the Department of Economic Development, Office of Commerce and Industry, LR 22:447 (June 1996), amended by the Department of Economic Development, Office of Business Development, LR 29:2300 (November 2003).

#### **§709. Targeted Employees for an Applicant in an Urban Parish**

A. Applicant located in an urban parish and receiving the benefits of this Chapter must certify that all net new employees creating tax credits are Louisiana residents and at least 35 percent meets one of the following requirements:

1. are residents of an enterprise zone in the same parish at the project's location of the applicant's;
2. are residents of an enterprise zone in a contiguous parish if the applicant has 500 or more employees at the project's location;

3. are/were receiving some form of public assistance, as defined in §703.*Some Form Of Public Assistance*, within a six month period prior to their employment by the applicant;

4. are lacking basic skills; or

5. are unemployable by traditional standards.

AUTHORITY NOTE: Promulgated In accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Commerce, Office of Commerce and Industry, LR 8:230 (May 1982), amended LR 9:544 (August 1983), amended by the Department of Commerce, Office of Commerce and Industry, Division of Financial Programs Administration, LR 11:95 (February 1985), amended by the Department of Economic Development, Office of Commerce, Finance Division, LR 17:253 (March 1991), amended by the Department of Economic Development, Office of Commerce and Industry, LR 22:447 (June 1996), amended by the Department of Economic Development, Office of Business Development, LR 29:2300 (November 2003).

#### **§711. Targeted Employees for an Applicant in a Rural Parish and in an Enterprise Zone**

A. Applicant located in an enterprise zone in a rural parish and receiving the benefits of this Chapter must certify that all net new employees creating tax credits are Louisiana residents and at least 35 percent meets one of the following requirements:

1. are residents of the same parish as the project's location of the applicant's;

2. are residents of an enterprise zone in a contiguous parish if the applicant business has 500 or more employees at the project's location;

3. are/were receiving some form of public assistance within the six month period prior to their employment by the applicant. (See §703.*Some Form of Public Assistance*);

4. are lacking basic skills; or

5. are unemployable by traditional standards.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Commerce, Office of Commerce and Industry, LR 8:230 (May 1982), amended LR 9:544 (August 1983), amended by the Department of Commerce, Office of Commerce and Industry, Division of Financial Programs Administration, LR 11:95 (February 1985), amended by the Department of Economic Development, Office of Commerce and Industry, Finance Division, LR 17:254 (March 1991), amended by the Department of Economic Development, Office of Commerce and Industry, LR 22:448 (June 1996), amended by the Department of Economic Development, Office of Business Development, LR 29:2301 (November 2003).

#### **§713. Targeted Employees for an Applicant in a Rural Parish and not in an Enterprise Zone**

A. Applicant located in a rural parish and not located in an enterprise zone and receiving the benefits of this Chapter must certify that all net new employees creating tax credits are Louisiana residents and at least 35 percent meets one of the following requirements:

1. are residents of an enterprise zone in the same parish as the project's location of the applicant;

2. are residents of an enterprise zone in a contiguous parish if the applicant has 500 or more employees at the project's location;

3. are/were receiving some form of public assistance within a six month period prior to their employment by the applicant. (See §703.*Some Form of Public Assistance*);

4. are lacking basic skills; or

5. are unemployable by traditional standards.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2301 (November 2003).

#### **§715. Targeted Employees for an Applicant in an Economic Development Zone**

A. Applicant business located in an EDZ and receiving the benefits of this Chapter must certify that all net new employees creating tax credits are Louisiana residents and at least 35 percent meets one of the following requirements:

1. are residents of the same parish as the project's location of the applicant;

2. are residents of an enterprise zone in a contiguous parish if the applicant has 500 or more employees at the project's location;

3. are/were receiving some form of public assistance within a six month period prior to their employment by the applicant. (See §703.*Some Form of Public Assistance*);

4. are lacking basic skills; or

5. are unemployable by traditional standards.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2301 (November 2003).

#### **§717. Annual Employee Certification**

A. An annual Employee Certification Report (ECR) must be filed with the BI by March 1 on all active contracts validating compliance with §§709, 711, 713, and 715. Failure to file may result in contract cancellation.

B. The "beginning number" from which the net new jobs will be determined shall meet one of the following:

1. the number of employees that an applicant has on the day before the contract effective date; or

2. the last annual average number of employees that was certified under a valid enterprise zone contract the day prior to the new contract effective date on contiguous contracts.

C. An employee count will be taken from the applicant's entire contiguous site for the purposes of calculating the jobs tax credit generated. If the applicant has more than one site within the metropolitan area where the project is located, BI may consider the total employee count using all locations in calculating the jobs tax credits generated.

D. Monthly totals of permanent full time employees will be averaged over a minimum of six months to determine the number of jobs tax credit generated. Only employees reported on the LDOL Quarterly Report of Wages Paid will be used to calculate this average monthly total. In no case shall the new employees exceed the net increase in total employment.

E. Part time employees may be counted after completing a minimum of 20 hours every week for that continuous six month period. Only employees reported on the LDOL Quarterly Report of Wages Paid will be used to calculate this average monthly total. In no case shall the new employees exceed the net increase in total employment.

F. If the ECR substantiates that the company has not met the hiring requirements in this Chapter, the board shall cancel the contract and no jobs tax credit will be granted.

The Department of Economic Development (LDED) will notify LDOR within 30 days after cancellation of a contract. Upon notification by LDED of the failure to meet the minimum jobs requirement, LDOR will immediately assess tax liability to the applicant equal to all state sales/use tax rebates paid pursuant to this Chapter plus any penalty and interests due.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2301 (November 2003).

#### **§718. Advance Notification, Timely Filing**

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development Office of Commerce and Industry, Business Incentives Division, LR 23:295 (March 1997), repealed by the Department of Economic Development, Office of Business Development, LR 29:2302 (November 2003).

#### **§719. Arbitrary Termination of Employees**

A. The board shall not accept an application from an applicant which performs essentially the same job at the same or new location but for a different ownership in order to qualify for the benefits of this Chapter. New jobs tax credits shall not be generated by those persons whether or not the name or owner of the business changes over a short period of time (less than two weeks), i.e., a business closes on Friday under one ownership and opens on Monday under a different ownership. These are not net new jobs and shall not generate jobs tax credits under this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2302 (November 2003).

#### **§721. Items Eligible for Sales/Use Tax Rebate**

A. Materials that are permanently installed at the enterprise zone project site during the project/construction period are eligible for sales/use tax rebates.

B. Materials that originate from a contractor/subcontractor's inventory and are permanently installed at the enterprise zone project site during the project/construction period are eligible for sales/use tax rebates. In order for rebates to be issued on property withdrawn from inventory, the contractor/subcontractor must maintain sufficient records and provide sufficient information to enable the LDOR to verify that Louisiana sales or use taxes were paid on the property for which rebate is claimed.

C. Machinery and/or equipment purchased for the enterprise zone project site during the project/construction period are eligible for sales/use tax rebates provided that the machinery and equipment are used exclusively at the project site, are owned by an entity named in the enterprise zone contract with the state, and are intended to remain at the project site for the expected useful life of the machinery and equipment.

D. Machinery and or equipment transferred into Louisiana for the enterprise zone project site during the project/construction period are eligible for sales/use tax rebates provided that the machinery and equipment are used exclusively at the project site, are owned by an entity named

in the enterprise zone contract with the state, and are intended to remain at the project site for the expected useful life of the machinery and equipment.

E. Software purchased, capitalized, and used by the applicant primarily at the enterprise zone project site during the project/construction period are eligible for sales/use tax rebates.

F. Consumable items are not eligible for sales/use tax rebate. A partial listing of ineligible items are: per diem, labor, service contracts, storage, freight, radios, laptop computers, utilities, permits and fees, office supplies, construction consumables, blades, drill bits, PVC sheeting, tape, gloves, dusk masks, and all leases and rentals.

G. Lease-purchases may be eligible for a sales/use tax rebate upon LDOR's approval. The property acquired through lease-purchase must be used exclusively at the project site, must be owned by an entity named in the enterprise zone contract with the state, and must be intended to remain at the project site for the expected useful life of the machinery and equipment. A copy of the lease-purchase agreement must be submitted with the Claim for Rebate Request to LDOR, Office Audit Division.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Commerce, LR 9:230 (May 1982), amended LR 9:544 (August 1983), LR 11:96 (February 1985), amended by the Department of Economic Development, Office of Business Development, LR 17:255, (March 1991), LR 22:449 (June 1996), amended by the Department of Economic Development, Office of Business Development, LR 29:2302 (November 2003).

#### **§723. Filing of Advance Notification**

A. An Advance Notification form and fee shall be filed prior to the beginning of project/construction with BI. All incentives for the same project must be indicated on one advance notification and be identified by one project number. It is not acceptable to apply for Enterprise Zone Program and use the same project in a Miscellaneous Capital Addition application for the Industrial Tax Exemption Program. Internet filing of the advance notification may be made at <http://www.laemall.com>.

B. An advance notification lacking the proper application will expire one year after the project/construction ending date shown on the advance notification unless a written request for a date revision request is received by BI prior to the expiration date.

C.1. An advance notification received by BI after the beginning of the project/construction will obligate the applicant to file written reason(s) for the late filing. The board will accept reasons that fall within the following two categories in determining if it will consider waiving the late filing:

a. events beyond the control of the applicant caused the late filing; or

b. there was some documented fault or error on the part of the BI that caused the applicant's late filing.

2. Lack of knowledge of the existence of the Enterprise Zone Program or its benefits will not be accepted as a valid reason for waiving the timely filing requirement.

D. An advance notification which receives a waiver of late filing will allow the applicant to proceed as if the advance notification was filed timely.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development LR 29:2302 (November 2003).

#### **§725. Filing of Applications**

A. Applications must be filed with the Office of Business Development, Business Incentives Division, P.O. Box 94185, Baton Rouge, LA, 70804-9185, on the form prescribed, within three months after project/construction ending date. Internet filing of the application may be made at <http://www.laemall.com>.

B.1. An application fee shall be submitted with the each application based on the following formula:

Application Fee = Total Estimated Tax Relief x 0.2% (.002)

Total Estimated Tax Relief =

Jobs Tax Credit\* + State sales/use tax rebate

Application Fee = Total Estimated Tax Relief x .2% (.002)

(Minimum fee is \$200 and the maximum fee is \$5,000 application per Program.)

2. An additional application fee will be due if a project's employment or investment scope is increased, resulting in a minimum fee of \$100 more than what has already been submitted, unless the maximum has been paid.

3. Jobs Tax Credit? the total amount calculated by multiplying all the new jobs estimated to be created within the five year contract period by \$2,500 (\$5,000 for aerospace or auto parts manufacturers).

4. All fees shall be made payable to: Louisiana Department of Economic Development.

D. The applicant shall file an original and a copy of the Inspection/Audit Affidavit Form showing a complete list of building(s) and equipment and the cost of each item on the project with the appropriate fee for the inspection which will be conducted by the BI. This affidavit must be filed within six months of the project/construction ending date or when the signed original contracts are returned to the BI, whichever is later.

E. The BI reserves the right to return the advance notification, application, or inspection/audit affidavit to the applicant if the estimated tax relief or the fee submitted is incorrect. The application or inspection/audit affidavit may be resubmitted within 30 days with the correct fee without penalty.

F. The advance notification, application, and the inspection/audit affidavit will not be considered officially received or accepted without the appropriate fee being received by BI. Processing fees for the advance notification, application, or inspection/audit affidavit, which have been received and accepted, will not be refunded.

G. Applications must be submitted to the BI at least 45 days prior to the board meeting where it is intended to be presented for approval.

H. The applicant proposing a project with a construction period greater than two years is required to separate the project into phases with no phase having over a two year construction period. Each construction phase shall require a separate advance notification, application and fee to be filed with the BI. The applicant must comply with §701.D for each application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2303 (November 2003)

#### **§727. Recommendations of the Secretaries of Economic Development and Revenue**

A. BI shall forward the applications with recommendations to the secretary of Louisiana Department of Revenue and the secretary of Louisiana Department of Economic Development for their review. The secretaries of LDOR and LDED may submit a letter of no objection in lieu of a letter of recommendation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2303 (November 2003).

#### **§729. Application Shall Be Presented to the Board of Commerce and Industry**

A. BI shall present an agenda of applications to the Board and with recommendations based upon its findings.

B. Applicant or their representatives will be notified of the board meeting date at which their application will be considered. The applicant business should have someone present who is able to answer any questions the board may have regarding the information contained in the application. In the event there is no representative present, the application may be deferred or denied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2303 (November 2003).

#### **§731. Board of Commerce and Industry Enters into Contract**

A. Upon approval of the application, the board shall enter into contract with the applicant for the benefits allowed by this Chapter. The applicant must execute their portion of the contract and return it within 30 days to BI. The state will complete the execution. A fully executed original contract will be returned to the applicant. An original and a copy will be sent to the LDOR and, if applicable, a copy sent to the local governmental subdivision.

B. BI must be notified of any change that will effect the contract. This includes, but is not limited to, changes in the ownership or operational name of the applicant business holding a contract, or the suspension, closing, or abandonment of operations. Failure to report any changes within six months may constitute a breach of contract.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2303 (November 2003).

#### **§733. Rebates of Sales/Use Taxes**

A. The contract will not authorize the applicant to make tax exempt purchases from vendors. The applicant will be contacted by the LDOR on the proper procedures to obtain the state sales/use tax rebate. Rebates will be obtained by the filing of a rebate request with the LDOR, Office Audit Division, which must include the following:

1. a list of eligible purchases (See §721) including a brief description of each item, the vendor's name, date of the

delivery, sales price and the amount of state sales/use tax paid. The listed items must have been purchased by the applicant of the project, a builder, a contractor, or other party that contracted with the owner to provide materials, equipment, machinery, or software that is used by the applicant primarily at the project site or is listed in Schedule 3 of the enterprise zone contract;

2. a certification that the listed materials are reasonably expected to qualify for a rebate under provisions of this Chapter; and

3. a certification that state sales/use taxes have been paid on the listed items.

B. The request may be filed on the official LDOR "Claim for Rebate" form or on other forms prepared by the applicant. After LDOR has validated the information on the Claim for Rebate, a rebate check will be issued for the amount of substantiated state sales/use taxes paid.

C. The applicant should contact the local governmental subdivision issuing the endorsement resolution to determine the procedure for local sales/use tax rebate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2303 (November 2003).

#### **§735. Applicant with a Contract Must File State Income and Franchise Tax Returns**

A. Applicant that have satisfied their Louisiana income tax and/or franchise tax liability by applying jobs tax credits earned under this Chapter shall file the same required forms and tax returns with the LDOR that are required if no jobs tax credit were taken. Each annual return where jobs tax credit are taken will have a copy the letter from BI certifying the tax credits and the unused jobs tax credits from previous years provided. If total jobs tax credits are less than the total taxes, remittance in the amount of the difference must be enclosed with the tax return. Limited Liability Companies, Sub Chapter S Corporations, etc., must have the name(s) of owners and their social security numbers listed on the contract in order for job tax credits to flow through to the owner(s).

B. Partnerships and sole proprietorships shall file the same returns that are required if the jobs tax credit had not been granted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2304 (November 2003).

#### **§737. Violations of Rules, Statutes, or Documents**

A. On the initiative of the board or whenever a written complaint of violation of the terms of the Rules, the contract documents, or the statutes, is received the board or its representative shall determine if a full investigation should be made. The board shall have full authority for such investigation, including but not exclusively, the authority to call for reports, pertinent records, or other information from the applicant. If the investigation appears to substantiate a violation the board or its representative will present the subject contract for formal action. If an applicant is found to be in violation of these Rules or the contract, the applicant shall remit back to the state all jobs tax credit taken on income tax and/or franchise returns, all sales and use tax

rebates, and any other taxes that would have been imposed but for the issuance of this contract.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2304 (November 2003).

#### **§739. Economic Development Zone Annual Reporting**

A. Each EDZ will submit an annual report which will compare activity in the last completed year to the previous year's activity.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2304 (November 2003).

#### **§741. Multi-Tenant Facility**

A. For a multi-tenant facility to be eligible for the benefits of this Chapter, the applicant must meet one of the following:

1. occupy a minimum of 33 percent of the total floor area of the building;

2. tenants are businesses new to the state;

3. tenants are Louisiana businesses increasing their number of locations within the state by placing a new location within this facility;

4. tenants are relocating within Louisiana and will generate the minimum of new job credits over and above the total jobs at their previous location per §701.D.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2304 (November 2003).

#### **§743. Relocation of Enterprise Zones**

A. A local governmental subdivision requesting the relocation of an enterprise zone must provide valid reason(s) for requesting the move and must have the approval of the board. All relocation of enterprise zone requests must be accompanied by a single map showing the location of the old and the new enterprise zones.

B. The residents of originally designated enterprise zone may qualify as part of the 35 percent residency requirement.

C. The effective date of a relocation approved by the board shall be the date of passage affixed to the resolution by the local governing authority requesting the relocation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2304 (November 2003).

#### **§745. Appeals and Petition Procedure**

A. Applicants who wish to appeal an action of the Board of Commerce and Industry must submit their appeals along with any necessary documentation to the Office of Business Development, Business Incentives Division no later than 90 days after the board action to be appealed. The appeal shall not be considered by the board less than one month after it is submitted.

B. Petitions, and all documentation, on matters not yet presented to or ruled on, by the board, must be submitted to the Office of Business Development, Business Incentives Division at least one month prior to the meeting of the board or any of its committees in which the petition will be made.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 29:2304 (November 2003).

#### **§747. Exclusion of Residential Developments**

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Commerce, Office of Commerce and Industry, LR 9:546 (August 1983), amended by the Department of Commerce, Office of Commerce and Industry, Division of Financial Programs Administration, LR 11:97 (February 1985), amended by the Department of Commerce, Office of Commerce and Industry Finance Division, LR 12:660 (October 1986), amended by the Department of Economic Development, Office of Commerce and Industry, Finance Division, LR 17:257 (March 1991), amended by the Department of Economic Development, Office of Commerce and Industry, LR 22:451 (June 1996), repealed by the Department of Economic Development, Office of Business Development, LR 29:2305 (November 2003).

#### **§749. Prohibit Local Fees and Prohibit Local Conflicting Employment Practices**

A. No local governmental subdivision shall charge any fees or require any employment practices which conflict with state law as a precondition to authorize tax benefits under this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Finance Division, LR 17:257 (March 1991), amended by the Department of Economic Development, Office of Commerce and Industry, LR 22:451 (June 1996), amended by the Department of Economic Development, Office of Business Development, LR 29:2305 (November 2003).

#### **§751. Application Procedures**

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1786(5).

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Finance Division, LR 17:257 (March 1991), amended LR 22:451 (June 1996), repealed by the Department of Economic Development, Office of Business Development, LR 29:2305 (November 2003).

Don J. Hutchinson  
Secretary

0311#056

### **RULE**

#### **Department of Economic Development Office of Business Development Business Resources Division**

Quality Jobs Program  
(LAC 13:I.Chapter 11)

The Department of Economic Development, Office of Business Development, pursuant to the authority of R.S. 51:2459 and R.S. 51:2451-2462 and in accordance with the Administrative Procedure Act, R.S. 49:950, et seq., hereby amends §§1101-1111, 1115-1119, of the Quality Jobs

Program, repeals §1113, and adopts the following Sections with new language: §§1121, 1123, 1125, 1127, 1129, and 1131. The purpose of the amended Rules is to comply with changes to the Quality Jobs legislation made by Acts 2002 1st Extraordinary Session, No. 153, which made significant changes to the program including lowering the amount a wages required to be paid in order to qualify, providing for a sales/use tax rebate, changing to a fixed benefit rate rather a calculated benefit rate, setting minimum wage requirements, and increasing the health care benefits requirement.

### **Title 13**

### **ECONOMIC DEVELOPMENT**

#### **Part I. Financial Incentive Programs**

#### **Chapter 11. Quality Jobs Program**

#### **§1101. General**

##### **A. Intent of Law**

1. To provide benefits used primarily as an inducement for businesses to locate or expand existing operations in Louisiana in accordance with *Louisiana Vision 2020* with a focus on Louisiana's traditional and seed clusters:

a. to provide appropriate incentives to support employers who will make significant contributions to the development of the economy of the state;

b. to provide or make available incentives that shall be directly related to the new direct jobs created as the result of the employer locating or expanding existing operations in the state;

c. the Departments of Economic Development, Revenue and Labor shall implement the provisions of this program.

##### **B. Program Description**

1. A qualified employer must create a minimum of five new direct jobs. If the employer employs more than 50 employees prior to the beginning of the contract, it must have an annual gross payroll for new direct jobs equal to or greater than \$500,000. If the employer employs 50 or less employees, it must have an annual gross payroll for new direct jobs equal to or greater than \$250,000. The annual payroll for new direct jobs must be created by the third fiscal year of the contract.

2. A qualified employer must employ full-time employees working 35 or more hours per week in new direct jobs. If the qualified employer is a Call Center (NAICS code 56142) it must employ full-time employees working 30 or more hours per week in new direct jobs.

3. The amount of the rebate is directly related to the new direct jobs created and to the new annual gross payroll generated as the result of a qualified employer locating or expanding in the state.

4. The qualified employer is entitled to sales and use tax rebates authorized in R.S. 51:1787 if the employer meets the Enterprise Zone Program hiring requirements.

5. Approval by the Louisiana Board of Commerce and Industry and the Governor of Louisiana is required, after consultation with the Secretary of the Department of Labor and the Secretary of the Department of Revenue.

6. An establishment that is engaged in retail; business associations and professional organizations; state and local government enterprises; real estate agents, operators, and lessors; automotive rental and leasing; local solid waste disposal, local sewage systems, and local water systems;

nonprofit organizations; the gaming industry; and attorneys shall not be eligible for rebates under this program.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:2451-2462 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 22:961 (October 1996), amended by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2305 (November 2003).

### §1103. Definitions

#### *Affiliate?*

1. any business entity;
  - a. controlled by the applicant business;
  - b. which is a controlling owner of the applicant business; or
  - c. which is controlled by an entity described in Subparagraphs a or b.
2. for purposes of this definition, "control" is defined as owning either directly or indirectly through control of or by another business entity:
  - a. A majority of the voting stock or other voting interest of such business entity or the applicant business; or
  - b. Stock or other interest whose value is a majority of the total value of such business entity or the applicant business.
3. a business entity may be treated as a non-affiliate if the applicant business proves that neither the applicant business nor any of its controlling owners exercise authority over the management, business policies and operations of the business entity.

*Basic Health Benefits Plan or the Health Insurance Coverage?* that which is required to be offered and/or provided shall include coverage for basic hospital care, coverage for physician care, and coverage for health care which shall be the same as that provided to executive, administrative, or professional employees.

*Benefit Rate?* one of the following percentages:

1. for new direct jobs created which pay at least 1 3/4 times the federal minimum hourly wage rate, the benefit rate shall be five percent;
2. for new direct jobs created which pay at least 2 1/4 the federal minimum hourly wage rate and meet one of the following criteria, the benefit rate shall be 6 percent;
  - a. the new direct jobs are located in a distressed region designated by the Department of Economic Development. If an area is designated a distressed region, such designation shall be maintained for the period of the initial contract and during the renewal contract. To qualify an employer shall either be located in a distressed region or at least 50 percent of the new direct jobs of the employer shall be filled by persons who reside in a distressed region; or
  - b. the new direct jobs are with an employer categorized in a traditional or seed cluster identified by the Louisiana Economic Development Council and the Department of Economic Development. The Department of Economic Development shall promulgate rules and regulations defining traditional or seed cluster employers prior to these rules taking effect.

*Department?* the Louisiana Department of Economic Development.

*Distressed Region?* one of the following:

1. a parish with a per capita income in the lowest 25 percent of the parishes; or
2. a census tract and block group that is below the state median per capita income, based on the most recent federal decennial census.

*Employer?* a legal person who executes a contract with the department pursuant to the provisions of R.S. 51:2452-2462, and who offers, or will offer within 90 days of the effective date of qualifying for the incentive rebates, a basic health benefits plan to the individuals it employs in new direct jobs:

1. for advance notifications filed with the department before June 1, 2000, the employer shall pay not less than 50 percent of the insurance premium;
2. for advance notifications filed with the department on or after June 1, 2000, but before May 1, 2002, the employer shall pay not less than 75 percent of the premium for full-time employees. The employer shall offer group coverage for dependents of full-time employees, but the employer is not required to pay the premium;
3. for advance notifications filed with the department on or after May 1, 2002, the employer shall offer the employee the choice of one of the following health insurance coverage programs:
  - a. the employer shall pay not less than 85 percent of the total premium for full-time employees choosing to participate under individual coverage and shall offer coverage for dependents of full-time employees, but the employer is not required to pay the premium; or
  - b. the employer shall pay not less than 50 percent of the total premium for full-time employees who choose to participate and choose to cover their dependents.

*Gross Payroll?* wages for the new direct jobs upon which the specified benefit rate is calculated.

*NAICS?* North American Industrial Classification System  
*New Direct Job?*

1. employment in the state of an employee:
  - a. working the average hours per week provided in §1101.B.2; and
  - b. who was not previously on the payroll of;
    - i. the employer;
    - ii. the employer's parent entity, subsidiary, or affiliate; or
    - iii. any business whose physical plant and employees are substantially the same as those of the employer;
2. a new direct job:
  - a. shall be with an employer that has qualified for the incentive rebate;
  - b. did not exist in this state prior to the advance notification being filed by the employer with the department pursuant to the provisions of R.S. 51:2455;
  - c. shall be filled by an individual domiciled in the state of Louisiana;
  - d. shall not be a job that is created by an employer as a result of the employer securing a contract to supply goods and services in the state of Louisiana, if another business was under an obligation to supply the same goods and services from a facility located in Louisiana and such obligation was terminated within three months prior to filling the job by the employer; and

e. shall not include an employee retained following the acquisition of all or part of an in-state business by an employer.

*Wages?* all remuneration for services from whatever source, including commissions and bonuses and the cash value of all remuneration in any medium other than cash, and dismissal payments which the employer is required by law or contract to make. Gratuities shall be estimated in accordance with the Internal Revenue Code and its rules and regulations. Wages shall not include the following:

1. the amount of any payment with respect to services performed after January 1, 1951, to or on behalf of an individual in its employ under a plan or system established by an employer which makes provision for individuals in its employ generally, or for a class of classes of such individuals, including any amount paid by an employer for insurance or annuities, or into a fund to provide for any such payment, on account of:

- a. retirement;
- b. sickness or accident disability;
- c. medical and hospitalization expenses in connection with sickness or accident disability;
- d. death, provided the individual in its employment does not have the option to receive, instead of provision of such death benefit, any part of such payment or, if such death benefit is insured, any part of the premium or contributions to premiums paid by his employer or does not have the right, under the provisions of the plan or system or policy of insurance providing for such death benefit, to assign such benefit or to receive cash consideration in lieu of such benefit either upon his withdrawal from the plan or system providing for such benefit or upon the termination of such plan or system or policy of insurance or of his services with such employer; or

e. a bona fide thrift or savings fund, providing such payment is conditioned upon a payment of a substantial sum by such individuals in its employment and such sum paid by the employer cannot under the provisions of such plan be withdrawn by an individual more frequently than once in any 12 month period, except upon an individual's separation from that employment;

2. any payment made to, or on behalf of, an employee or his beneficiary under a cafeteria plan of the type described in 26 U.S.C. 125 and referred to in 26 U.S.C. 3306(b)(5)(G);

3. any payment made, or benefit furnished, to or for the benefit of an employee if at the time of such payment or such financing it is reasonable to believe that the employee will be able to exclude such payment or benefit from income under an educational assistance program as described in 26 U.S.C. 127 or a dependent care assistance program as described in 26 U.S.C. 129 and as referred to in 26 U.S.C. 3306(b)(13);

4. the payment by an employer, without deduction from the remuneration of the individual in its employ, of the tax imposed upon such individual in its employ under Section 3 101 of the federal Internal Revenue Code with respect to domestic services in a private home of the employer or for agricultural labor performed after December 31, 1980;

5. dismissal payments that the employer is not required by law or contract to make; or

6. the value of any meals and lodging furnished by or on behalf of an employer to an individual in his employ, provided the meals and lodging are furnished on the business premises of the employer for the convenience of the employer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:2451-2462 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 22:961 (October 1996), amended by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2306 (November 2003).

### **§1105. Qualified Employers**

A. To qualify for a contract an employer must meet one of the following provisions:

1. be one of the six Vision 2020 cluster industries:
  - a. Medical and Biomedical;
  - b. Micromanufacturing;
  - c. Software, Auto Regulation, Internet, and Telecommunications Technology;
  - d. Environmental Technologies;
  - e. Food Technologies; or
  - f. Materials;
2. be a manufacturer whose primary function is identified by NAICS codes 113310, 211, 213111, 541360, 311-339, 511-512, and 54171;
3. be an oil and gas field services business as defined by the NAICS code 213112 and must pay not less than \$30,000 per year for each new direct job, and Louisiana must be the national or regional headquarters of a multi-state business whose service territory includes Louisiana and the Gulf of Mexico;
4. have or will have sales of at least 75 percent of its total sales within one year to:
  - a. out-of-state customers or buyers;
  - b. in-state customers or buyers if the product or service is resold by the purchaser to an out-of-state customer or buyer for ultimate use; or
  - c. the federal government;
5. meet the requirements of both a and b:
  - a. have or will have sales of at least 50 percent of its total sales within one year to:
    - i. out-of-state customers or buyers;
    - ii. in-state customers or buyers if the product or service is resold by the purchaser to an out-of-state customer or buyer for ultimate use; or
    - iii. the federal government; and
  - b. meet one of the following requirements:
    - i. be classified as an industry defined by NAICS codes that have a direct state employer multiplier of 2.0 or greater in accordance with the most current edition of the Regional Input/Output Multiplier System II or its successor;
    - ii. be a central administrative office that influences the environment in which data processing, customer service, credit accounting, telemarketing, claims processing, and other administrative functions are accomplished;
    - iii. have data processing, back office operations, and telephone call center operations (NAICS Code 56142);
    - iv. be a wholesale trade business (NAICS Code 42) and have a distribution center of not less than 25,000 square feet;

6. must be a National Basketball Association Team, which relocates to Louisiana and may enter into a contract prior to November 1, 2003; however, contracts with such teams:

a. shall not grant a tax rebate greater than \$3,650,000 in any taxable year;

b. shall not allow the salary of any person who owns more than 25 percent of such team to be included in the gross payroll to calculate the rebate;

c. may be renewed for an additional five years, provided the team has complied with all the terms of the contract, has not performed, or failed to perform, any act which made the applicant liable for suspension;

d. shall be awarded a benefit rate of no more than 5 percent; and

e. shall include the wages of players and coaches of the team subject to Louisiana income tax in the calculation of the gross payroll, even though the players and coaches may be non-residents of Louisiana.

B. The following employers or persons shall not be eligible for benefits provided under this Chapter:

1. retail employers identified by NAICS Code Sections 44 and 45;

2. business associations and professional organizations identified by NAICS Code 8139;

3. state and local government enterprises;

4. real estate agents, operators, and lessors;

5. automotive rental and leasing;

6. local solid waste disposal, local sewage systems, and local water systems businesses;

7. nonprofit organizations;

8. employers engaged in the gaming industry identified by NAICS Code Sections 713210 and 721120; and

9. attorneys.

C. The department may promulgate rules annually listing other ineligible employers, professions, or service industries that are not eligible for rebates under the provisions of this program. Such rules shall not take place until the Louisiana Economic Development Council, the House Committee on Ways and Means, and the Senate Committee on Revenue and Fiscal Affairs approves.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:2451-2462 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 22:963 (October 1996), amended by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2307 (November 2003).

### **§1107. Application Fees, Timely Filing**

A. The applicant shall submit an advance notification on the prescribed form before locating the establishment or the creation of any new direct jobs in the state. All financial incentive programs for a given project shall be filed at the same time, on the same advance notification form. An advance notification fee of \$100, for each program applied for, shall be submitted with the advance notification form. An advance notification filing shall be considered by the department to be a public record under Louisiana Revised Statutes, Title 44, Chapter 1, Louisiana Public Records Law, and subject to disclosure to the public.

B. An application for the Quality Jobs Program must be filed with the Office of Business Development, P.O. Box

94185, Baton Rouge, Louisiana 70804-9185 on the prescribed forms within 90 days of the creation of the jobs or completion of the project, whichever ever occurs first. Failure to file an application may result in the application being denied or restricted.

C. An application fee shall be submitted with the application based on the following:

1. 0.2 percent times the estimated total incentive rebates (see application fee worksheet to calculate);

2. the minimum application fee is \$200 and the maximum application fee is \$5,000 for a single project;

3. the check is made payable to the Louisiana Department of Economic Development.

D. A Project Completion Report shall be filed within 90 days after the completion of construction/installation.

E. An Affidavit of Annual Certification shall be filed within 90 days of completing a company's fiscal year. A fee of \$100 must be filed with the initial report.

F. An application to renew a contract shall be filed within 60 days of the initial contract expiring. A fee of \$50 must be filed with the renewal contract.

G. The Office of Business Development reserves the right to return the advance notification, application, or affidavit of annual certification to the applicant if the estimated exemption or the fee submitted is incorrect. The document may be resubmitted with the correct fee. The document will not be considered officially received and accepted until the appropriate fee is submitted. Processing fees for advance notifications, applications, or affidavits of annual certification that have been accepted for eligible projects, shall not be refundable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:2451-2462 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 22:963 (October 1996), amended by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2308 (November 2003).

### **§1109. Application Review, Analysis, Evaluation, Determination**

A. Application Review

1. The department will assign a project number and review the advance notification form to determine if the employer is qualified pursuant to §1105.A. The employer will be notified of the project number and due date of the application packet.

2. The application packet must be completed and returned to the Department of Economic Development by the due date. The department must authorize any omissions to the application by the employer in writing. If the application is incomplete, the department may request additional information prior to further action. The application fee must accompany the application packet pursuant to §1107.C.

B. Analysis, Evaluation, Determination

1. The department shall determine qualification for the employer:

a. the employer shall create a minimum of five new direct jobs;

b. the employer shall meet the annual payroll requirements pursuant to §1101.B.1 and 2;

c. the employer shall offer a basic health benefits plan to the individuals it employs in new direct jobs pursuant to §1103.B. A copy of said plan must be provided to the department;

d. the department will analyze the proposed new direct jobs to determine they meet the program criteria;

e. the employer must furnish all sources of remuneration that make up the wages that are used in the determination of the gross payroll. A listing that will identify all positions and wages of all employees shall be furnished to verify the gross payroll;

f. the department will determine the effective date of the contract.

2. The department shall determine the benefit rate pursuant to §1103.E and F and §1105.A.5.c.(5).

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:2451-2462 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 22:964 (October 1996), amended by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2308 (November 2003).

#### **§1111. Consultation with the Departments of Labor and Revenue**

A. The department will provide a copy of the application and all relative information to the Department of Labor and the Department of Revenue for review. Either the Department of Labor or the Department of Revenue or both may require additional information from the applicant.

B. The department must obtain a letter-of-no-objection or a letter-of-approval from the Department of Labor and the Department of Revenue, prior to submitting the application to the Board of Commerce and Industry for action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:2451-2462 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 22:964 (October 1996), amended by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2309 (November 2003).

#### **§1113. Application to Department of Revenue and Taxation**

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:2451-2461 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 22:965 (October 1996), repealed by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2309 (November 2003).

#### **§1115. Economic Development Recommendations to Board**

A. The department after review and analysis will prepare the application information in a format suitable for presentation to the Board of Commerce and Industry.

B. The department will make a presentation to the Board of Commerce and Industry as to the economic impact and the benefits to be received.

C. The department will make recommendations for approval or disapproval, and will provide information on

behalf of the Department of Labor and the Department of Revenue.

D. The Board of Commerce and Industry must approve the application prior to a contract being issued.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:2451-2462 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 22:965 (October 1996), amended by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2309 (November 2003).

#### **§1117. The Contract**

A. The Board of Commerce and Industry or its successor, after no-objection from the secretaries of the Department of Labor and the Department of Revenue, with the approval of the governor, may enter into a contract with an employer for a period up to five years.

1. A contract with an employer shall be limited to a single physical location, and the benefits the employer shall receive will be based solely upon the operations at that location.

2. An employer may have more than one contract covering multiple locations; however, the eligibility of each location shall be determined separately, with the exception of determining new direct jobs. The department shall certify that the employer has a net overall increase in employment statewide for each new direct job.

B. The contract may be renewed for an additional five years provided that:

1. the employer has complied with all the terms of the contract; and

2. the employer has met the statutory minimum hourly wage for the new direct jobs subject to the benefit rate established when the contract was entered into and the hourly wage has increased by an amount which is equal to or greater than one of following:

a. the wage rate has grown by the percentage increase in the Consumer Price Index published by the U.S. Department of Labor for the five years of the initial term of the contract, compounded; or

b. the wage rate has increased by two percent for the five years of the initial term of the contract, compounded.

C. No contract shall be executed if:

1. the employer has defaulted, not repaid a loan, or not repaid an obligation involving public funds;

2. the employer declared bankruptcy and the obligation to pay or repay public funds or monies was discharged as part of such bankruptcy a contract shall not be executed;

3. the employer is in default on any filing or payment to the state, to any of its agencies, or to any of its political subdivisions, and in which an assessment or judgment is final; or

4. the employer employs more than 50 employees and has entered into a contract or other agreement with any person or entity where required payment is contingent upon their success in obtaining the benefits of this program. If an employer employs less than 50 employees and enters into such contract, this provision will not prohibit such employer from being eligible for a Quality Jobs Act Program contract

renewal. However, if at the time of such renewal, such employer employs more than 50 employees, the employer will not be eligible for renewal if the employer has entered into a contract where required payment is contingent upon success in obtaining benefits related to the contract renewal.

D. **Contract Voided.** Violation of the provisions of §1117.C shall void the contract and any rebates paid to the employer prior to the date the violation is discovered, the rebates will be recovered by adding to the income tax liability for the taxable year the violation occurred. Additionally, interest will be assessed from the date of the violation and the employer shall receive no further rebates.

E. **Contract Suspended**

1. If a rebate is received by an employer as provided under this provision and the employer is rendered an assessment or judgment that is final and nonappealable in favor of the state or any of its agencies or any of its political subdivisions, the contract shall be suspended pending the settlement of the assessment. No rebate shall accrue to the employer under the contract during the period of suspension.

2. After the employer's fiscal year for which the employer applied for his third annual rebate, if at any other time during the 10-year contract period the employer applies for a rebate following the end of the employer's fiscal year, and the verified gross payroll for the fiscal year does not demonstrate the required minimum of five new direct jobs and the gross payroll does not equal or exceed a total of \$500,000 or \$250,000, whichever is applicable to said contract, the rebates shall be suspended and shall not be resumed until such time as the payroll and job requirements are met. No rebate shall accrue or be paid to the employer during a period of suspension.

F. **Contract Rebates Reduced**

1. If the employer receives a rebate and it is subsequently determined the employer did not qualify for the rebate, future rebates will be reduced by the amount received by the employer.

2. If there are no future rebates to deduct the amount owed the state, the tax liability of the employer will be increased by the amount of the rebate for the taxable period non-qualification was determined.

3. The secretary of the Department of Revenue may recover any rebates previously granted to an employer but which rebates disallowed as authorized by R.S. 47:1561.2. The employer shall waive prescription for the purpose of recovering any disallowed rebates.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:2451-2462 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 22:965 (October 1996), amended by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2309 (November 2003).

**§1119. Incentive Rebates**

A. Except as otherwise provided herein an employer who has entered into a contract may receive a rebate that is calculated by multiplying the benefit rate, as defined in LCA 1103.F.1 and 2, times the annual gross payroll of new direct jobs, as defined in LCA 1103.H.1-9, for the specified period in the contract.

B. Notwithstanding anything to the contrary in either Chapter 1 or Chapter 5 of Subtitle II of Title 47 of the Louisiana Revised Statutes of 1950, as amended, the following rules shall apply with respect to the application of the rebate allowed.

1. The incentive rebate allowed an S corporation shall be paid to the S corporation entity and not the individual shareholders of the corporation.

2. The incentive rebate allowed a partnership, limited liability partnership (LLP), or limited liability company (LLC) shall be paid to the entity and shall not be paid to the individual partners or members of the entity.

C. Notwithstanding any other provision of law to the contrary in Title 47 of the Louisiana Revised Status of 1950, as amended, the Secretary of the Department of Revenue shall make the rebate.

D. In order to receive the rebate provided for by the contract, an employer shall apply with the department.

1. The application shall be filed on the prescribed form designated by the department and shall contain the required information to determine if the applicant is qualified.

2. The application shall contain a sworn statement, by a duly authorized officer of the employer, listing the names of persons or other entities who have received or who will receive any payment or other consideration from the employer for the purpose of representing the employer in applying for or receiving the benefits of this program.

E. In order to qualify to receive the rebate, the employer applying shall meet the requirements of LCA 1101.B.1 and 2.

F. The department shall determine if an applicant is qualified to receive rebates.

G. The approved employer shall apply annually for rebates with the department in the prescribed format and provide the information as described in LCA 1123. The employer may be audited by the department to verify eligibility. The rebates may continue as long as the employer complies with the approved contract and remains eligible.

H. The benefit rate shall be determined annually based on information provided by the employer on the rebate claim reports made annually.

I. The payroll rebates shall be paid annually after the employer submits the required annual report as specified in LCA 1123 and the department determines the employer is eligible for the rebate for that fiscal year. The report shall be filed within 90 days following the end of the employer's fiscal year with the Department of Economic Development.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:2451-2462 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 22:965 (October 1996), amended by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2310 (November 2003).

**§1121. Rebate Payments**

A. In addition to the payroll rebates, an employer shall be entitled to sales and use tax rebates as authorized in R.S. 51:1787, if the employer meets the hiring requirements as defined in the Enterprise Zone Program and meets the other

limitations, procedures, and requirements of R.S. 51:1787 and the rules promulgated there under, Louisiana Administrative Code, Title 13, Part I, Chapter 7.

B. An employer may request rebates of local sales and use taxes. This request must be accompanied by an endorsement resolution approved by the local governing authority of the appropriate municipality, parish, port district, or industrial district board in whose jurisdiction the employer is or will be located and taxes are paid. The endorsement resolution must clearly state if the local governmental subdivision intends to rebate the allowable sales and use taxes for the project. A copy of the resolution must be filed with the Department of Economic Development prior to action taken by the board on the application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:2451-2462 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2310 (November 2003).

### **§1123. Rebate Claim Filing**

#### **A. Payroll Rebate**

1. A qualified employer must file annually an Affidavit of Annual Certification within 90 days of the completion of employer's fiscal year with the department to claim the payroll rebate.

2. The annual report will provide information on the number of employees at the site, the number of employees statewide, the number of new direct jobs created at the site, the number of hours worked by each employee weekly, the hourly wage paid employees in the new direct jobs, the position title, the employee's address, the hire date, the term date, the insurance acceptability, the percentage of the insurance paid by the employer, and the annual gross wages.

3. The department may request additional information from the employer as may be necessary to determine the eligibility for the annual rebate for that fiscal year or may request the employer revise the annual report.

4. Upon approval the department will advise the Department of Revenue the eligible rebate. The Department of Revenue shall make payment of the rebate after offset, if applicable, under R.S. 47:1622. The rebate shall be considered a refundable overpayment for the purpose of such offset.

5. If the actual verified annual gross payroll for the employer's third fiscal year does not show a minimum of five new direct jobs and does not equal or exceed a total annual payroll of \$500,000 or \$250,000, whichever is applicable, the employer will be determined to be ineligible under this Chapter. The Department of Revenue will be notified and the tax liability for the current tax period in which the failure to meet the requirements occurs shall be increased by the amount of rebates previously allowed.

#### **B. Sales and Use Tax Rebate**

1. An annual Employee Certification Report must be filed on all active contracts for the employer to qualify for the sales and use tax rebate under this Chapter.

2. The "beginning number" from which the net new jobs will be determined shall be the number of employees that an employer has on the day before the effective date of the contract.

3. An employee count will be taken from the employer's entire contiguous site for the purposes of calculating the jobs.

4. Monthly totals of permanent full time employees will be averaged over a minimum of six months to determine the number of jobs generated. Part time employees may be counted after completing a minimum of six months of continuous employment comprised of a minimum of 20 hours every week during that continuous period. Only employees reported on the Department of Labor's Unemployment Insurance Report will be used to calculate the average monthly total. In no case shall the new employees exceed the net increase in the total employment.

5. If the Employee Certification Report substantiates that the company has not met the hiring requirements under these rules, the employer will not be eligible for the sales and use tax rebate. The department will notify the Department of Revenue of the ineligibility.

#### **C. Sales and Use Tax Rebate Advance Notification**

1. Initial Sales and Use Tax Rebate Advance Notification. An employer who receives a Quality Jobs Act contract and who meets the requirements for sales and use tax rebates as authorized in R.S. 51:1787 and §1121 of these Rules, will satisfy the advance notification requirement for sales and use tax rebates for the initial period of the Quality Jobs Act contract by submission of the Quality Jobs Act Program advance notification referred to in §1107 of these Rules. The initial sales and use tax rebate period may begin on or after the Quality Jobs Act contract effective date and shall be no longer than twenty-four months, except to the extent that a longer period is authorized under the Enterprise Zone Program. In order to receive rebates of local sales and use taxes, the employer must satisfy the provisions of §1121.B of these Rules.

2. Subsequent Sales and Use Tax Rebate Periods. On the expiration of the initial sale and use tax rebate period under the Quality Jobs Act contract, an employer may file additional advance notifications on Form, "Quality Jobs Act Sales and Use Tax Rebate Advance Notification," to seek additional state and local sales and use tax rebates as authorized in R.S. 51:1787 and §1121 of these Rules if the employer meets the hiring requirements as defined in the Enterprise Zone Program and meets the other limitations, procedures, and requirements of R.S. 51:1787 and the Rules promulgated thereunder, *Louisiana Administrative Code*, Title 13, Part I, Chapter 7, for each subsequent sales and use tax rebate period during the term of the Quality Jobs Act contract. Each subsequent sales and use tax rebate period shall be no longer than twenty-four months, except to the extent that a longer period is authorized under the Enterprise Zone Program. The local endorsement resolution requirements of §1121.B shall apply to each subsequent sales and use tax rebate period for which an employer under a Quality Jobs Act contract seeks the rebate of local sales and use taxes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:2451-2462 et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2311 (November 2003).

### **§1125. Prohibited Incentives**

A. A qualified employer that enters into a contract under this Chapter shall not be eligible to receive the other credits

or exemptions provided for in the following provisions of law except as provided for in R.S. 51:2456(B):

1. R. S. 47:34 (tax credit for generation of new jobs in Louisiana);
2. R.S. 47:38 and 287.757 (income tax credit for conversion of vehicles to alternate fuel usage);
3. R.S. 47:4301 through 4306 (Industry Assistance Program - income tax, corporate franchise tax, state sales tax, and excise tax exemptions for manufacturing establishments);
4. R.S. 47:6004 (employer credit for employment of previously unemployed person);
5. R.S. 47:6009 (Louisiana basic skills training tax credit-income tax credit);
6. R.S. 47:6010 (employer income tax credit for employment alcohol and substance abuse treatment programs);
7. R.S. 51:1787 (Enterprise Zone Program - incentives tax exemption from sales and use tax materials to be used in the construction of a building and for machinery and income tax credit for each employee in an enterprise zone);
8. R.S. 47:287.748 (re-entrant jobs credit for formerly incarcerated employees-corporate income tax);
9. R.S. 47:287.749 (corporate income tax credit for new jobs);
10. R.S. 47:287.753 (neighborhood assistance income tax credit).

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:2451-2462 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2311 (November 2003).

#### **§1127. Penalties**

A. Penalties are provided under R.S. 51:2460 for false or fraudulent information in making application, making a claim for rebate, or other instrument.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:2451-2462 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2312 (November 2003).

#### **§1129. Termination of Program**

A. The Board of Commerce and Industry shall approve no new applications for rebates as provided for under this Chapter on and after January 1, 2005.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:2451-2462 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2312 (November 2003).

#### **§1131. Severability**

A. If any Section or provision of this Chapter is held invalid, such invalidity shall not affect other provisions of this Chapter. Any provision of this Chapter that is in conflict with R.S. 51:2451-R.S. 51:2462 or any other statute will be invalid and will be severable.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:2451-2462 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 29:2312 (November 2003).

Don J. Hutchinson  
Secretary

0311#057

## **RULE**

### **Department of Economic Development Office of the Secretary**

#### **Capital Companies Tax Credit Program? Notes Receivable (LAC 10:XV.325)**

The Department of Economic Development, Office of the Secretary, pursuant to the authority of R.S. 51:1929 and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., hereby adopts the following Rule for the Capital Companies Tax Credit Program. The Rule is being adopted to provide additional guidance to certified Louisiana capital companies on the application of R.S. 22:1068.(E)(1)(b). This Rule provides for certain issues regarding premium tax reductions when certified Louisiana capital companies issue notes receivable to insurance companies that invest certified capital. It provides that the minimum period until maturity of the note shall be five years, and provides for minimum required repayment terms.

#### **Title 10**

#### **FINANCIAL INSTITUTIONS, CONSUMER CREDIT, INVESTMENT SECURITIES, AND UCC**

#### **Part XV. Other Regulated Entities**

#### **Chapter 3. Capital Companies Tax Credit Program §325. Notes Receivable**

A. The provisions of R.S. 22:1068(E)(1)(b) will be satisfied with respect to a note receivable issued by a certified Louisiana capital company or its investment pool to an investing insurance company if:

1. the note receivable has a stated final maturity date of not less than five years from the date on which the certified Louisiana capital company or its investment pool issues the note receivable; and

2. either:

a. the note receivable is repaid in a manner which results in the note receivable being fully repaid or otherwise satisfied in equal amounts over the stated maturity of the note receivable; or

b. the duration of the note receivable is no shorter than the duration of a hypothetical note that:

i. is issued on the same date as the note issued by the certified Louisiana capital company or its investment pool;

ii. has the same maturity date as the note issued by the certified Louisiana capital company or its investment pool;

iii. has a price and yield the same as that of the note issued by the certified Louisiana capital company or its investment pool, calculated in the same manner (i.e., with respect to compounding, 360 vs. 365 day per year calculations, etc.); and

iv. is fully amortized by equal daily payments, which amounts are calculated as follows:

(a) the aggregate of all amounts scheduled to be paid or otherwise credited to the holder of the note receivable issued by the certified Louisiana capital company or its investment pool for the entire term of the note receivable divided by;

(b). the total number of days scheduled to elapse from the date on which the certified Louisiana capital company or its investment pool issues its note receivable through and including the stated maturity date thereof, calculated on a 365 or 360 day year, consistent with the calculation of interest on the note receivable.

B. For purposes of this Section, a note receivable's "duration" shall mean the weighted-average time to receipt of the present value of the amounts used to repay or otherwise satisfy the note receivable obligation. For purposes of this Section, a note receivable's duration shall be calculated in a manner that is typical in the industry for publicly-traded debt instruments.

C. Each certified Louisiana capital company or its investment pool that issues notes to insurance companies other than those described in A.2.a of this Section shall submit to the Office of Financial Institutions, in writing, the duration for each such note issued by it (or one representative note, if all notes are similar except for the face amount) and the duration for the note described in A.2.b of this Section. Each calculation shall show:

1. all information required to make the duration calculation; and

2. all interim worksheets and formulae used in the duration calculation, reasonably sufficient to allow the Office of Financial Institutions to duplicate the calculation. A copy of the actual spreadsheet model used by the certified Louisiana capital company or its investment pool for its duration calculation in a Microsoft Excel software format shall satisfy the requirements of the preceding sentence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:1929.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, LR 29:2312 (November 2003).

Don J. Hutchinson  
Secretary

0311#055

## RULE

### Board of Elementary and Secondary Education

Bulletin 105? Louisiana Content Standards  
for Programs Serving Four-Year-Old Children  
(LAC 28:LXXVII.Chapters 1-5)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted *Bulletin 105? Louisiana Content Standards for Programs Serving Four-Year-Old Children*. Bulletin 105 will be printed in codified format as Part LXXVII of Title 28 of the Louisiana Administrative Code. At the May 2003 meeting of the State Board of Elementary and Secondary Education, Bulletin 105 was approved. This bulletin contains content standards needed for the effective operation of a quality early childhood program. This action was necessary in order to ensure quality across early childhood programs under the present jurisdiction of the Department of Education, provide quality standards available to other agencies that serve four-year-old students, and to provide for a consistent flow from

pre-kindergarten to kindergarten, thus meeting the mandates of the federal "No Child Left Behind" (NCLB) legislation.

## Title 28

### EDUCATION

#### Part LXXVII. Bulletin 105? Louisiana Content Standards for Programs Serving Four-Year-Old Children

##### Chapter 1. General Provisions

##### §101. Introduction

A. *The Louisiana Content Standards for Programs Serving Four-Year-Old Children* document was developed by a committee of educators from across the state. The committee consisted of representatives of higher education institutions, technical colleges, childcare, Head Start, Department of Social Services, and the Department of Health and Hospitals, as well as representatives from local school system administrators and classroom teachers. The standards were designed to address the needs of all children in all settings. There are a number of principles that guided the development of the document. [These *Guiding Principles* were reprinted with permission from the Connecticut State Department of Education Preschool Curriculum Framework and Benchmarks for Children in Preschool Programs (May 1999).]

1. Early learning and development are multidimensional; developmental domains are highly interrelated. Development in one domain influences the development in other domains. For example, children's language skills impact their ability to engage in social interactions. Therefore, developmental domains cannot be considered in isolation of each other. The dynamic interaction of all areas of development must be considered.

2. Young children are capable and competent. All children are capable of positive developmental outcomes. Therefore, there should be high expectations for all young children.

3. There are individual differences in rates of development among children. Each child is unique in the rate of growth and the development of skills and competencies. Some children may have a developmental delay or disability that may require program staff to adapt expectations of individual children or adapt experiences so that they will be successful in attaining the performance standard. Additionally, each child is raised in a cultural context that may impact a child's acquisition of certain skills and competencies.

4. Children will exhibit a range of skills and competencies in any domain of development. Preschool age children will exhibit a range of skills and competencies in any area of development. All children within an age group should not be expected to master each skill to the same degree of proficiency at the same time.

5. Knowledge of child growth and development and consistent expectations are essential to maximize educational experiences for children and for program development and implementation. Early care and education program staff must agree on what it is they expect children to know and be able to do, within the context of child growth and development. With this knowledge, early childhood staff can make sound decisions about appropriate curriculum for the group and for individual children.

6. Families are the primary caregivers and educators of their young children. Families should be aware of programmatic goals and experiences that should be provided for children and expectations for children's performance by the end of the preschool years. Program staff and families should work collaboratively to ensure that children are provided optimal learning experiences. Programs must provide families with the information they may need to support children's learning and development.

7. Young children learn through active exploration of their environment through children-initiated and teacher-selected activities. The early childhood environment should provide opportunities for children to explore materials and engage in concrete activities, and to interact with peers and adults in order to construct their own understanding about the world around them. There should therefore be a range of approaches to maximize children's learning.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2313 (November 2003).

### **§103. Louisiana Content Standards Foundation Skills**

A. The Louisiana Content Standards Task Force has developed the following foundation skills, which should apply to all students in all disciplines.

*Citizenship?* the application of the understanding of the ideals, rights, and responsibilities of active participation in a democratic republic that includes working respectfully and productively together for the benefit of the individual and the community; being accountable for one's choices and actions and understanding their impact on oneself and others; knowing one's civil, constitutional, and statutory rights; and mentoring others to become productive citizens and lifelong learners.

*Communication?* a process by which information is exchanged and a concept of "meaning" is created and shared between individuals through a common system of symbols, signs, or behavior. Students should be able to communicate clearly, fluently, strategically, technologically, critically, and creatively in society and in a variety of workplaces. This process can best be accomplished through use of the following skills: reading, speaking, listening, viewing, and visually representing.

*Linking and Generating Knowledge?* the effective use of cognitive processes to generate and link knowledge across the disciplines and in a variety of contexts. In order to engage in the principles of continual improvement, students must be able to transfer and elaborate on these processes. "Transfer" refers to the ability to apply a strategy or in-content knowledge effectively in a setting or context other than that in which it was originally learned. "Elaboration" refers to monitoring, adjusting, and expanding strategies into other contexts.

*Problem-Solving?* the identification of an obstacle or challenge and the subsequent application of knowledge and thinking processes, which include reasoning, decision-making, and inquiry in order to reach a solution using multiple pathways, even when no routine path is apparent.

*Resource Access and Utilization?* the process of identifying, locating, selecting, and using resource tools to help in analyzing, synthesizing, and communicating

information. The identification and employment of appropriate tools, techniques, and technologies are essential to all learning processes. These resource tools include pen, pencil, and paper; audio/video materials, word processors, computers, interactive devices, telecommunication, and other emerging technologies.

NOTE: These foundation skills were developed by the Louisiana Content Standards Task Force in 1997. This task force developed the State Standards for Curriculum Development for kindergarten through grade 12.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2314 (November 2003).

### **§105. Information Literacy Model for Lifelong Learning**

A. Students must become competent and independent users of information to be productive citizens of the 21st century. They must be prepared to live in an information-rich and changing global society. Due to the rapid growth of technology, the amount of information available is accelerating so quickly that teachers are no longer able to impart a complete knowledge base in a subject area. In addition, students entering the workforce must know how to access information, solve problems, make decisions, and work as part of a team. Therefore, information literacy, the ability to recognize an information need and then locate, evaluate, and effectively use the needed information, is a basic skill essential to the 21st century workplace and home. Information literate students are self-directed learners, who, individually or collaboratively, use information responsibly to create quality products and to be productive citizens. Information literacy skills must not be taught in isolation; they must be integrated across all content areas, utilizing fully the resources of the classroom, the school library media center, and the community. The Information Literacy Model for Lifelong Learning is a framework that teachers at all levels can apply to help students become independent lifelong learners.

1. *Defining/Focusing.* The first task is to recognize that an information need exists. Students make preliminary decisions about the type of information needed based on prior knowledge.

2. *Selecting Tools and Resources.* After students decide what information is needed, they then develop search strategies for locating and accessing appropriate, relevant sources in the school library media center, community libraries and agencies, resource people, and others as appropriate.

3. *Extracting and Recording.* Students examine the resources for readability, currency, usefulness, and bias. This task involves skimming or listening for key words, "chunking" reading, finding main ideas, and taking notes.

4. *Processing Information.* After recording information, students must examine and evaluate the data in order to utilize the information by categorizing, analyzing, evaluating, and comparing for bias, inadequacies, omissions, errors, and value judgments. Based on their findings, they either move on to the next step or do additional research.

5. *Organizing Information.* Students effectively sort, manipulate, and organize the information that was retrieved.

They make decisions on how to use and communicate their findings.

6. Presenting Findings. Students apply and communicate what they have learned (e.g., research report, project, illustration, dramatization, portfolio, book, book report, map, oral/audio/visual presentation, game, bibliography, hyper stack).

7. Evaluating Efforts. Throughout the information problem solving process, students evaluate their efforts. This assists students in determining the effectiveness of the research process. The final product may be evaluated by the teacher and other qualified or interested resource persons.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2314 (November 2003).

### §107. Definitions

*Accommodations?* changes in the curricular material and experiences to accommodate a child's particular needs. Adaptations are not intended to alter the difficulty of the skill or area of development addressed. Such adaptations may enable children with disabilities to have experiences similar to those of their peers.

*Child-Initiated Activities?* children are able to select their own centers, activities, materials, and companions, and are able to manage their own play independently. There is adult interaction in response to the children's developmental needs, as well as to introduce and reinforce concepts. This is also called *free play*. (Note: When children are assigned to centers by staff or the staff selects the activities, materials, etc., for the children, this *is not* considered a child-initiated or free play activity.)

*Concrete Hands-On Learning Experiences?* learning experiences that emphasize choice, free exploration, interaction, and authenticity within a relevant and meaningful context. Such experiences emphasize the development of children's thinking, reasoning, decision-making and problem-solving abilities. Curriculum areas and skills are integrated in the context of the learning activities and experiences as opposed to being taught in isolation.

*Content Practice Standards?* describes the broad outcomes that children should achieve through a high-quality preschool experience. Each Content Practice Standard is aligned with the Louisiana K-4 Content Standards and other relevant state and national standards.

*Developmental Profile?* specifies what most preschool children should be able to know and be able to do by the end of their preschool experiences.

*Developmentally Appropriate Practice?* quality care and education of young children based on:

1. knowledge of how children develop and learn. This includes information about ages and stages of development as well as what materials, activities and interactions are important for each;

2. knowledge of the individual child, including disabilities; and

3. knowledge about the social, cultural and familial cultural context in which children are growing up.

*Domain?* describe the aspect of development for each standard. content areas are specified for each domain.

*Early Childhood Environment Rating Scale-Revised (ECERS-R)?* a reliable and valid research based program

quality assessment instrument. This scale is designed for use in classrooms serving children 2 1/2 to 5 years of age. It is used to evaluate classroom environment as well as programmatic and interpersonal features that directly affect children and adults in the early childhood setting. The seven sub-scales of the ECERS-R include: *Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities, Interactions, Program Structure, and Parents and Staff.*

*Emerging Skills?* skills or abilities, which are not shown as being mastered but are present in a modified or limited form. Attention to emerging skills allows teachers to assess the developmental process and progress of students. Additionally, a focus on emerging skills is important in the planning of the environment and activities to facilitate development of skills.

*Examples?* tips on how to structure the curriculum and environment to assist a child's optimal performance.

*Free Play?* see Child-Initiated Activity.

*Grapheme?* the smallest part of *written* language that represents a phoneme in the spelling of a word.

*Head Start Child Outcomes Framework?* this framework is intended to guide Head Start Programs in the ongoing assessment of the progress and accomplishments of children. The eight general Domains serve as building blocks that are important for school success. The domains include: Language Development, Literacy, Mathematics, Science, Creative Arts, Social and Emotional Development, Approaches to Learning and Physical and Health Development.

*Head Start Performance Standards?* these standards used in Head Start Programs are based on sound child development principles about how children grow and learn. The varied experiences provided by the program support the continuum of children's growth and development in all domains.

*Indicators?* define a Content Practice Standard more specifically so that it can be measured. Each indicator is coded by domain, content area and skill. For example, PK-CM-N1 means Pre-Kindergarten-Cognitive Math-Number 1.

*Interest Center?* an area in the classroom used during free play/ child-initiated activities. In each area, the materials are organized by type and are stored so that they are accessible to the children, shelves have picture/word labels, and the area is appropriately furnished. Interest centers can also be established outdoors.

*Louisiana Literacy Profile?* provides teachers of children in grades K-3 with the means of observing and recording progress in a continuum of growth that is based on literacy behaviors. It informs instruction and promotes development of literacy behaviors.

*Manipulatives?* materials that allow children to explore, experiment, and interact by using their hands or by mechanical means. These learning materials promote dexterity and eye-hand coordination while promoting problem-solving and higher levels of critical thinking. Such items include, but are not limited to, beads and laces, puzzles, small blocks, playdoh, lacing cards, and items that can be snapped, zipped or hooked together to name a few.

*Modifications?* limiting, restricting, or altering materials, the environment or experiences without fundamentally changing the outcome or use of such. Modifications may enable children who are experiencing difficulty with a

particular skill or an area of development to successfully achieve competence in these areas. Examples of modifications include offering a variety of levels of puzzles such as interlocking and pegged puzzles.

*Multisensory Experiences?* experiences that allow children to respond to physical stimuli relating to more than one of the five senses. Included in these types of experiences would be cooking activities where the senses of sight, smell, taste, touch and hearing would all be involved.

*National Association for the Education of Young Children (NAEYC)?* links to the Louisiana Content Standards for Programs Serving Four-Year Olds are related to NAEYC's Guide to Accreditation (1998) which is a compilation of self-studies designed to guide programs through the accreditation process.

*Non-Standard Units of Measurement?* methods of measurement that do not include traditional means such as rulers, scales, clocks, etc. Non-standard units of measurement allow children to explore and thus understand the concept of measurement without being tied to exact numerical data. Items such as pieces of string, rows of blocks or pencils may serve as non-standard units to measure length; balances may help promote understanding of varying weights, and picture-graphs of daily routines allow children to understand the concept of time and passage of time.

*Non-Textual Information?* information expressed through the use of pictures, symbols or icons. Such information may be used by children to process information and to create mental images symbolic of real-world situations without the use of written text.

*Onset?* this is a part of spoken language that is smaller than a syllable but larger than a phoneme. It is the initial consonant sound of a syllable (The onset of *bag* is *b-*; of *swim*, *sw-*).

*Open-Ended Questioning?* questioning that promotes a child's development as opposed to mere information gathering. This method of questioning is used to motivate children to learn, inquire about and discover their world. Open-ended questioning prompts students to think about their responses and requires a more in-depth level of critical thinking in order to respond. These questions help the student to recognize a problem, analyze contributing factors and to consider a choice of optimal solutions. Open-ended questions are characterized by the words "What if?", "How?" , "What would happen if?", "Why do you think?", "Is there another way?" etc.

*Phoneme?* the smallest part of *spoken* language that makes a difference in the meaning of words.

*Phonemic Awareness?* the ability to hear, identify, and manipulate the individual sounds (phonemes) in spoken words. A child who possesses phonemic awareness can segment sounds in words and blend strings of isolate sounds together to form recognizable words.

*Phonological Awareness?* a broad term that includes phonemic awareness. In addition to phonemes, phonological awareness activities can involve work with rhymes, words, syllables, and other onsets and rimes.

*Play-Based Environment?* a teaching-learning interactive environment through which play is the medium that children learn and make sense of their world. It provides a forum for children to learn to deal with the world on a symbolic level – the foundation for all subsequent intellectual development.

In a play-based environment, children have the opportunity to gain a variety of social, emotional and physical skills. This type of environment is in contrast to the environment where learning is compartmentalized into the traditional content areas and children have little opportunity to actively explore, experiment and interact.

*Print Concepts?* materials, activities, and props, etc. that prompt the ongoing process of becoming literate; that is, learning to read and write. Print concepts include exposure to textual information through books, stories, field trips, notes, labels, signs, chants, etc., and should be part of the emergent-literacy environment of all preschool classrooms.

*Props?* materials used throughout the classroom to extend learning in any one of the interest areas or centers. Props added to an interest center are generally placed in the area in addition to standards items. Examples of props include: puppets that correlate with stories in the library center or phone books and recipe cards in the dramatic play center. Such props allow children to engage in activities in which they can interact with other children, share and take turns, role-play and exercise their imaginations. Additionally, props added to interest centers help children accept responsibility for clean-up, break barriers for sex/culture stereotyping, and deal with age/stage personal relations.

*Rime?* the part of a syllable that contains the vowel and all that follows it (the rime of *bag* is *-ag*; of *swim*, *-im*).

*Self-help Tasks or Skills?* these skills or tasks comprise a large portion of a young child's daily living tasks and are important in all areas of development. These skills include toileting, serving and eating meals and snacks, cleaning up their environment and grooming and dressing.

*Skill Area?* defines each content area more specifically.

*Spatial Sense or Spatial Awareness?* the sense of orienting to one's environment. A sense of awareness of directionality as well as the child's relationship to self, the environment and others in that environment.

*Substantial Portion of the Day?* free play/child-initiated activities are available to the children at least one third or 35 percent of the instructional day. Example: During a 6 hour instructional day, these activities are available at least 2 hours of the instructional day.

*Syllable?* a part of a word that contains a vowel or, in spoken language, a vowel sound.

*Teacher-Directed Activity?* the activities and/or materials are chosen for the children by the teacher to engage in educational interaction with small groups and individual children as well as with the whole group. (Examples: read a story, cooking activity, or science activity.)

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### **Chapter 3. Pre-Kindergarten Content Standards Subchapter A. General**

#### **§301. Content Standards**

A. This Section contains content standards, which are organized alphabetically into five domains of development.

1. Cognitive development:
  - a. Mathematical development;
  - b. Science development;
  - c. Social Studies development;
2. Creative Arts development;

3. Health and Physical development;
4. Language and Literacy development;
5. Social and Emotional development.

B. The five developmental domains are designed to be interdependent and must be considered as a whole when considering the development of pre-kindergarten children. Each developmental domain includes the following.

1. *Content Practice Standards?* describes the broad outcomes that children should achieve a high-quality preschool experience.

2. *Developmental Profile Indicators?* specifies what most pre-kindergarten children should be able to do by the end of their pre-kindergarten experience.

3. *Links?* Each content practice standard is aligned with the Louisiana K-4 Content Standards and other relevant state and national standards.

C. The content practice standards provide the pre-kindergarten personnel with a common understanding of what young children should know and do. It is designed to be a guide for designing and implementing a curriculum that will facilitate learning and skill acquisition in each pre-kindergarten child. Skills such as letter, numbers, shapes, colors, etc., should not be taught in isolation, but integrated throughout the curriculum.

D. The content practice standards and developmental profile indicators are based on research in developmentally appropriate practice for preschool children. In developing these standards, the *Accreditation Standards of the National Association for the Education of Young Children* (NAEYC) and the *Head Start Performance Standards* were reviewed. The *Early Childhood Environment Rating Scale, Revised Edition* (ECERS-R) was also reviewed and linked to the appropriate content practice standards.

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### §303. Developmentally Appropriate Practices

Developmentally Appropriate Practices Include:	Developmentally Appropriate Practices Do Not Include:
?? Learning centers/Free choice centers	?? Timed rotation/Teacher selected centers
?? Concrete learning experiences with real items	?? Workbooks or ditto sheets
?? Balance of student-initiated and teacher-directed activities in instructional day	?? Teacher-directed activities more than 35% of the instructional day
?? Actively engaged learners	?? Passive quiet learners
?? Language and talking encouraged daily	?? Classrooms quiet most of the day
?? Cozy inviting environments	?? Sterile cold environments
?? Daily outdoor gross motor time/Adults interacting with the children to facilitate learning	?? Recess/Adults are On Duty
?? Individual creative art expressions	?? Patterned art/Uniform Art projects (all look the same)
?? Language/Literacy rich activities encourage phonological awareness	?? Alphabet letters taught through rote drill or Letter of the week
?? Hands-on math activities	?? Rote drill of numbers, shapes, colors, etc.
?? Use a variety of materials changed frequently to meet the needs and interests of the children	?? Same materials and equipment used daily throughout the school year

?? Adult-Child Interactions encourage learning through open-ended questions, extending conversations, reasoning, etc.	?? Adult-Child Interactions minimal, unpleasant, non-responsive, inappropriate, or only to control behavior
?? Use of TV, videos and computers related to classroom events, appropriate, limited to short periods of time and adult interaction occurs	?? TV, videos, and computers not related to classroom events, used inappropriately, no alternative activities are used, and no adult interaction occurs
?? Teacher uses a variety of strategies and meaningful activities to develop skills and concepts	?? Teacher uses direct instruction to teach and isolates the skills and concepts
?? Assessment ongoing/Portfolios used that include anecdotal records, work samples, photographs, etc.	?? Isolated testing/Worksheets

NOTE: For more Developmentally Appropriate Practices refer to ECERS-R, NAEYC guidelines, and Bulletin 741.

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### Subchapter B. Mathematics

#### §305. Mathematical Development

A. Young children develop mathematical concepts through meaningful and concrete experiences that are broader in scope than numerals and counting. In an inclusive, developmentally appropriate play-based environment, pre-kindergarten children will have opportunities to acquire and understand mathematical skills and concepts using hands-on experiences. They will have access to a wide variety of tools and technologies that foster the understanding of mathematics in real-life situations.

B. Early childhood teachers must be flexible during daily routines and strive to capture teachable moments using open-ended questioning techniques to expand mathematical concepts. These teachers must also facilitate activities that address and extend young children's developmental levels.

C. Accommodations for children with special needs:

1. simplify a complicated task by breaking it into smaller parts or reducing the number of steps;
2. use shorter but more frequent activities and routines;
3. add new activities and specific activities as needed to meet individual needs.

NOTE: Partial participation is considered appropriate for children with special needs, according to their abilities.

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#### §307. Stages of Math Development

A. 2-3 Year-Olds:

1. begin to understand the use of numbers as they hear others using them;
2. understand the use of numbers through exploring objects;
3. work large-piece puzzles;
4. understand direction and relational words;
5. recognize geometric shapes, like a circle;
6. sequence up to three items.

B. 3-4 Year-Olds:

1. recognize and express quantities like *some, more, a lot, and another*;
2. begin to have a sense of time;
3. recognize familiar geometric shapes in the environment;
4. sort objects by one characteristic;
5. rote count to 5;
6. notice and compare similarities and differences;
7. use words to describe quantity, length, and size.

C. 4-5 Year-Olds:

1. play number games with understanding;
2. count objects to 10 and sometimes to 20;
3. identify the larger of two numbers;
4. answer simple questions that require logic;
5. recognize more complex patterns;
6. position words;
7. sort forms by shape;
8. compare sizes of familiar objects not in sight;
9. work multi-piece puzzles.

D. 5-6 Year-Olds:

1. begin to understand concepts represented in symbolic form;
2. can combine simple sets;
3. begin to add small numbers in their heads;
4. rote count to 100 with little confusion;
5. count objects to 20 and more;
6. understand that the number is a symbol that stands for a certain number of objects;
7. classify objects by multiple attributes;
8. can decide which number comes before, or after, another number.

Source: The Portfolio and Its Use: A Road Map for Assessment by Southern Early Childhood Association

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### §309. Cognitive Math Development

Cognitive Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
Mathematical Development		
Number Concepts:		
Understand numbers, ways of representing numbers and relationships between numbers and numerals	PK-CM-N1* Compare numbers of objects Examples: ?? Compare objects in groups such as: shoes which tie and do not tie ?? Compare number of boys to girls ?? Compare unifix towers to each other ?? Begin to use names of numbers in play such as: "I need two more blocks." PK-CM-N2 Perform one-to-one correspondence Examples: ?? Put pegs in each hole of pegboard ?? Set the table ?? Hand out snacks to each child PK-CM-N3 Count by rote Examples: ?? Sing counting songs ?? Count in rhymes, fingerplays, poems, stories, etc. PK-CM-N4* Begin to count objects Examples: ?? Count manipulatives ?? Count days on the calendar ?? Count children to line up for field trip ?? Count the number of children present each day PK-CM-N5 Begin to recognize numerals Examples: ?? Identify some numerals in their environment ?? Discriminate between letters and numerals by sorting ?? Play number games PK-CM-N6 Begin to demonstrate estimation skills Examples: ?? Estimate how many scoops of sand will fill a pail ?? Place a small number of items in a see-through container and ask children to estimate number and record the estimate ?? Estimate how many eggs fit in a strawberry basket	Louisiana K-4 Content Standards: N-1-E N-9-E NAEYC Criterion: B-8, B-5d, B-7c, B-7d ECERS-R Items: 26(5.1), 26(5.4), 26(7.1), 26(7.2) Head Start Performance Standards: 1304.21 (a) (4) (iv) 1304.21 (c) (1) (ii) Head Start Child Outcomes: Domain 3
*PK-CM-N-- Pre-Kindergarten – Cognitive Math – Number Concepts		

Cognitive Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS -R, NAEYC, Head Start, etc.
<b>Mathematical Development</b>		
<b>Measurement:</b>		
Uses non-standard units to measure and make comparisons	PK-CM-M1* Experience, compare, and use language relating to time Examples: ?? Use different types of timers ?? Participate in discussions about the daily schedule ?? Begin to use words to describe time intervals such as: yesterday, today, and tomorrow PK-CM-M2 Anticipate, remember, and describe sequences of events Examples: ?? Recall daily schedule ?? Count down days to an event ?? Retell sequential events in a story and/or activity PK-CM-M3 Use mathematical language to describe experiences involving measurement Examples: ?? Use comparison terms such as: heavy/light; long/short; more/less; big/little, etc. PK-CM-M4 Measure objects in the physical world using non-standard units of measurement Examples: ?? Use hands to measure objects ? Use string to measure child's height or circumference of an object such as: pumpkin, watermelon, orange, etc.	Louisiana K-4 Content Standards: M-1-E M-2-E M-3-E M-4-E M-5-E NAEYC Criterion: B-8, B-5d, B-7c, B-7d ECERS-R Items: 26(5.1), 26(7.1), 26(7.2)  Head Start Performance Standards: None Applicable Head Start Child Outcomes: Domain 3
*PK-CM-M ? Pre-Kindergarten – Cognitive Math – Measurement		

Cognitive Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Mathematical Development</b>		
<b>Geometry and Spatial Sense:</b>		
Develop an understanding of geometrical and spatial concepts	PK-CM-G1* Recognize, name, describe, compare, and create basic shapes. Examples: ?? Combine unit blocks to make shapes ?? Go on shape scavenger hunt ?? Use shapes to make pictures PK-CM-G2 Identify shapes to describe physical world Examples: ?? Identify shapes of objects in the environment such as: the classroom door is a rectangle, etc. ?? Identify roof in photo of house as a triangle PK-CM-G3 Describe and interpret spatial sense: positions, directions, distances, and order Examples: ?? Describe the position of people or things in relation to self or other objects ?? Give and follow directions using positional words ? Describe the movement of objects such as: "The dog jumped over the fence."	Louisiana K-4 Content Standards: G-1-E G-2-E G-4-E NAEYC Criterion: B-8, B-5d, B-7c, B-7d ECERS-R Items: None applicable Head Start Performance Standards: 1304.21 (a) (1) (iv) Head Start Child Outcomes: Domain 3
PK-CM-G ? Pre-Kindergarten – Cognitive Math – Geometry and Spatial Sense		

Cognitive Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
Mathematical Development		
Data Collection, Organization, and Interpretation:		
Investigates, organizes, responds, and creates representations	PK-CM-D1* Sort and classify materials by one or more characteristics Examples: ?? Sort buttons by color ?? Group items with common characteristics ?? Return materials to shelf by matching objects to labels PK-CM-D2 Collect and organize data about themselves, their surroundings, and meaningful experiences Examples: ?? Create simple graphs (picture, bar, representational, venn diagrams) such as: leaves by type, favorite ice cream, etc. ?? Use webbing to collect information PK-CM-D3 Interpret simple representations in data Examples: ?? Participate in discussion about the calendar ?? Participate in discussion using information from child-created graphs ?? Participate in discussion about charts	Louisiana K-4 Content Standards: P-1-E P-2-E P-3-E D-1-E D-2-E D-3-E D-4-E NAEYC Criterion: B-5d, B-7c, B-7d, B-8 ECERS-R Items: None applicable Head Start Performance Standards: None Applicable Head Start Child Outcomes: Domain 3
PK-CM-D? Pre-Kindergarten – Cognitive Math – Data Collection, Organization, and Interpretation		

Cognitive Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
Mathematical Development		
Patterns and Relationships:		
Identify and create patterns	PK-CM-P1* Recognize patterns in the physical world Examples: ?? Go on shape walks to identify patterns in environment ?? Recognize patterns in snack kabobs ?? Identify patterns on common objects such as: flag, clothes, environmental patterns, etc. PK-CM-P2* Describe, copy, extend, create patterns and make predictions about patterns Examples: ?? Line up boy, girl, boy, girl ... ?? Clap out patterns ?? Make patterns with manipulatives such as: lacing beads, unifix cubes, links, etc. ?? Tell what comes next in a pattern ?? Create musical patterns playing music on cans PK-CM-P3 Seriate objects Examples: ?? Place blocks in order from shortest to tallest ?? Place colored bears in order from smallest to largest	Louisiana K-4 Content Standards: P-1-E P-3-E NAEYC Criterion: B-8, B-5d, B-7c, B-7d ECERS-R Items: None applicable Head Start Performance Standards: 1304.21 (a) (1) (iv) Head Start Child Outcomes: Domain 3
PK-CM-P? Pre-Kindergarten – Cognitive Math – Patterns and Relationships		

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### Subchapter C. Science

#### §311. Scientific Development

A. Young children are natural scientists. They easily become mesmerized by everyday happenings. Through varied and repeated opportunities to predict, observe, manipulate, listen, experiment with, reflect, and respond to open-ended questions, pre-kindergartners make inferences and become higher-level thinkers.

B. Quality early childhood science programs require a balance of content and process, using multi-sensory experiences. In addition to science inquiry skills, pre-kindergartners can begin to acquire a foundation of science

concepts and knowledge on which they can build a clear understanding of their world. Early childhood teachers should look for opportunities to explore scientific concepts in all content areas.

#### C. Accommodations for children with special needs:

1. simplify a complicated task by breaking it into smaller parts or reducing the number of steps;
2. use shorter but more frequent activities and routines;
3. add new activities and specific activities as needed to meet individual needs.

NOTE: Partial participation is considered appropriate for children with special needs, according to their abilities.

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§313. Cognitive Science Development

<b>Cognitive Development</b>		
<b>Content Practice Standards</b>	<b>Developmental Profile Indicators</b>	<b>Links</b>
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Scientific Development</b>		
<b>Science As Inquiry:</b>		
Begin to engage in partial and full inquiries.	<p>PK-CS-I1* Use prior knowledge and experiences to hypothesize, predict, generate questions, and draw conclusions about organisms and events in the environment.</p> <p>Examples:</p> <p>?? Generate questions about insects (KWL or Experience Charts)</p> <p>?? Engage in spontaneous discussion (teachable moments)</p> <p>?? Engage in discussion through questioning, after reading a nonfiction science book</p> <p>?? Hypothesize or predict why certain phenomenon occurred</p> <p>PK-CS-I2 Conduct simple scientific investigations</p> <p>Examples:</p> <p>?? Observe ice melting</p> <p>?? Compare cars rolling down a ramp</p> <p>?? Compare objects that sink and float</p> <p>PK-CS-I3 Make observations using senses</p> <p>Examples:</p> <p>?? Taste test a variety of foods and describe tastes</p> <p>?? Describe objects in feely box</p> <p>?? Describe changes in weather</p> <p>PK-CS-I4 Employ equipment and tools to gather data and extend sensory observations</p> <p>Examples:</p> <p>?? Sift soil with sieve to find organisms in soil</p> <p>?? Observe objects using color paddles</p> <p>? Balance objects in scale to determine which is heavier, lighter, etc.</p> <p>PK-CS-I5 Collect, interpret, communicate data and findings from observations and experiments in oral and written formats</p> <p>Examples:</p> <p>?? Communicate scientific information in a variety of ways (graph, tally, web, draw pictures, oral report)</p> <p>?? Create models of objects in the environment</p> <p>?? Participate in discussions where points of view are openly shared</p> <p>PK-CS-I6 Use appropriate scientific vocabulary related to topics</p> <p>Examples:</p> <p>?? Describe the common physical changes of melting, freezing, and evaporating.</p> <p>?? Identify life cycle of butterfly using scientific terms (egg, chrysalis etc.)</p>	<p>Louisiana K-4 Content Standards:</p> <p>SI-E-A1, A2, A3, A4, A5, A6</p> <p>SI-E-B1, B2, B3, B4, B5, B6</p> <p>NAEYC Criterion:</p> <p>B-5d, B-7c, B-7d, B-8</p> <p><b>ECERS-R Items</b></p> <p>25 (3.3), 25 (5.2), 25 (5.3), 25 (5.4), 25 (7.1), 25 (7.2)</p> <p>Head Start Performance Standards:</p> <p>1304.21(a)(1)(i)</p> <p>1304.21(a)(1)(iv)</p> <p>1304.21(a)(2)(ii)</p> <p>1304.21(a)(3)(i)(B)</p> <p>1304.21(a)(4)(i)</p> <p>Head Start Child Outcomes:</p> <p>Domain 4</p>
*PK-CS-I – Pre-Kindergarten – Cognitive Science – Inquiry		

Cognitive Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Scientific Development</b>		
<b>Physical Science:</b>		
Begin to acquire scientific knowledge related to physical science	<p>PK-CS-P1* Begin investigating states of matter: solids, liquids, and gases</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Sort and classify objects by their state of matter</li> <li>?? Participate in block play using a variety of types of blocks (wooden unit blocks, cardboard blocks, foam blocks)</li> <li>?? Participate in a variety of sand and water activities</li> <li>?? Observe what happens to objects when filled with gases</li> <li>?? Explore three states of water: ice (solid), water (liquid), and steam (gas)</li> </ul> <p>PK-CS-P2 Describe objects by their physical properties</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Describe objects according to size, shape, color, or state of matter</li> <li>?? Describe characteristics of sand and water during sand and water play</li> <li>?? Describe what happens when bottles filled with objects suspended in liquids are moved in various ways such as: dirt in water, confetti in Karo syrup, etc.</li> </ul> <p>PK-CS-P3 Explore the physical world using five senses</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Take a walk exploring the environment using the senses of sight, touch, smell, and/or sound – describe findings</li> <li>?? Match things during a tasting, touching, smelling party</li> <li>?? Listen to and identify environmental, animal, or voice sounds</li> </ul> <p>PK-CS-P4 Explore simple machines, magnets, and sources of energy</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Explore magnets, magnifying glasses, balance scales, gears, pulleys, mirrors, wind-up toys, etc.</li> <li>?? Discuss what makes things run by answering open-ended questions (car-gas, waterwheel-water, lamp-electricity)</li> </ul>	<p>Louisiana K-4 Content Standards:</p> <p>SI-E-A1, A2, A3, A4  SI-E-B1, B2, B3, B4, B5  PS-E-A1, A2, A3, A4  PS-E-C6, C7</p> <p>NAEYC Criterion:  B-5d, B-7c, B-7d, B-8</p> <p>ECERS-R Items:  25(5.3), 25(5.4), 25(7.1), 25(7.2)</p> <p>Head Start Performance Standards:  None Applicable</p> <p>Head Start Child Outcomes:  Domain 4</p>
*PK-CS-P – Pre-Kindergarten – Cognitive Science – Physical Science		

Cognitive Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Scientific Development</b>		
<b>Life Science:</b>		
Begin to acquire scientific knowledge related to life science	<p>PK-CS-L1* Explore, observe, and describe a variety of living things</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Catch insects and place in bug catchers</li> <li>?? Use magnifying glass to observe insects</li> <li>?? Keep a class pet and/or plants in the classroom</li> <li>?? Observe the effect of darkness and light on growing plants</li> </ul> <p>PK-CS-L2 Explore, observe, and describe a variety of non-living things</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Compare live insects to plastic insects</li> <li>?? Make collections of non-living things such as: rocks, sea shells, buttons, etc.</li> <li>?? Sort examples of living and nonliving things</li> </ul> <p>PK-CS-L3 Explore, observe, describe, and participate in a variety of activities related to preserving their environment</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Participate in constructing a compost heap</li> <li>?? Participate in planting a tree</li> <li>?? Participate in a campus cleanup day</li> <li>?? Participate in collecting items to recycle</li> </ul> <p>PK-CS-L4 Begin to develop an awareness and understanding of plant and animal life cycles and how the life cycles vary for different reasons</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Plant and maintain a butterfly garden</li> <li>?? Read non-fiction age appropriate books about life cycles</li> <li>?? Observe life cycles of larvae, tadpoles, or mealworms</li> </ul>	
PK-CS-L – Pre-Kindergarten – Cognitive Science – Life Science		

Cognitive Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Scientific Development</b>		
<b>Earth and Space Science:</b>		
Begin to acquire scientific knowledge related to earth science	PK-CS-ES1* Investigate, compare, and contrast seasonal changes in their immediate environment Examples: ?? Draw, write, and/or dictate a message in journal about what they see, feel, and do in certain kinds of weather or over a period of time ?? Dress-up in a variety of seasonal clothing in the dramatic play center ?? Play a lotto game about the seasons PK-CS-ES2 Discover through observation that weather can change from day to day Examples: ?? Graph each day's weather ?? Keep weather journal ?? Read a thermometer to determine temperature ?? Keep a record of the day's temperature either from the newspaper, home, or outside thermometer PK-CS-ES3 Use vocabulary to describe major features of the earth and sky Examples: ?? Listen to and retell stories about the earth, sky, land formations, and bodies of water such as: In the Night Sky, Happy Birthday Moon, Good Night Moon, In a Small, Small Pond, In the Tall, Tall Grass, Swimmy, Big Al, The Tiny Seed ?? Discuss things in the day and night time sky ?? Observe and discuss shadows at various times of the day	Louisiana K-4 Content Standards: SI-E-A1, A2, A3, A4 SI-E-B1, B2, B3, B4, B5 ESS-E-A1, A4 ESS-E-B1 NAEYC Criterion: B-5d, B-7c, B-7d, B-8 ECERS-R Items: 25(5.3), 25(5.4), 25(7.1), 25(7.2) Head Start Performance Standards: 1304.21(a)(1)(i) 1304.21(a)(1)(iv) 1304.21(a)(2)(ii) 1304.21(a)(3)(i)(B) 1304.21(a)(4)(i) Head Start Child Outcomes: Domain 4
*PK-CS-ES –Pre-Kindergarten – Cognitive Science – Earth and Space Science		

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2321 (November 2003).

**§315. Social Studies Development**

A. For young children the foundation for learning in social studies and history begins with the child's personal experiences and understanding of the relationship of self to home and family. Their understanding then gradually expands to include the people they meet in school, neighborhood, community, and the larger world. Teachers need to identify children's current knowledge and understanding. The pre-kindergarten curriculum needs to focus on concepts that are related to the child's immediate experience.

**B. Accommodations:**

1. provide adaptive equipment and materials where needed to accommodate children's special needs;
2. assure that the classroom and school environments are handicapped accessible and meet the needs of all children;
3. use appropriate verbal, visual, and physical cues in all the activities to meet the special needs of individual children.

NOTE: Partial participation is considered appropriate for children with special needs, according to their abilities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2323 (November 2003).

**Subchapter D. Social Studies**  
**§317. Cognitive Social Studies Development**

<b>Cognitive Development</b>		
<b>Content Practice Standards</b>	<b>Developmental Profile Indicators</b>	<b>Links</b>
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Social Studies Development</b>		
<b>Civics:</b>		
Develop community and career awareness	PK-CSS-C1* Recognize community workers and increase awareness of their jobs Examples: ?? Identify different community workers by the uniform worn or the equipment used ?? Participate in field trips to observe community workers ?? Listen to guest speakers, such as: a firefighter, a police officer, etc. ?? Dress-up and role play different types of community workers PK-CSS-C2 Identify his/her role as a member of family/class Examples: ?? Participate in classroom duties ?? Describe experiences shared within the family ?? Participate in role playing	Louisiana K-4 Content Standards: C-1D-E3, E4 NAEYC Criterion: A-4a, A-9, B-7a, B-7h ECERS-R Items: 33(7.2) Head Start Performance Standards: 1304.21(c)(1)(ii) Head Start Child Outcomes: Domain 6
*PK-CSS-C – Pre-Kindergarten – Cognitive Social Studies - Civics		

<b>Cognitive Development</b>		
<b>Content Practice Standards</b>	<b>Developmental Profile Indicators</b>	<b>Links</b>
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Social Studies Development</b>		
<b>Economics:</b>		
Develop an understanding of how basic economic concepts relate to their everyday lives	PK-CSS-E1* Demonstrate an awareness of money being used to purchase things Examples: ?? Use pretend money to purchase things in a dramatic play grocery store, bank, post office, etc.	Louisiana K-4 Content Standards: E-1A-E3 NAEYC Criterion: None Applicable ECERS-R Items: None Applicable Head Start Performance Standards: None Applicable Head Start Child Outcomes: None Applicable
*PK-CSS-E – Pre-Kindergarten – Cognitive Social Studies -Economics		

<b>Cognitive Development</b>		
<b>Content Practice Standards</b>	<b>Developmental Profile Indicators</b>	<b>Links</b>
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Social Studies Development</b>		
<b>Geography:</b>		
Develop an understanding of location, place, relationships within places, movement, and region	PK-CSS-G1* Include representations of roads, bodies of water, and buildings in their play Examples: ?? Use blue paper for a lake in the block area ?? Drive toy cars on roads made from blocks PK-CSS-G2 Use words to indicate directionality, position, and size Examples: ?? Correctly use and respond to words such as: left, right, first, last, big, little, top, bottom, etc. ?? Verbalize location of objects that are hidden during a Hide and Seek game PK-CSS-G3 Develop awareness of the world around them Examples: ?? Recognize some common symbols of state and country, such as the shape of Louisiana or United States, the Louisiana or American flag, etc. ?? Observe the path a letter travels when teacher shows route on the map ?? Answer questions about where they went on a trip or other places they have lived	Louisiana K-4 Content Standards: G-1B-E1 NAEYC Criterion: B-7h ECERS-R Items: 22(7.1) Head Start Performance Standards: 1304.21(c)(1)(ii) Head Start Child Outcomes: Domain 6
*PK-CSS-G – Pre-Kindergarten – Cognitive Social Studies - Geography		

Cognitive Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Social Studies Development</b>		
<b>History:</b>		
Develop an understanding of the concept of time	PK-CSS-H1* Use words to describe time (yesterday, today, tomorrow) Examples: ?? Use statements like, "I'm getting a bike today!" or "My birthday is tomorrow!" ?? Use statement like, "The field trip was yesterday."	Louisiana K-4 Content Standards: H-1A-E1 NAEYC Criterion: None applicable ECERS-R Items: None applicable Head Start Performance Standards: 1304.21(c)(1)(ii) Head Start Child Outcomes: None Applicable
*PK-CSS-H – Pre-Kindergarten – Cognitive Social Studies - History		

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HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2324 (November 2003).

### Subchapter E. Creative Arts

#### §319. Creative Arts Development

A. Creative development opens an avenue for the application of individual ideas, feelings, and expressions. In the pre-kindergarten classroom, creative development will be integrated into all curriculum areas to develop an appreciation for the arts and as a way to conduct classroom activities to meet the expectations in all content areas.

B. In a developmentally appropriate classroom, creative development fosters creative and individual expression, self-esteem, imagination, and appreciation of cultural diversities. With the introduction of the various components, music/movement, dramatic expression, and visual arts, the pre-kindergarten child is encouraged to explore and express him/herself creatively.

C. On a daily basis, young children are given opportunities for creative endeavors, emphasizing the experience rather than the outcome. These endeavors should be concrete, hands-on learning activities, offered in a risk-free environment where all children are encouraged to express themselves freely.

#### D. Accommodations for Children with Special Needs

1. Provide materials that can be easily adapted for independent participation.

2. Materials should be easily accessible to encourage participation.

3. Adapt the environment to promote participation, engagement, and learning.

4. Provide opportunities for interaction with typically developing peers.

NOTE: Partial participation is considered appropriate for children with special needs, according to their abilities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2325 (November 2003).

#### §321. Stages of Art Development

A. Scribbling Stage (3 to 4 years of age). Child use crayons, markers and paint in zigzag fashion and circular motions. Later, the scribbles become more controlled. Their work is exploratory. Color is unrealistic. The child begins to draw symbols like circles, crosses and lines.

#### B. Preschematic Stage (4 to 7 years of age)

1. Age 4? the child begins to show definite forms in representing a person, making a circle for the head and two vertical lines for legs. Sometimes there is a mouth, arms, hands, feet or shoes. Objects are drawn at random and they are not in sequence or proportion. At this stage, form is more important than color. As children progress through this stage, size becomes more proportional, and they gain more brush control as their paintings begin to look more like illustrations.

2. Age 7? child has established a mental picture of an object that is repeated with each painted repetition of the object. For example, each time the child paints a house, it will look very much like all the other houses he/she painted.

C. Schematic Stage (6 to 9 years of age). At this stage, sky lines (usually blue) and base lines (usually green) appear on the top and bottom of drawings. Items drawn between these lines usually are proportional, and they are on the base line as appropriate.

Source: The Portfolio and Its Use: A Road Map for Assessment by Southern Early Childhood Association

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§323. Creative Arts Development

Creative Arts Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Music and Movement</b>		
<b>Music Appreciation:</b>		
Develop an appreciation for music	<p>PK-MM-MA1* Listen to a variety of musical genre – jazz, classical, country, lullaby, patriotic, instrumental, vocal, etc.                      Examples:                      ?? Hear a variety of diverse music throughout the day (arrival time, circle time, transitions, lunch, nap, snacks)                      ?? Participate in musical listening games to hear differences in sounds (vocal, instrumental, sounds of instruments, and other genre types)                      ?? Attend and view live performances                      ?? Become aware of the lives and art forms of various musical artists                      PK-MM-MA2 Respond to variations in music – pitch, volume, tempo, beat, rhythm, and pattern                      Examples:                      ?? Observe a musician demonstrating different musical variations                      ?? Reproduce a musical variation heard with rhythm instruments, computer program, or vocally</p>	<p>Louisiana K-4 Content Standards:                      CE-1M-E1, E3, E4, E5                      AP-2M-E1, E3, E4                      HP-3M-E1, E3, E4                      CA-4M-E1, E2, E3, E5                      NAEYC Criterion:                      A-8a, B-4, B-5d,                      B-7g, B-9, G-4                      ECERS-R Items:                      21(5.1), 21(5.2), 21(7.1), 21(7.2), 21(7.3)                      Head Start Performance Standards:                      1304.21(a)(4)(ii)                      1304.53                      Head Start Child Outcomes:                      Domain 5</p>
*PK-MM-MA – Pre-Kindergarten – Music and Movement – Music Appreciation		

Creative Arts Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Music and Movement</b>		
<b>Music Expression:</b>		
Become involved in musical expression	<p>PK-MM-ME1* Use music as an avenue to express thoughts, feelings, and energy                      Examples:                      ?? Use props (scarves, streamers, instruments) to respond with expression to music                      ?? Record original songs that become part of a listening center                      ?? Draw a picture in response to how they feel as they listen to a variety of music                      PK-MM-ME2 Participate in group singing, fingerplays, rhymes, poetry, and rhythm                      Examples:                      ?? Participate in daily musical activities, games, instruments, singing, and books                      ?? Use musical instruments and props outdoors as an additional experience</p>	<p>Louisiana K-4 Content Standards:                      CE-1M-E1, E3, E4, E5                      HP-3M-E1, E3, E4                      CA-4M-E1, E2, E3, E5                      NAEYC Criterion:                      A-8, A-6a, A-11, B-4,                      B-5d, B-7g, B-9, G-4                      ECERS-R Items:                      21(5.1), 21(5.2), 21(7.1), 21(7.2), 21(7.3)                      Head Start Performance Standards:                      1304.21(a)(3)(i)(D)                      1304.21(a)(3)(ii)                      1304.21(a)(4)(ii)                      1304.53                      Head Start Child Outcomes:                      Domain 5</p>
*PK-MM-ME – Pre-Kindergarten – Music and Movement – Music Expression		

Creative Arts Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Music and Movement</b>		
<b>Creative Movement:</b>		
Develop an appreciation for creative movement through observation, communication, and participation	PK-MM-CM1* Observe various forms of movement Examples: ?? View people, animals, and various objects that move in the world around them PK-MM-CM2 Communicate words or concepts through movement Examples: ?? Develop movements that express concepts (feelings and directions), words, and ideas ?? Play charades with prompts from teacher (stop, go, walk, come, angry, sad, hurry, surprise) PK-MM-CM3 Show creativity using their bodies (dance, march, hop, jump, sway, clap, snap, stomp, twist, turn) Examples: ?? Respond freely to music ?? Imitate various environmental movements such as animals, trees, water, etc. ?? Exhibit a variety of ways to move (forward, backward, sideways, etc.)	Louisiana K-4 Content Standards: CE-1M-E1, E3, E4, E5 CE-1D-E1, E3 HP-3D-E2 AP-2D-E1 NAEYC Criterion: A-6a, A-9, A-11, B-4, B-5d, B-7, B-7e, B-7g, B-8, G-4 ECERS-R Items: 16(7.1), 16(7.2) 21(5.1), 21(5.2), 21(7.1), 21(7.2), 21(7.3) Head Start Performance Standards: 1304.21(a)(4)(ii) 1304.53 Head Start Child Outcomes: Domain 5
*PK-MM-CM – Pre-Kindergarten – Music and Movement – Creative Movement		

Creative Arts Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Visual Arts</b>		
<b>Visual Arts Appreciation:</b>		
Develop an appreciation for visual arts	PK-VA-VA1* Observe various forms of art expression (paintings, drawings, sculpture, prints, collages, and other art forms) Examples: ?? View exhibits, books, Internet activities, and photographs of various art forms ?? Observe various artists who demonstrate different techniques and art media PK-VA-VA2 Share various forms of art (sculpture, pencils, watercolors, clay, collage, pen and ink, etc.) found in their environment Examples: ?? Point out various forms of media found in books, photographs/prints, on school site and on field trips ?? Experience various media in the classroom ?? Tell about an observation of an artist/crafter (quilter, taxidermist, illustrator, wood carver, ice sculptor, sculptor, designer) displaying/demonstrating his/her work	Louisiana K-4 Content Standards: CE-1VA-E1, E2, E4, E5 AP-2VA-E2, E3 HP-3VA-E3 NAEYC Criterion: A-8a, A-8b, A-9, B-4, B-5a, B-7, B-7e, B-7g, G-4 ECERS-R Items: 15(5.1), 20(5.1), 20(5.2), 20(7.1), 27(5.3), 27(7.1), 28(5.1) Head Start Performance Standards: 1304.21(a)(4)(ii) 1304.21(b)(3)(ii) 1304.53 Head Start Child Outcomes: Domain 5
*PK-VA-VA – Pre-Kindergarten – Visual Arts – Visual Arts Appreciation		

Creative Arts Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Visual Arts</b>		
<b>Creative Expression:</b>		
Develop confidence in their own creative expression through process-oriented experiences	PK-VA-CE1* Participate in individual and group art activities Examples: ?? Participate daily in creative art opportunities using water colors, collage materials, paints, paper, scissors, glue, crayons, stamp pads, templates, stencils, markers, and clay ?? Use a computer program and create a piece of art	Louisiana K-4 Content Standards: CE-1VA-E1, E2, E4, E5 AP-2VA-E2, E3 HP-3VA-E3 NAEYC Criterion: A-8a, A-8b, A-9, B-4, B-7, B-7e, B-7g, B-8, G-4 ECERS-R Items: 20(5.1), 20(5.2), 20(7.1), 20(7.2), 20(7.3) Head Start Performance Standards: 1304.21(a)(4)(ii) 1304.21(b)(3)(ii) 1304.53 Head Start Child Outcomes: Domain 5
*PK-VA-CE – Pre-Kindergarten – Visual Arts – Creative Expression		

Creative Arts Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Dramatic Arts</b>		
<b>Dramatic Appreciation:</b>		
Develop an appreciation for the dramatic arts	PK-DA-DA1* Attend a variety of dramatic performances Examples: ?? View various forms of dramatic expression (puppetry, story-telling, dance, plays, pantomime, theater) PK-DA-DA2 Participate in discussions of dramatic performances Examples: ?? Engage in discussion during language experience story after attending a dramatic performance	Louisiana K-4 Content Standards: CE-1TH-E1, E2, E3 AP-2TH-E1, E2, E3 HP-3TH-E1 NAEYC Criterion: A-8a, A-8b, A-9, B-4, B-5a, B-7, G-4 ECERS-R Items: 24(5.1), 24(5.3), 24(7.1), 24(7.2), 24(7.3) Head Start Performance Standards: 1304.21 1304.53 Head Start Child Outcomes: Domain 5
*PK-DA-DA – Pre-Kindergarten – Dramatic Arts – Dramatic Arts Appreciation		

Creative Arts Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Dramatic Arts</b>		
<b>Dramatic Expression:</b>		
Explore roles and experiences through dramatic play	<p>PK-DA-DE1* Role play or use puppets to express feelings, dramatize stories, try out social behaviors observed in adults, re-enact real-life roles and experiences</p> <p>Examples:</p> <p>?? Play in various interest centers with a variety of props, such as: home-living, fire station, police station, beauty parlor, grocery/department store, circus, fast food restaurant, doctor's office/hospital, bakery, gas station, florist, etc.</p> <p>?? Role play problem solving in classroom situations, such as: taking turns, sharing, playing cooperatively, expressing feelings, appropriate behaviors and manners, etc.</p> <p>?? Participate in various forms of dramatic expression from different cultures</p> <p>PK-DA-DE2* Participate in activities using symbolic materials and gestures to represent real objects and situations</p> <p>Examples:</p> <p>?? Exhibit free expression and imagination in songs, stories, poems, and fingerplays, such as: scarves to represent birds; hands as thunder, raindrops, footsteps; sticks for wands, pointer, a horse, or a walking cane, etc.</p>	<p>Louisiana K-4 Content Standards:</p> <p>CE-1TH-E1, E2, E3</p> <p>AP-2TH-E1, E2, E3</p> <p>HP-3TH-E1</p> <p>NAEYC Criterion:</p> <p>A-6a, A-8a, A-8b, A-9, B-4, B-5a, B-7, B-8, G-4</p> <p>ECERS-R Items:</p> <p>15(5.2), 15(5.4) 24(5.1), 24(5.3), 24(7.1), 24(7.2), 24(7.3), 24(7.4)</p> <p>28(5.1), 28(5.2), 28(7.2)</p> <p>Head Start Performance Standards:</p> <p>1304.21(a)(1)(iii)</p> <p>1304.53</p> <p>Head Start Child Outcomes:</p> <p>Domain 5</p>
*PK-DA-DE – Pre-Kindergarten – Dramatic Arts – Dramatic Expression		

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2326 (November 2003).

**Subchapter F. Health and Physical Development**  
**§325. Health and Physical Development**

A. Physical development and health and safety activities should be integrated into all curriculum areas. Activities should be structured to encourage pre-kindergarten children to explore their world, promote agility and strength, enhance neural processing, and develop general body competence and overall autonomy. Young children should be introduced to concepts that promote a healthy lifestyle, and they should be provided adequate age-appropriate indoor and outdoor space and facilities that allow them to experience a variety of developmentally appropriate physical activities.

B. The development of gross motor and fine motor skills is an integral part of the development of the pre-kindergarten child. These skills serve as the foundation for the

development of the future academic skills such as writing and reading.

C. Accommodations for children with special needs:

1. provide adaptive equipment and materials where needed;
2. assure that the classroom and school environments are easily accessible;
3. use appropriate verbal, visual, and physical cues in all the activities;
4. provide opportunities for interaction with typically developing peers.

NOTE: Partial participation is considered appropriate for children with special needs, according to their abilities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2329 (November 2003).

§327. Health and Physical Development

Health and Physical Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Health Development</b>		
<b>Health and Hygiene:</b>		
Develop appropriate health and hygiene skills	PK-HP-HH1* Show awareness of healthy lifestyle practices Examples: ?? Understand that germs affect our daily lives ?? Understand that healthy bodies require rest, exercise, and good nutrition ?? Use napkin, tissue and other objects of hygiene ?? Wash hands before meals and snacks, and after toileting PK-HP-HH2 Show awareness of good hygiene and personal care habits Examples: ?? Use proper hand washing techniques ?? Use appropriate dental hygiene practices ?? Practice proper use of tissue ?? Use appropriate toileting skills ?? Demonstrate autonomy in personal care such as: self-dressing, taking care of personal belongings, cleaning up after activities	Louisiana K-4 Content Standards: 1-E-1, E-2 3-E-1, E-2 NAEYC Criterion: B-7f, B-11, H-17c ECERS-R Items: 10 (3.3) 13 (3.1), 13(7.1) Head Start Performance Standards: 1304.21(a)(1)(V) 1304.23(b)(3) Head Start Child Outcomes: Domain 8
*PK-HP-HH – Pre-Kindergarten – Health and Physical Development – Health and Hygiene		

Health and Physical Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Health Development</b>		
<b>Nutrition:</b>		
Become aware of good nutritional practices	PK-HP-N1* Exhibit knowledge that some foods are better for your body than others Examples: ?? Engage in discussions about healthy and unhealthy foods ?? Make selections of foods that are healthy and recognize that some foods are not healthy ?? Participate in nutritious cooking activities	Louisiana K-4 Content Standards: 1-E-2, E-5 3-E-1 6-E-3 NAEYC Criterion: I-3 ECERS-R Items: 10(7.1), 10(7.3) Head Start Performance Standards: 1304.21(c)(1)(iii) 1304.23(c)(1) Head Start Child Outcomes: Domain 8
*PK-HP-N – Pre-Kindergarten – Health and Physical Development – Nutrition		

Health and Physical Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Health Development</b>		
<b>Safety:</b>		
Demonstrate safe behaviors in all situations	PK-HP-S1* Identify potentially harmful objects, substances, or behaviors Examples: ?? Know the difference between a medicine and harmful drugs ?? Know that objects such as weapons, syringes, matches, etc. can be dangerous and should not be touched PK-HP-S2 Be aware of and follow universal safety rules Examples: ?? Follow classroom and school rules ?? Practice appropriate emergency drills (fire, tornado, bomb, 911, bus) ?? Follow basic safety rules: bus, bicycle, playground, crossing street, stranger awareness	Louisiana K-4 Content Standards: 1-E-2 3-E-2, E-3, E-4 5-E-4 6-E-3 NAEYC Criterion: B-7f ECERS-R Items: 14(5.1), 14(7.1), 14(7.2) Head Start Performance Standards: 1304.21(a)(6) Head Start Child Outcomes: Domain 8
*PK-HP-S – Pre-Kindergarten – Health and Physical Development – Safety		

Health and Physical Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Physical Development</b>		
<b>Gross Motor:</b>		
Develop coordination, balance, spatial awareness and strength through gross motor activities	<p>PK-HP-GM1* Exhibit body coordination and strength</p> <p>Examples:</p> <p>?? Engage in large motor activities such as: climbing stairs (alternating feet), marching, hopping, running, jumping, dancing, riding tricycles, pulling wagons, pushing wheelbarrows, and riding scooters</p> <p>?? Use outdoor gross motor equipment (climbing apparatus, swings, tunnels, slide, etc.) safely and appropriately</p> <p>?? Use open-ended materials (planks, wooden boxes, hollow blocks, etc.) to move about, build and construct</p> <p>PK-HP-GM2 Exhibit balance and spatial awareness</p> <p>Examples:</p> <p>?? Engage in large motor activities that promote basic non-locomotion skills, spatial awareness and balance</p> <p>?? Engage in manipulative activities that develop skills with a ball: bouncing, kicking, throwing, catching, rolling, etc.</p> <p>?? Play simple group games</p>	<p>Louisiana K-4 Content Standards:</p> <p>1-P-1, P-2, P-3</p> <p>3-P-1</p> <p>5-P-3</p> <p>NAEYC Criterion:</p> <p>B-4c, B-5d, B-7e</p> <p>ECERS-R Items:</p> <p>7(7.1), 8(5.2), 8(7.2)</p> <p>Head Start Performance Standards:</p> <p>1304.21(a)(5)(i)</p> <p>1304.21(b)(3)(i)</p> <p>1304.21(c)(1)(vii)</p> <p>Head Start Child Outcomes:</p> <p>Domain 8</p>
*PK-HP-GM – Pre-Kindergarten – Health and Physical Development – Gross Motor		

Health and Physical Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Physical Development</b>		
<b>Fine Motor:</b>		
Develop coordination, spatial awareness, and strength through fine motor activities	<p>PK-HP-FM1* Strengthen and control small muscles in hands</p> <p>Examples:</p> <p>?? Work with play dough and clay</p> <p>?? Squeeze wet sponges or use tongs to pick up objects</p> <p>?? Tear paper</p> <p>PK-HP-FM2 Exhibit manual coordination</p> <p>Examples:</p> <p>?? Use hands and fingers to act out fingerplays and songs</p> <p>?? Use scissors and art materials</p> <p>?? Snap, button, zip, etc.</p> <p>PK-HP-FM3 Participate in eye-hand coordination activities</p> <p>Examples:</p> <p>?? Use beads, laces, and pegs</p> <p>?? Cut paper with scissors</p> <p>?? Complete simple puzzles</p> <p>?? Use computer mouse</p> <p>?? Scoop dry sand and pour into a bottle</p> <p>?? Use a variety of items/textures</p>	<p>Louisiana K-4 Content Standards:</p> <p>1-P-3</p> <p>NAEYC Criterion:</p> <p>B-4c, B-5d, B-7e</p> <p>ECERS-R Items:</p> <p>19(5.1), 19(5.3), 19(7.1)</p> <p>Head Start Performance Standards:</p> <p>1304.21(a)(5)(ii)</p> <p>1304.21(b)(3)(iii)</p> <p>Head Start Child Outcomes:</p> <p>Domain 8</p>
*PK-HP-FM – Pre-Kindergarten – Health and Physical Development – Fine Motor		

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## Subchapter G. Language and Literacy

### §329. Language and Literacy Development

A. Language and literacy are composed of listening, speaking, writing, thinking, and reading. The foundations of language and literacy are critical to all other curriculum areas as well as to the individual's social and emotional development. Children develop the basis for communication in the early childhood years, beginning with nonverbal and social exchanges, then developing spoken language, moving to an understanding of how oral language is translated into written symbols, and finally learning to decode and create written symbols to develop literacy. A solid foundation in language development in the years before a child enters school will promote success in reading and writing in the future. Young children who have rich language and literacy experiences are less likely to have difficulties learning to read.

#### B. Accommodations for Children with Special Needs

1. Provide good models of communication.
2. Use special or adaptive devices to increase level of communication and/or participation.
3. Use a favorite toy, activity or person to encourage communication and/or participation.
4. Provide opportunities for interaction with typically developing peers.

NOTE: Partial participation is considered appropriate for children with special needs, according to their abilities.

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HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2332 (November 2003).

### §331. Beginning Reading Skills

A. Scientifically based reading research shows that it is important for preschool age children to experience the following language, cognitive, and early reading skills for continued school success.

1. Phonological Awareness includes:
  - a. identifying and making oral rhymes;
  - b. identifying and working with syllables in spoken words through segmenting and blending;
  - c. identifying and working with "onsets" (all sounds of a word that come before the first vowel) and "rimes" (the first vowel in a word and all the sounds that follow) in spoken syllables;
  - d. identifying and working with individual sounds in spoken words (phonemic awareness).

2. Oral Language: development of expressive and receptive language, including vocabulary, the contextual use of speech and syntax, and oral comprehension abilities.

3. Print Awareness: knowledge of the purposes and conventions of print.

4. Alphabet Knowledge: recognize letters of the alphabet (not rote memory).

Source: Early Reading First Guidelines

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HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2332 (November 2003).

### §333. Stages of Written Language Development

A. Children learn to write through a natural developmental progression. Each child should be allowed to progress at their own pace. There are at least six different stages of writing.

<b>Stage 1? Random Scribbling: (2 and 3 years old)</b>
Children make marks on paper with little muscular control.
<b>Stage 2? Controlled Scribbling: (3 years old)</b>
Children "write" across the paper in linear fashion, repeating patterns over again, showing increased muscular control.
<b>Stage 3? Letter-like Forms: (3 and 4 year olds)</b>
Children make mock letters. These are written lines of letters that have letter characteristics, but they are misshapen and written randomly, even covering the page. They pretend they are writing; in their work they separate writing from drawing. They have purpose to their letter-like forms.
<b>Stage 4? Letter and Symbol Relationship: (4 year olds)</b>
Children write letters to represent words and syllables. They can write their names. They know the word that represents their names. They can copy words. Reversals are frequent.
<b>Stage 5? Invented Spelling: (4 and 5 year olds)</b>
Children make the transition from letter forms to invented spelling. This requires organization of letters and words on the page. They use a group of letters to form a word. Many of the letters will be consonants. They understand that letters relate to sounds. Some punctuation appears. They can copy words from their environment.
<b>Stage 6? Standard Spelling: (5, 6, and 7 year olds)</b>
Most of the words the children use are written correctly; some add punctuation. They organize their words in lines with spaces between the words; they move from left to right, and from the top of the page to the bottom.

Source: The Portfolio and Its Use: A Road Map for Assessment by Southern Early Childhood Association

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§335. Language and Literacy Development

Language and Literacy Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	LA K-4 Content Standards, LA Literacy Profile, ECERS-R, NAEYC, Head Start, etc.
<b>Listening:</b>		
Develop and expand listening skills	<p>PK-LL-L1* Listen with understanding to directions and conversations            Examples:            ?? Respond to stories read to the whole class            ?? Understand changes in the morning activity schedule being described by the teacher            ?? Carry on a conversation with another person that develops a thought or idea expressed by the group earlier            ?? Listen to tapes or CD's and show understanding through body language or by interacting with such</p> <p>PK-LL-L2 Follow directions that involve two- or three-step sequence of actions            Examples:            ?? Repeat an instruction to a friend            ?? Follow these instructions, "Wash your hands, then sit at the table."            ?? Follow these instructions, "Get your coat, put it on, then sit next to your friend."            ?? Follow directions given to the class, such as: "Take this note about our class trip home, have a family member sign it, and bring it back to me."</p> <p>PK-LL-L3 Hear and discriminate the sounds of language in the environment to develop beginning phonological awareness            Examples:            ?? Listen to and participate in many nursery rhymes, chants poems, fingerplays, and songs            ?? Make up silly rhymes, such as: funny bunny or silly willy            ?? Clap hands for each syllable in a word, such as: clap hands three times when saying Su-zan-na            ?? Sing songs that segment words or accent beginning sounds, and with teacher, clap to the syllables            ?? Play with sounds to create new words, such as: "Pass the bapkin napkin." (rimes)            ?? Notice words that begin the same way, such as: "My name begins the same as popcorn and pig." (onsets)</p> <p>PK-LL-L4 Demonstrate understanding of new vocabulary introduced in conversations, activities, stories or books            Examples:            ?? Listen to a variety of literature genre, including narratives, nursery rhymes, other poems, and informational books            ?? Listen to read-aloud books that are characterized by less common vocabulary, more complex sentences, and concepts</p> <p>PK-LL-L5 Engage in activities that offer the opportunity to develop skills associated with technology by viewing, comprehending, and using non-textual information.            Examples:            ? Listen to a story on a tape or a CD            ? Listen to recordings of age-appropriate stories while looking at a book            ? Use age-appropriate and interactive software programs when available</p>	<p>Louisiana K-4 Content Standards:            ELA-1-E1            ELA-4-E2, E3, E6, E7            Louisiana Literacy Profile:            1-10            NAEYC Criterion:            A-1, A-2, A-3a, A-3b            B-7d            ECERS-R Items:            18 (7.1) (7.2)            Head Start Performance Standards:            1304.21 (a)(4)(iii)            1304.21 (a)(4)(iv)            Head Start Child Outcomes:            Domains 1 and 2</p>
*PK-LL-L – Pre-Kindergarten – Language and Literacy Development-- Listening		

Language and Literacy Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	LA K-4 Content Standards, LA Literacy Profile, ECERS-R, NAEYC, Head Start, etc.
<b>Speaking:</b>		
Communicate experiences, ideas, and feelings through speaking	<p>PK-LL-S1* Develop and expand expressive language skills Examples: ?? Use different voices for characters in stories read aloud or told: such as The Three Bears and The Three Billy Goats Gruff ?? Role play activities where different levels of volume would be used, such as: when a baby is sleeping or when calling to someone standing far away ?? Participate as an equal partner in conversations by responding to others, making relevant comments, or providing more information when message is not understood ?? Talk through or explain reasoning when problem-solving (classroom materials, behaviors, etc.)</p> <p>PK-LL-S2 Use new vocabulary in spontaneous speech Examples: ?? Incorporate words and phrases from books, stories, and activities into play ?? Incorporate story elements into play ?? Participate in class discussions of books, stories, and activities ?? Use new vocabulary introduced in a thematic study during play</p> <p>PK-LL-S3 Ask and answer relevant questions and share experiences individually and in groups Examples: ?? Dictate stories during small group time about experiences they have had ?? Ask simple questions, such as: "What's for lunch?" or "Can we play outside today?" ?? Ask questions to further their understanding, such as: "Where does the snow go when it melts?" or "Why does that man wear a uniform?" ?? Answer questions with a complete thought, such as: "I took a bus to school." or "I want purple and blue paint."</p>	<p>Louisiana K-4 Content Standards: ELA-2-E1, E2 ELA-4-E1, E2, E5, E6, E7 Louisiana Literacy Profile: 11-23, 44-45, 48 NAEYC Criterion: B-7d</p> <p>ECERS-R Items: 15(7.1), 15(7.2), 17(5.1), 17(5.2), 17 (7.1), 17 (7.2)</p> <p>Head Start Performance Standards: 1304.21 (a)(4)(iii) 1304.21(a)(4)(iv) Head Start Child Outcomes: Domains 1 and 2</p>
PK-LL-S – Pre-Kindergarten – Language and Literacy Development – Speaking		

Language and Literacy Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	LA K-4 Content Standards, LA Literacy Profile, ECERS-R, NAEYC, Head Start, etc.
<b>Reading:</b>		
Engage in activities that promote the acquisition of emergent reading skills	<p>PK-LL-R1* Actively engage in reading experiences</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Listen with interest to a story read or told by an adult or another child</li> <li>?? Track along and verbalize as teacher points to individual words in shared reading (big books, songs, poems, recipes, etc.)</li> <li>?? Retell familiar stories</li> <li>?? Complete phrases about familiar stories</li> <li>?? Ask questions about the illustrations in a book or about details in a story just heard</li> <li>?? Choose and look at books independently</li> <li>?? Act out familiar stories with props</li> </ul> <p>PK-LL-R2 Retell information from a story</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Use words or pictures to begin to retell some story events in sequence</li> <li>?? Dramatize familiar stories, such as: Caps for Sale; Brown Bear, Brown Bear; etc.</li> <li>?? Relate the main thought of a story read several days before</li> <li>?? Stage a puppet show based on a story read or told to the group</li> </ul> <p>PK-LL-R3 Demonstrate an understanding of print concepts and beginning alphabetic knowledge</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Recognize and begin writing their own name, demonstrating that letters are grouped to form words</li> <li>?? Pretend to read by pointing with a finger while reciting text</li> <li>?? Look at books appropriately, turning one page at a time, left to right over text, going from top to bottom, front to back of book</li> <li>?? Recognize familiar logos, such as McDonald's, Wal-Mart, etc.</li> <li>?? Recognize book by cover</li> </ul> <p>PK-LL-R4 Use emerging reading skills to make meaning from print</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>?? Use illustrations to predict printed text, such as saying, "And the wolf blew down the pig's house."</li> <li>?? Make predictions about print content by using prior knowledge, pictures, text heard, and story structure skills</li> </ul>	<p>Louisiana K-4 Content Standards:</p> <p>ELA-2-E1, E2</p> <p>ELA-4-E1, E2, E5, E6, E7</p> <p>Louisiana Literacy Profile:</p> <p>11-23, 44-45, 48</p> <p>NAEYC Criterion:</p> <p>B-7d</p> <p>ECERS-R Items:</p> <p>15 (5.1), 15(7.1), 15(7.2)</p> <p>Head Start Performance Standards:</p> <p>1304.21 (a)(4)(iii)</p> <p>1304.21(a)(4)(iv)</p> <p>Head Start Child Outcomes:</p> <p>Domains 1 and 2</p>
*PK-LL-R – Pre-Kindergarten – Language and Literacy Development – Reading		

Language and Literacy Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	LA K-4 Content Standards, LA Literacy Profile, ECERS-R, NAEYC, Head Start, etc.
<b>Writing:</b>		
Engage in activities that promote the acquisition of emergent writing skills	<p>PK-LL-W1* Experiment with a variety of writing tools, materials, and surfaces</p> <p>Examples:</p> <p>?? Draw or write using pencils, crayons, chalk, markers, rubber stamps, and computers</p> <p>?? Draw or write using materials such as, brushes and water, feathers, roll-on bottles, shaving cream, and zip-lock bags filled with hair gel or paint</p> <p>?? Draw or write on paper, cardboard, chalkboard, dry erase boards, wood, and concrete</p> <p>PK-LL-W2 Use forms of shapes and letter-like symbols to convey ideas</p> <p>Examples:</p> <p>?? Use scribble writing and letter-like forms, especially those letters in their own name</p> <p>?? Begin to represent ideas and experiences through drawing and early stages of writing, such as: "I ms u."</p> <p>?? Attempt to connect the sounds in words with their written letter forms</p> <p>PK-LL-W3 Participate in a variety of writing activities focused on meaningful words and print in the environment</p> <p>Examples:</p> <p>?? Use a variety of writing utensils and props to encourage writing in different centers such as:</p> <p>?? Journals, sign-in sheets, name cards, cards with words and pictures in the writing center</p> <p>?? Counter checks, grocery store advertisements with paper to make grocery list in the dramatic play center</p> <p>?? Materials to make books, cards, or write messages in the art center</p> <p>?? Paper, tape, dowels, and play dough to make signs or enhance structures in the block center</p> <p>?? Paper or blank books to record observations of animals or results of experiments in the science center</p> <p>PK-LL-W4 Demonstrate an interest in using writing for a purpose</p> <p>Examples:</p> <p>?? Pretend to write a prescription while playing clinic</p> <p>?? Scribble writes next to picture</p> <p>?? Tell teacher, "Write it down so everyone can read it."</p> <p>?? Ask teacher, "How do I write Happy Birthday?"</p> <p>?? Write own name on a drawing for a friend</p> <p>?? Make deliberate letter choices during writing attempts</p> <p>?? Draw a representation of a school bus getting a flat and explains picture. Make a book from the paper and write the school bus story using scribbles, letter-like symbols or letters to retell the school bus incident.</p> <p>?? Create a recipe for a favorite snack</p> <p>?? Compose notes/invitations to family/friends</p>	<p>Louisiana K-4 Content Standards:</p> <p>ELA-1-E5</p> <p>ELA-2-E1, E2, E6</p> <p>ELA-3-E1</p> <p>Louisiana Literacy Profile:</p> <p>51-55</p> <p>NAEYC Criterion:</p> <p>B-7d</p> <p>ECERS-R Items:</p> <p>16 (7.2)</p> <p>19 (5.1)</p> <p>Head Start Performance Standards:</p> <p>1304.21 (a)(4)(iv)</p> <p>Head Start Child Outcomes:</p> <p>Domain 2</p>
*PK-LL-W – Pre-Kindergarten – Language and Literacy Development ? Writing		

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HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2333 (November 2003).

### Subchapter H. Social and Emotional

#### §337. Social and Emotional Development

A. One of the primary goals of a quality early childhood program is to foster social and emotional development in young children. Pre-kindergarten children need proper guidance to develop the ability to negotiate issues that occur,

to take turns, to lead and follow, and to be a friend. They also need to learn how to deal with their feelings in a socially acceptable manner.

B. The social and emotional development of young children is strengthened when they feel good about themselves and have secure relationships with their parents, teachers, and peers. Other influences on this development are the relationships young children have with their families, their communities, their culture and their world. Since social and emotional development is such an important aspect of a

pre-kindergarten child's development, it has been included as a separate section.

C. Accommodations for children with special needs:

1. Plan for and support appropriate social behaviors.
2. Provide opportunities for social interactions with typically developing peers.
3. Utilize peers as models and helpers, or to provide praise and encouragement.

NOTE: Partial participation is considered appropriate for children with special needs, according to their abilities.

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**§339. Social and Emotional Development**

Social and Emotional Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Self-Esteem:</b>		
Develop a sense of one's own self-worth	PK-SE-SE1* Respond to own name Examples: ?? Look up, and/or make eye contact when called ?? Respond verbally when name is called PK-SE-SE2 Stand up for own rights in an appropriate manner Examples: ?? Say, "Stop! I had that first!" if toy is taken away ?? Say, "I didn't get one," or "I need one," if he/she needs or wants something ?? Say, "I want a turn," or "I didn't get a turn." PK-SE-SE3 Recognize and express own feelings and respond appropriately (all emotions, happiness, surprise, anger, etc.) Examples: ?? Be able to calm self down when angry and use words to express why – "I'm mad. You took my toy." PK-SE-SE4 Demonstrate appropriate behaviors when completing a task or solving a problem Examples: ?? Smile, express self verbally, or make eye contact with teachers or another child upon completion of task	Louisiana K-4 Content Standards: None applicable NAEYC Criterion: A-2, A-8b, A-9, A-11, B-7a, B-7b ECERS-R Items: None applicable Head Start Performance Standards: 1304.21(b)(2)(i) 1304.21(c)(1)(iv) 1304.21(c)(1)(v) Head Start Child Outcomes: Domain 6
*PK-SE-SE – Pre-Kindergarten – Social and Emotional Development – Self-Esteem		

Social and Emotional Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Attitude:</b>		
Develop a positive attitude toward life	PK-SE-A1* Separate easily from parent Examples: ?? Show pleasure in seeing teacher and other children upon arrival ?? Say goodbye to parent without undue stress ?? Engage in classroom activities when parent is gone PK-SE-A2 Play well with other children Examples: ?? Offer to help child carry something that is heavy ?? Participate with a group when deciding what roles to play in dramatic play ?? Share a book with a friend PK-SE-A3 Respond sympathetically to peers who are in need Examples: ?? Give a pat, friendly word or toy to a distressed child ?? Help someone find something he/she has lost ?? Invite another child to play when other children have rejected him/her PK-SE-A4 Recognize the feelings of others and respond appropriately Examples: ?? Laugh or smile when others are happy ?? Tell someone a child is sad because her mom left ?? Bring a truck book to someone who loves trucks	Louisiana K-4 Content Standards: None applicable NAEYC Criterion: A-6a, A-9, A-11, B-7a, B-7b ECERS-R Items: 31(7.2) 32(5.1), 32(5.3), 32(7.2) 33(5.1), 33(5.2), 33(7.1), 33(7.2) Head Start Performance Standards: 1304.21(a)(3)(i)(b) 1304.21(a)(3)(i)(d) 1304.21(c)(1)(iv) 1304.21(c)(1)(v) Head Start Child Outcomes: Domain 6
* PK-SE-A – Pre-Kindergarten – Social and Emotional Development - Attitude		

Social and Emotional Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Cooperation:</b>		
Develop skills which will teach them to cooperate	<p>PK-SE-C1* Develop increasing abilities to give and take in interactions Examples: ?? Take turns in games or when using materials ?? Listen to others while they are speaking ?? Work with others to complete a task ?? Play cooperatively alongside other children</p> <p>PK-SE-C2 Work or play cooperatively with other children with minimal direction Examples: ?? Become involved with classroom materials without teacher prompting ?? Participate in group activities such as singing ?? Try new activities such as a new nursery rhyme or a fingerplay</p> <p>PK-SE-C3 Respond appropriately during teacher-guided and child-initiated activities Examples: ?? Respect others' feelings within the context of group play ?? Use acceptable ways of joining in an on-going activity or group ?? Wait his/her turn in playing games or using materials</p> <p>PK-SE-C4 Use conflict resolution strategies Examples: ?? Trade one toy for another ?? Ask teacher for help when dealing with others who are less able to resolve a conflict</p> <p>PK-SE-C5 Develop appropriate listening skills Examples: ?? Wait turn to speak ?? Demonstrate emerging ability to show sensitivity to peers and teacher as they speak in large or small settings</p>	<p>Louisiana K-4 Content Standards: Not applicable NAEYC Criterion: A-3b, A-10, A-11, B-7a, B-8 ECERS-R Items: 29(7.3), 31(7.1), 33(5.1), 33(7.1), 33(7.2) Head Start Performance Standards: 1304.21(a)(3)(i)(b) 1304.21(a)(3)(i)(c) 1304.21(c)(1)(iv) Head Start Child Outcomes: Domain 1 and 6</p>
*PK- SE- C – Pre-Kindergarten – Social and Emotional Development - Cooperation		

Social and Emotional Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Pro-Social Behavior:</b>		
Develop self-control and understand that actions have consequences	<p>PK-SE-PB1* Show progress in expressing feelings, needs and opinions in difficult situations and conflicts without harming self, others, or property Examples: ?? Begin to use socially acceptable means to resolve conflict ?? Move from physical to verbal responses in their interactions with other children ? Express frustrations and anger effectively</p> <p>PK-SE-PB2 Develop a growing understanding of how their actions affect others and begin to accept consequences of their actions Examples: ?? Begin to demonstrate remorse ?? Leave a learning center or choose another learning center without protest when asked, due to inappropriate behavior</p> <p>PK-SE-PB3 Demonstrate increasing capacity to follow rules and routines and use materials purposefully, safely and respectfully Examples: ?? Respect and care for classroom environment and materials ?? Participate in snack time, nap or other routine activities without much delay or protest ?? Begin to verbalize and understand the reason for class rules ?? Return materials to appropriate place when task is complete</p>	<p>Louisiana K-4 Content Standards: C-1A-E1 NAEYC Criterion: A-6a, A-8b, A-9, ECERS-R Items: 19(7.2) 22(7.2) 24(5.4) 31(7.1) Head Start Performance Standards: 1304.21(c)(1)(iv) 1304.21(a)(3)(i)(c) Head Start Child Outcomes: Domain 6</p>
PK-SE-PB – Pre-Kindergarten – Social and Emotional Development – Pro-Social Behavior		

Social and Emotional Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Family:</b>		
Develop a knowledge and understanding of self and family	<p>PK-SE-F1* Demonstrate knowledge of personal information Examples: ?? Demonstrate or verbalize their age in a variety of ways ?? Say name when asked or sing name during name song ?? Share their gender verbally or demonstrate it in a variety of ways</p> <p>PK-SE-F2 Identify family composition and describes roles of family members Examples: ?? Discuss family members who live in and out of the home such as: "I live with my grandma, but I stay with my dad on the weekends." ?? Act out family roles in dramatic play center</p> <p>PK-SE-F3 Discuss family traditions, practices and cultural roots of family members Examples: ?? Share information about family celebrations ?? Tell stories, draw pictures, and/or verbally express family practices such as: "My family eats rice with every meal."</p>	<p>Louisiana K-4 Content Standards: None Applicable NAEYC Criterion: B-7a, 7h ECERS-R Items: 32(7.2) Head Start Performance Standards: 1304.21(a)(3)(i)(e) Head Start Child Outcomes: Domain 6</p>
PK-SE-F – Pre-Kindergarten – Social and Emotional Development - Family		

Social and Emotional Development		
Content Practice Standards	Developmental Profile Indicators	Links
Preschool programs will provide experiences for children to:	Educational experiences will assure that preschool children will:	Louisiana K-4 Content Standards, ECERS-R, NAEYC, Head Start, etc.
<b>Diversity:</b>		
Develop a respect for differences in people	<p>PK-SE-D1* Recognize themselves as unique individuals and become aware of the uniqueness of others Examples: ?? State, "I have blue eyes. Jennifer has brown eyes." ?? Graph hair color or style, eye color, transportation to school, etc.</p> <p>PK-SE-D2 Demonstrate emerging awareness and respect for culture and ethnicity Examples: ?? Show interest in how people in different cultures live ?? Show pride in own culture and accept peers of different ethnicity ?? Participate in various cultural activities (stories, cooking, etc.)</p> <p>PK-SE-D3 Demonstrate emerging awareness and respect for abilities and disabilities Examples: ?? Show interest in how people with differing abilities live ?? Accept peers with different abilities ?? Participate in discussions and story telling experiences which deal with people with differing abilities</p> <p>PK-SE-D4 Begin to demonstrate an understanding of social justice and social action issues Examples: ?? Understand and join in discussion about charities and/or charitable events the class can become involved in ?? Contribute to the penny drive for the homeless or bring cans for the food bank</p>	<p>Louisiana K-4 Content Standards: None applicable NAEYC Criterion: B-7h ECERS-R Items: 24(7.2) 28(5.1), 28(5.2), 28(7.1), 28(7.2) Head Start Performance Standards: 1304.21(a)(1)(iii) 1304.21(a)(3)(i)(d) 1304.21(a)(3)(i)(e) Head Start Child Outcomes: Domain 6</p>
PK-SE-D – Pre-Kindergarten – Social and Emotional Development - Diversity		

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2337 (November 2003).

**Chapter 5. Pre-K Standards at-a-Glance**  
**§501. Cognitive Development**

<b>Cognitive Development – Mathematical</b>	
<b>Number Concepts</b>	
PK-CM-N1	Compare numbers of objects
PK-CM-N2	Perform one-to-one correspondence
PK-CM-N3	Count by rote
PK-CM-N4	Begin to count objects
PK-CM-N5	Begin to recognize numerals
PK-CM-N6	Begin to demonstrate estimation skills
<b>Measurement</b>	
PK-CM-M1	Experience, compare, and use language relating to time
PK-CM-M2	Anticipate, remember, and describe sequences of events
PK-CM-M3	Use mathematical language to describe experiences involving measurement
PK-CM-M4	Measure objects in the physical world using non-standard units of measurement
<b>Geometry and Spatial Sense</b>	
PK-CM-G1	Recognize, name, describe, compare, and create basic shapes
PK-CM-G2	Identify shapes to describe physical world
PK-CM-G3	Describe and interpret spatial sense: positions, directions, distances, and order
<b>Data Collection, Organization, and Interpretation</b>	
PK-CM-D1	Sort and classify materials by one or more characteristics
PK-CM-D2	Collect and organize data about themselves, their surroundings, and meaningful experiences
PK-CM-D3	Interpret simple representations in data
<b>Patterns and Relationships</b>	
PK-CM-P1	Recognize patterns in the physical world
PK-CM-P2	Describe, copy, extend, create patterns and make predictions about patterns
PK-CM-P3	Seriate objects
<b>Cognitive Development? Science</b>	
<b>Science as Inquiry</b>	
PK-CS-I1	Use prior knowledge and experiences to hypothesize, predict, generate questions, and draw conclusions about organisms and events in the environment
PK-CS-I2	Conduct simple scientific experiments
PK-CS-I3	Make observations using senses
PK-CS-I4	Employ equipment and tools to gather data and extend sensory observations
PK-CS-I5	Collect, interpret, communicate data and findings from observation and experiments in oral and written format
PK-CS-I6	Use appropriate scientific vocabulary related to topics
<b>Physical Science</b>	
PK-CS-P1	Begin investigating states of matter: solids, liquids, and gases
PK-CS-P2	Describe objects by their physical properties
PK-CS-P3	Explore the physical world using five senses
PK-CS-P4	Explore simple machines, magnets, and sources of energy
<b>Life Science</b>	
PK-CS-L1	Explore, observe, and describe a variety of living things

PK-CS-L2	Explore, observe, describe, and participate in a variety of non-living things
PK-CS-L3	Explore, observe, describe, and participate in a variety of activities related to preserving their environment
PK-CS-L4	Begin to develop an awareness and understanding of plant and animal life cycles and how the life cycles vary for different reasons
<b>Earth and Space Science</b>	
PK-CS-ES1	Investigate, compare, and contrast seasonal changes in their immediate environment
PK-CS-ES2	Discover through observation that weather can change from day to day
PK-CS-ES3	Use vocabulary to describe major features of the earth and sky
<b>Cognitive Development – Social Studies</b>	
<b>Civics</b>	
PK-CSS-C1	Recognize community workers and increase awareness of their jobs
PK-CSS-C2	Identify his/her role as a member of family/class
<b>Economics</b>	
PK-CSS-E1	Demonstrate an awareness of money being used to purchase items
<b>Geography</b>	
PK-CSS-G1	Include representations of roads, bodies of water, and buildings in their play
PK-CSS-G2	Use words to indicate directionality, position, and size
PK-CSS-G3	Develop awareness of the world around them
<b>History</b>	
PK-CSS-H1	Use words to describe time (yesterday, today, tomorrow)

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6.A(10).

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2340 (November 2003).

**§503. Creative Arts Development**

<b>Creative Arts Development? Music and Movement</b>	
<b>Music Appreciation</b>	
PK-MM-MA1	Listen to a variety of musical genre – jazz, classical, country, lullaby, patriotic, instrumental, vocal, etc.
PK-MM-MA2	Respond to variations in music – pitch, volume, tempo, beat, rhythm, and pattern
<b>Music Expression</b>	
PK-MM-ME1	Use music as an avenue to express thoughts, feelings, and energy
PK-MM-ME2	Participate in group singing, fingerplays, rhymes, poetry, and rhythm
<b>Creative Movement</b>	
PK-MM-CM1	Observe various forms of movement
PK-MM-CM2	Communicate words or concepts through movement
PK-MM-CM3	Show creativity using their bodies (dance, march, hop, jump, sway, clap, snap, stomp, twist, turn)
<b>Creative Arts Development – Visual Arts</b>	
<b>Visual Arts Appreciation</b>	
PK-VA-VA1	Observe various forms of art expression (paintings, drawings, sculpture, prints, collages, and other art forms)
PK-VA-VA2	Share various forms of art (sculpture, pencils, watercolors, clay, collage, pen and ink, etc.) found in their environment
<b>Creative Expression</b>	

PK-VA-CE1	Participate in individual and group art activities
<b>Creative Arts Development – Dramatic Arts</b>	
<b>Dramatic Appreciation</b>	
PK-DA-DA1	Attend a variety of dramatic performances
PK-DA-DA2	Participate in discussions of dramatic performances
<b>Dramatic Expression</b>	
PK-DA-DE1	Role play or use puppets to express feelings, dramatize stories, try out social behaviors observed in adults, re-enact real-life roles and experiences
PK-DA-DE2	Participate in activities using symbolic materials and gestures to represent real objects and situations

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2340 (November 2003).

### §505. Health and Physical Development

<b>Health and Physical Development - Health</b>	
<b>Health and Hygiene</b>	
PK-HP-HH1	Show awareness of healthy lifestyle practices
PK-HP-HH2	Show awareness of good hygiene and personal care
<b>Nutrition</b>	
PK-HP-N1	Exhibit knowledge that some foods are better for your body than others
<b>Safety</b>	
PK-HP-S1	Identify harmful objects, substances, or behaviors
PK-HP-S2	Be aware of and follow universal safety rules
<b>Health and Physical Development? Physical</b>	
<b>Gross Motor</b>	
PK-HP-GM1	Exhibit body coordination and strength
PK-HP-GM2	Exhibit balance and spatial awareness
<b>Fine Motor</b>	
PK-HP-FM1	Strengthen and control small muscles in hands
PK-HP-FM2	Exhibit manual coordination
PK-HP-FM3	Participate in eye-hand coordination activities

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2341 (November 2003).

### §507. Language and Literacy Development

<b>Language and Literacy Development</b>	
<b>Listening</b>	
PK-LL-L1	Listen with understanding to directions and conversations
PK-LL-L2	Follow directions that involve two- or three-step sequence of actions
PK-LL-L3	Hear and discriminate the sounds of language in the environment to develop beginning phonological awareness
PK-LL-L4	Demonstrate understanding of new vocabulary introduced in conversations, activities, stories or books

PK-LL-L5	Engage in activities that offer the opportunity to develop skills associated with technology by viewing, comprehending, and using non-textual information
<b>Speaking</b>	
PK-LL-S1	Develop and expand expressive language skills
PK-LL-S2	Use new vocabulary in spontaneous speech
PK-LL-S3	Develop appropriate listening skills
<b>Reading</b>	
PK-LL-R1	Actively engage in reading experiences
PK-LL-R2	Retell information from a story
PK-LL-R3	Demonstrate an understanding of print concepts and beginning alphabetic knowledge
PK-LL-R4	Use emerging reading skills to make meaning from print
<b>Writing</b>	
PK-LL-W1	Experiment with a variety of writing tools, materials, and surfaces
PK-LL-W2	Use forms of shapes and letter-like symbols to convey ideas
PK-LL-W3	Participate in a variety of writing activities focused on meaningful words and print in the environment
PK-LL-W4	Demonstrate an interest in using writing for a purpose

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2341 (November 2003).

### §509. Social and Emotional Development

<b>Social and Emotional Development</b>	
<b>Self-Esteem</b>	
PK-SE-SE1	Respond to own name
PK-SE-SE2	Stand up for own rights in an appropriate manner
PK-SE-SE3	Recognize and express own feelings and respond appropriately (all emotions - happiness, surprise, anger, etc.)
PK-SE-SE4	Demonstrate appropriate behaviors when completing a task or solving a problem
<b>Attitude</b>	
PK-SE-A1	Separate easily from parent
PK-SE-A2	Play well with other children
PK-SE-A3	Respond sympathetically to peers who are in need
PK-SE-A4	Recognize the feelings of others and respond appropriately
<b>Cooperation</b>	
PK-SE-C1	Develop increasing abilities to give and take in interactions
PK-SE-C2	Work or play cooperatively with others with minimal direction
PK-SE-C3	Respond appropriately during teacher-guided and child-initiated activities
PK-SE-C4	Use conflict resolution strategies
PK-SE-C5	Ask and answer relevant questions and share experiences individually and in groups
<b>Pro-Social Behavior</b>	
PK-SE-PB1	Show progress in expressing feelings, needs and opinions in difficult situations and conflicts without harming self, others, or property

PK-SE-PB2	Develop a growing understanding of how their actions affect others and begin to accept consequences of their actions
PK-SE-PB3	Demonstrate increasing capacity to follow rules and routines and use materials purposefully, safely and respectfully
<b>Family</b>	
PK-SE-F1	Demonstrate knowledge of personal information
PK-SE-F2	Identify family composition and describe roles of family members
PK-SE-F3	Discuss family traditions, practices and cultural roots of family members
<b>Diversity</b>	
PK-SE-D1	Recognize themselves as unique individuals and become aware of the uniqueness of others
PK-SE-D2	Demonstrate emerging awareness and respect for culture and ethnicity
PK-SE-D3	Demonstrate emerging awareness and respect for abilities and disabilities
PK-SE-D4	Begin to demonstrate an understanding of social justice and social action issues

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A(10).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2341 (November 2003).

Weegie Peabody  
Executive Director

0311#019

## RULE

### Board of Elementary and Secondary Education

Bulletin 741? Louisiana Handbook for  
Nonpublic School Administrators  
(LAC 28:LXXIX.Chapters 1-37)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted revision of Nonpublic *Bulletin 741? Louisiana Handbook for Nonpublic School Administrators*. The revised Nonpublic Bulletin 741 will be printed in codified format as Part LXXIX of the *Louisiana Administrative Code*. The State Board of Elementary and Secondary Education at its April 2003 meeting approved the revision of this bulletin which contains policies regulating the administration of nonpublic pre-K through 12 schools. Nonpublic Bulletin 741 was revised to change or delete outdated information, to clarify language, and to bring policies in line with what is currently required for public schools. The document had not been revised since 1997. Some policy changes are as follows.

The revised document allows for the flexible use of instructional time as is allowed for public schools. This policy allows secondary schools to use block scheduling. The policies regarding GEE 21 for schools awarding a state diploma are updated. The requirements for the BESE Honors Curriculum are revised to reflect the course requirements for nonpublic school students. The High School Program of Studies is updated to include recent changes.

## Title 28 EDUCATION

### Part LXXIX. Louisiana Handbook for Nonpublic School Administrators

#### Chapter 1. Operation and Administration

##### §101. General Authority

A. The nonpublic school board or governing body shall pass a resolution establishing the nonpublic school and setting forth its goals and objectives.

B. Nonpublic schools are designed to meet the needs of a specific group of students. Each nonpublic school will evaluate itself on the basis of its stated goals and objectives.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2342 (November 2003).

##### §103. School Administration

A. The educational program shall be designed to implement the stated goals and objectives and shall be directly related to the unique educational requirements of its student body.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2342 (November 2003).

##### §105. Philosophy and Purposes of School

A. Each nonpublic school shall develop and maintain a written statement of its philosophy and/or mission statement and the major purposes to be served by its program. The statement shall reflect the individual character of the school and the characteristics and needs of the students it serves.

B. The statement of philosophy and/or mission statement shall be reviewed annually and shall be revised as necessary.

C. Written evidence that these requirements are being met shall be on file.

D. Copies of the philosophy and/or mission statement shall be furnished to all staff members and made available to interested persons on request.

E. Each school shall maintain on the file the following:

1. written statement of philosophy and/or mission statement;
2. goals and objectives for the current year; and
3. plan for implementation of these goals and objectives.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2342 (November 2003).

##### §107. School Approval

A. In order to benefit from state and federal funds, each school shall have a state approval classification and shall be in compliance with *Brumfield vs. Dodd*.

B. Each state-approved nonpublic school receiving state and/or federal funds shall permit all colleges, universities and branches of the military to have equal access to the schools for the purpose of college recruitment.

C. When applying to the State Department of Education for a classification category, all nonpublic schools seeking state approval shall include all grades/programs taught at the school.

1. Classification Categories. Schools shall be classified according to the following categories.

a. Approved (A)? school meets all standards specified in Standards for Approval of Nonpublic Schools.

b. Provisionally Approved (PA)? school has some deficiencies in standards, such as: class size and number(s) of the faculty teaching in an area of which qualifications specified are not met, etc.

c. Probationally Approved (P)? school has one or more of the following deviations from standards:

i. principal does not hold a master's degree or principalship certification;

ii. non-degreed teacher with fewer than five years teaching experience is employed;

iii. school has been on provisional approval for the previous two years for the same deficiency.

d. Unapproved (U)? school maintains any of the above-mentioned deviations from standards which placed it in the probationally approved category the preceding year. A school may not maintain a probationally approved category for two consecutive years. A school which loses annual school approval shall become ineligible for state and federal funding.

D. The Department of Education shall submit to the SBESE a yearly report recommending the classification status of the nonpublic schools in accordance with the nonpublic school standards.

E. After the Annual School Reports are submitted by the State Department of Education to the State Board of Elementary and Secondary Education (SBESE) for approval, all nonpublic schools seeking to change their classification category must submit their request to the SBESE.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2342 (November 2003).

### **§109. Initial Classification**

A. Schools seeking initial approval must be qualified to be classified as either approved or provisionally approved.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2343 (November 2003).

### **§111. Re-Applying for State Approval**

A. An unapproved school reapplying for state approval must qualify as either approved or provisionally approved.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2343 (November 2003).

### **§113. Pre-Kindergarten/Kindergarten**

A. The local educational governing authority shall have the option of establishing a pre-kindergarten and/or kindergarten program on a half-day or full-day schedule.

B. The pre-kindergarten program shall be listed on the annual school report when operated as a developmental program within the total school program.

C. Any other program which operates in a school as a childcare program shall follow the day care standards as prescribed by the appropriate state agency and is not to be listed on the annual school report.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2343 (November 2003).

### **§115. Minimum Session/Instructional Day**

A. Each school shall adopt a calendar for a minimum session of 180 days, of which at least 175 days consisting of 330 minutes of instructional time, or the equivalent, shall be scheduled.

1. If a daily schedule must be abbreviated, the class schedule must be abbreviated in such a manner to ensure that all classes are taught during partial days, except in self-contained classrooms.

2. Each school may include in its calendar a provision for dismissal of senior students prior to the end of the school year. This provision is not to exceed 10 days of instructional time.

B. If a local school does not meet at least 175 school days, the State Board of Elementary and Secondary Education (SBESE) shall require the school to adjust its calendar to meet the minimum days of required instructional time by such means as Saturday classes, reduced holidays, expanded calendar length, etc.

1. A school system and/or independent school shall notify the State Board of Elementary and Secondary Education (SBESE) immediately when the minimum number of days of required instructional time cannot be met in crises such as fire, natural disasters, and so forth.

2. An alternate proposal to the original school calendar which meets the minimum number of 175 days or annual instructional minutes shall also be provided by the school.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2343 (November 2003).

### **§117. Written Policies**

A. Each school system and/or independent school shall have written policies and/or regulations governing the general operation of the school.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2343 (November 2003).

### **§119. Emergency Planning and Procedures**

A. Each school system and/or independent school shall have written plans and procedures that address the immediate response to emergency situations that may develop in the school.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2343 (November 2003).

### §121. Personnel

A. No person who has been convicted of or has plead nolo contendere to a crime listed in R.S. 15:587.1(c) shall be hired by a nonpublic school for a position of supervisory or disciplinary authority over school children unless approved in writing by a district judge of the parish and by the district attorney.

B. Any employee hired after September 30, 1987, must request in writing, a criminal history review through the Department of Public Safety on the form prepared by the Bureau of Criminal Identification.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2344 (November 2003).

## Chapter 3. Certification of Personnel

### §301. Principal

A. A nonpublic school principal, assistant principal, or headmaster must hold a master's degree in any area from an accredited institution or have principalship on his Louisiana teaching certificate. The principal is to be a full-time, on-site employee. (The principal may be a teacher as well as the educational administrator of the school.)

B. Assistant principals who do not meet minimum qualifications may be retained in a school provided they were employed in that school during the 1992-93 school year as an assistant principal.

C. A list of these assistant principals is to be maintained on file in the State Department of Education. Upon their retirement or replacement, these assistant principals must be replaced with properly qualified personnel under the nonpublic school standards. These individuals may not be transferred or employed by another school unless they meet the requirements stated in the above standard.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2344 (November 2003).

### §303. Instructional Staff

A.1. All members of the instructional staff teaching secular subjects, pre-kindergarten through 12, shall have received a bachelor's degree from a regionally accredited institution.

2. They shall also have completed a minimum of 12 semester hours of professional education courses. A beginning teacher shall have a two-year period in which to meet this 12-semester hour standard. The teacher shall be required to have a certificate or college major in the field of work for which the teacher is responsible during one half or more of the school day or shall have earned credits in the required specific specialized academic courses as described in Bulletin 746, *Louisiana Standards for State Certification*

*of School Personnel*. A teacher may work in areas other than the major field for a period of time that is less than one-half of the school day provided that he has earned at least 12 semester hours in each such area. (Exception may be made for teachers in Trade and Industrial Education classes.)

a. Teachers of the pre-kindergarten class shall be qualified in either elementary, kindergarten, or nursery school or have earned 12 hours in child growth and development. The 12 hours in child growth and development may be earned through the College of Education or the Department/School of Family and Consumer Sciences.

b. Teachers of the kindergarten class shall be qualified in either elementary or kindergarten or have earned 12 hours in child growth and development. The 12 hours in child growth and development may be earned through the College of Education or the Department/School of Family and Consumer Sciences.

c. Staff members teaching religion at the high school level (9-12) for Carnegie units must have a minimum of a bachelor's degree. Staff members teaching religion that do not meet minimum qualifications may be retained in a school provided they were employed during the 1995-96 school year as teachers of religion.

B. Professional and/or technical personnel? e.g., C.P.A.s, doctors, college or university professors, lab technicians, lawyers, and so forth, may teach less than one-half of a school day in their area of expertise.

C. Non-degreed teachers having taught for a period of at least five years prior to September 1, 1977, may be rehired in a school provided their teaching performance was satisfactory; however, these teachers are eligible to teach only in the subject areas as listed prior to September 1, 1977. Upon retirement or replacement, these teachers must be replaced with degreed teachers eligible under the nonpublic school standards.

D. Credentials for graduates of foreign universities or colleges may be accepted by the local administrator, as qualified to teach in nonpublic schools subject to the review by the Nonpublic School Commission.

1. Applicants with foreign credentials seeking state certification should follow procedures as outlined by the State Department.

E. Teachers in nonpublic schools seeking state certification shall follow the approved procedure.

1. Secondary and elementary personnel may teach grades pre K-12 in their qualified areas.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2344 (November 2003).

### §305. Professional Staff Development

A. Regular and planned faculty meetings on professional issues shall be held.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2344 (November 2003).

**Chapter 5. Records and Reports**  
**Subchapter A. Maintenance and Use of School Records and Reports**

**§501. General**

A. The school shall maintain accurate and current information on students, personnel, instructional programs, facilities, and finances.

B. There shall be procedures in place to ensure confidentiality and parental access to records, in accordance with applicable law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003).

**§503. School Records**

A. Each school shall maintain necessary records for the effective operation of the school.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003).

**§505. Student Records**

A. Each school shall keep records which shall provide for the registration and attendance of students and shall maintain an up-to-date permanent record of individual students showing personal data and progress through school.

B. Schools shall not reveal a student's confidential records, except by his or her parents/guardian consent, or for the purpose of the state's conduct of other activities, e.g., Department of Health and Human Resources surveying and monitoring of personnel, or use by other educational institutions and law enforcement officials, or by the order of a court, or pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g, et seq., and 34 CFR, et seq.

C. If a school discontinues its operation, it must provide the parent or receiving school with an up-to-date copy of the permanent student record, if requested.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003).

**§507. Use of School Records**

A. Student records shall be reviewed regularly, and results shall be used for instructional planning, student guidance, and placement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003).

**§509. Transfer of Student Records from Approved Schools**

A. A student transferred from a state-approved school, in- or out-of-state, will be allowed credit for work completed in the former school. When a student transfers from one school to another, a properly certified transcript, showing the

students record of attendance, achievement, and the units of credit earned are required.

B. Every nonpublic school, approved or nonapproved, shall provide written notification directly to the public school in which the student was previously enrolled. This notification shall take place within 10 days of enrollment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003).

**§511. Transfer of Student Records from Schools that are not State Approved**

A. Local school principals from any state-approved school receiving a student from an unapproved school, in- or out-of-state, will determine the placement and/or credits for the student. The principal and/or superintendent may require the student to take an entrance examination on any subject matter for which credit is claimed. The school issuing the high school diploma shall account for all the credit required for graduation, and its records will show when and where the credit was earned.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003).

**§513. Students Transferring from Home Study**

A. The school shall adhere to the policies and procedures established by the school system/school for students entering the system from an approved home study program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003).

**§515. Students Transferring from Foreign Schools**

A. The school shall determine placement of students transferring from foreign schools. This determination shall be accepted by the State Department of Education (SDE).

B. Credits earned by students in American schools in foreign countries shall be accepted at face value.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003).

**§517. Textbook Records**

A. A record of all state-purchased textbooks shall be kept. This shall include textbooks on hand at the beginning of the session, those added, and those lost or worn-out.

B. State funds allocated for buying textbooks shall be used to buy books on the state-adopted textbook lists and academically related ancillary materials according to the state guidelines.

1. Local schools may use state textbook dollars for the purchase of non-adopted instructional materials, when they are purchasing instructional materials for grades K-3 that are manipulative concrete materials, or gross motor materials; or

when they do not exceed 10 percent of the total state textbook allocation.

2. Schools may petition in writing the State Department of Education for permission to spend in excess of the 10 percent allowance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003).

#### **§519. Health Records**

A. A health record shall be maintained on each student from pre-kindergarten through grade 12.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003).

### **Subchapter B. School Reports**

#### **§525. General**

A. Reports required by the State Department of Education and BESE shall be made on appropriate forms, shall contain accurate information, and shall be returned by the specified date.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003).

#### **§527. Annual School Report**

A. Each nonpublic school shall submit an annual school report to the appropriate division within the State Department of Education, according to the established time line.

B. By October 15, the principal shall forward a report through the nonpublic superintendent's or administrator's office, to the State Department of Education, on forms provided for that purpose. This report shall be signed by the administrative head of the school. One copy shall be filed with the nonpublic school superintendent's or administrator's office and another copy shall be filed in the principal's office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003).

#### **§529. Annual Financial and Statistical Report**

A. Information required for the completion of the annual financial and statistical report shall be recorded on forms furnished by the State Department of Education.

B. A copy of this report shall be filed in the principal's office and a copy forwarded to the appropriate office in the State Department of Education.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003).

#### **§531. Reports of High School Credits**

A. Before a student may graduate from a nonpublic high school, a certificate of high school credits (transcript) shall be submitted to and approved by the State Department of Education.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003).

#### **§533. Other Reports**

A. Any other records and reports applicable to nonpublic schools that may be required by the State Board of Elementary and Secondary Education (SBESE) or the State Department of Education shall be submitted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003).

### **Chapter 7. Scheduling**

#### **§701. General**

A. The purpose of scheduling within available time frames and staff resources shall be to meet educational needs of students.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003).

#### **§703. Secondary Scheduling**

A. The minimum length of periods for any high school class in which a Carnegie unit is earned shall be no less than 55 minutes of instructional time in a six-period day and no less than 50 minutes of time in a seven-period day.

B. The minimum length of any high school class in which one-half Carnegie unit of credit is earned shall be no less than one-half of the total minutes required for one full Carnegie unit of credit.

C. Any high school class scheduled for a 90 minute per period block of instructional time must meet for a minimum of one full semester, or the equivalent, in order to earn a Carnegie unit.

D. The schedule of subjects offered in the program of studies may be arranged by school principals in order to reduce or increase the number of class periods per week provided that the yearly aggregate time requirements are met.

E. Significant accommodations and/or modifications may be made for special education students in accordance with the Individualized Education Program (IEP), provided that the integrity of the Carnegie unit is not diminished.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003).

### **§705. Length of the School Day**

A. The minimum instructional day for a full-day kindergarten program shall be 330 minutes and for a one-half day kindergarten program, the minimum instructional day shall be 165 minutes.

B. For grades 1-12, the minimum school day shall include 330 minutes of instructional time exclusive of recess, lunch, and planning periods.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003).

### **§707. Class Size and Ratio**

A. The maximum enrollment allowed in any class or section shall not exceed 35 students except in certain activity classes such as physical education, music, art, etc.

B. The class size for pre-kindergarten developmental programs shall not exceed 20 children for one teacher. Schools that choose to use the assistance of a full-time aide may have a maximum of 30 children per class.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003).

## **Chapter 9. Reporting Student Progress**

### **§901. Reporting Student Progress to Parents**

A. Reports covering the students' achievement and progress shall be made to parents or guardians periodically. These reports shall contain an evaluation of the pupil's scholastic achievement and conduct.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003).

## **Chapter 11. Review and Evaluation**

### **§1101. School Self-Evaluation**

A. School self-evaluation shall be used to effect improvement in the purposes of the school and in the understanding of pupils, instructional methods, and educational outcomes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003).

## **Chapter 13. Student Services**

### **§1301. Attendance**

A. Students who have attained the age of seven years shall attend a public or private day school or participate in an approved home study program until they reach the age of 17 years; however, a student between the ages of 16 and 17 years of age may withdraw from school with the written consent of his parent, tutor, or legal guardian.

B.1. A student is considered to be in attendance when he or she:

a. is physically present at a school site or is participating in an authorized school activity; and

b. is under the supervision of authorized personnel.

2. This definition for attendance would extend to students who are homebound, assigned to and participating in drug rehabilitation programs that contain a state-approved education component, or participating in school-authorized field trips.

a. Half-Day Attendance. A student is considered to be in attendance for one-half day when he or she:

i. is physically present at a school site or is participating in an authorized school activity; and

ii. is under the supervision of authorized personnel for more than 25 percent but not more than half (26 percent-50 percent) of the student's instructional day.

b. Whole-Day Attendance. A student is considered to be in attendance for a whole day when he or she:

i. is physically present at a school site or is participating in an authorized school activity; and

ii. is under the supervision of authorized personnel for more than 50 percent (51 percent-100 percent) of the student's instructional day.

C. In order to be eligible to receive grades, high school students shall be in attendance a minimum of 80 days per course each semester or 160 days per course during a school year for schools not operating on a semester basis. Elementary students shall be in attendance a minimum of 160 days a school year.

1. Students attending high school classes operating in 90 minute blocks of instructional time shall be in attendance 80 days, or its equivalent, in order to be eligible to receive grades.

D. Each school shall develop and implement a system whereby a student's parent, tutor, or legal guardian is given notice when that student has been excessively absent from school and at intervals thereafter. This notification shall be provided each semester for those high schools operating on a semester basis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003).

### **§1303. Extenuating Circumstances**

A. Exception to the attendance policy can be made only in the event of extended personal illness, verified by a physician, or at the discretion of the principal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003).

### **§1305. Entrance Requirements**

A. All students, upon entering Louisiana schools for the first time, shall present:

1. an official birth certificate;
2. a record of immunization; and
3. an official Social Security Card.

B. If no official Social Security Card is available, the student shall be assigned an identification number by the school. Other official records may be used for verification upon the discretion of appropriate school officials.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003).

### **§1307. Age Requirements**

A. The minimum age for kindergarten shall be one year younger than the age requirement for that child to enter first grade.

B. Each school system and/or independent school may adopt by rule and enforce ages for entrance into first grade in school. It is recommended that a child entering first grade be six years of age on or before September 30 of that school year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2348 (November 2003).

## **Chapter 15. Health**

### **§1501. Immunization**

A. The school principal of each school shall be responsible for checking student records to ensure that immunization requirements are enforced. Refer to R.S. 17:170.

B. After parental notification that a student's immunization schedule is not up-to-date, the student shall be excluded from school until evidence has been presented that the required immunization program is in progress or unless Section E of R.S. 17:170 is invoked. Refer to R.S. 17:170

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2348 (November 2003).

## **Chapter 17. Preventive Programs**

### **§1701. Substance Abuse**

A. Each school is encouraged to include in the curriculum a program of substance abuse prevention.

B. Each school shall develop a method by which to mark drug free zones, including the use of signs or other markings suitable to the situation. Signs or other markings shall be located in a visible manner on or near each school and on and in each school bus indicating that such area is a drug free zone, that such zone extends to one thousand feet of school property, and that a felony violation of the Uniform Controlled Dangerous Substances Law will subject the offender to severe penalties under law. Refer to R.S. 17:405.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2348 (November 2003).

### **§1703. Abuse**

A. Any school employee having reasonable cause to believe that a student has been mentally, physically, or sexually abused shall report these facts to the appropriate authorities.

B. Any person making a report in good faith regarding child abuse shall have immunity from civil liability that may be otherwise incurred. Refer to R.S. 14:403.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2348 (November 2003).

### **§1705. Weapons**

A. Carrying a firearm or dangerous weapon, as defined in R.S. 14:2(3), by a student or non-student on school property, at a school function, or in a firearm-free zone is unlawful and shall be defined as possession of any firearm or dangerous weapon, on one's person, at any time while on a school campus, on school transportation, or at any school-sponsored function in a specific designated area including, but not limited to, athletic competitions, dances, parties, or any extracurricular activities, or within one thousand feet of any school campus. Refer to R.S.14:95.2.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2348 (November 2003).

### **§1707. Search and Seizure**

A. It is recommended that each school shall adopt a policy to provide for reasonable search and seizure by school teachers, by principals, and by other school administrators, of students' desks, lockers, or other school areas for illegal drugs, weapons, alcohol, stolen goods, or other material or objects.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2348 (November 2003).

## **Chapter 19. Building Operation and Maintenance**

### **§1901. Building and Maintenance**

A. The school site and building shall include appropriate physical facilities and custodial services to meet the needs of the education program and to safeguard the health and safety of the pupils in each school.

B. Each school system/independent school must be in compliance with any state or local regulations regarding health and safety.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2348 (November 2003).

## **Chapter 21. Instructional Support**

### **§2101. School Libraries/Media Centers**

A. It is recommended that all school libraries and media centers provide students access to information through monitored electronic formats.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2348 (November 2003).

### **§2103. Elementary Libraries/Media Centers**

A. It is recommended that elementary schools with a centralized library/media center have a trained

librarian/media specialist for at least 20 hours per week. This person does not have to be a certified librarian, but should have at least a bachelor's degree from an accredited institution.

B. It is recommended that elementary schools have library books at the ratio of 10 volumes per pupil. Three subscriptions per 100 students are recommended for elementary schools.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2348 (November 2003).

**§2105. Secondary Libraries/Media Centers**

A. Secondary schools with more than 350 students are required to have a full-time librarian with at least 18 hours of library science or certification in library science. Secondary schools with fewer than 350 students are required to have a part-time librarian with at least 12 hours of library science or certification in library science.

B. Secondary schools are recommended to have library books at the ratio of 10 volumes per pupil. Three subscriptions per 100 students are recommended for secondary schools.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2349 (November 2003).

**Chapter 23. Support Services**

**§2301. Transportation**

A. If transportation is not provided by the public school board, parents of students attending nonpublic schools shall be reimbursed for transportation, provided funds are appropriated. Refer to R.S. 17: 158.C, D, H.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2349 (November 2003).

**§2303. School Food Service**

A. Any recognized school of high school grade or under shall be eligible to participate in the school food service programs administered by the State Department of Education, provided that requirements set forth in the agreements with the local educational governing authority are met.

B. Reimbursement payments shall be made only to schools operating under an agreement between the school's governing body, called "school food authority" in the agreement and the State Department of Education (SDE). Agreements shall be signed by the designated representative of each school's governing body. Agreements shall be renewed by a signed statement annually unless an amendment is necessary. These agreements may be terminated by either party or may be canceled at any time by the State Department of Education upon evidence that terms of agreements have not been fully met.

C. Participating schools shall adhere to conditions of agreement as stipulated in Louisiana Food and Nutrition

Programs, Policies of Operation, Bulletin 1196, and all other applicable State and Federal laws regulations, policies, and requirements established for the school food service program.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2349 (November 2003).

**Chapter 25. Curriculum and Instruction**

**Subchapter A. General**

**§2501. Curriculum**

A. The school shall plan and implement a continuous program of skills, concepts, and instruction in a learning environment designed to promote excellence in order that every individual may be afforded an equal opportunity to develop to his/her potential.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2349 (November 2003).

**Subchapter B. Elementary Program of Studies**

**§2503. Minimum Time Requirements**

**A. Pre-Kindergarten/Kindergarten**

1. The pre-kindergarten and/or kindergarten should be planned to meet the developmental needs of young children and should be informal in nature, with teacher-directed and student-initiated activities.

2.a. Suggested time requirements for pre-kindergarten are as follows.

Teacher-directed activities (whole or small group)	35 percent
Student-initiated activities (learning center)	35 percent
Snack and restroom time	10 percent
Lunch, rest period and/or quiet activities	20 percent

b. The above suggested time requirements shall be flexibly scheduled to meet the developmental needs of young students.

3.a. Suggested time requirements for kindergarten are as follows.

Teacher-directed activities (whole or small group)	40 percent
Student-initiated activities (learning center)	35 percent
Snack and restroom time	10 percent
Lunch, rest period and/or quiet activities	15 percent

b. The above minimum suggested time requirements shall be flexibly scheduled to meet the developmental needs of young students.

**B. Elementary Schools**

1. Nonpublic elementary schools shall devote no less than 50 percent of the school day to the skill subjects: reading, language arts, and mathematics. The remainder of the school day may be devoted to such subjects as social studies, arts, religion, science, physical education, or other electives.

2. The following elementary program of studies will be followed for nonpublic elementary schools.

Program of Studies for Nonpublic Elementary Schools Self-Contained Classrooms	
Subject	Percent of School Day
Reading	50% (minimum)
Language Arts	
Mathematics	
Social Studies	
Fine Arts	
Science	50% (maximum)
Physical Education/Health	
Religion and/or Electives	

3. An articulated elementary foreign language program is recommended for academically able students and optional for all others.

4. The above minimum time requirements shall apply to all students performing at or above grade levels in language arts and mathematics. Subject to review and approval of the principal, teachers may vary the daily schedule for the various subject time requirements as long as the weekly aggregate of time for each subjects is in accordance with the above.

5. For students performing below grade level in language arts or mathematics, teachers may increase the daily/weekly time in language arts or mathematics by reducing instructional time in other subjects.

Departmental Classes 6-Period Day Option		
	Periods per Week	Minimum
Language Arts	5	55
Mathematics and Introduction to Algebra	5	55
Social Studies (LA Studies & Am. History)	5	55
Science	5	55
Health and Physical Education, Religion and/or Electives	10	10
330 minutes per day		

Departmental Classes 6-Period Day Option		
	Periods per Week	Minimum
Language Arts	5	50
Mathematics and Introduction to Algebra	5	50
Social Studies (LA Studies & Am. History)	5	50
Science	5	50
Health and Physical Education, Religion and/or Electives	5	50
330 minutes per day		

6. Grades 7 and 8 (including grade 6 when grouped with grades 7 and 8) may offer electives from the following:

- a. Reading;
- b. Mathematics;
- c. Writing;
- d. Social Studies;
- e. Exploratory Agriscience;
- f. Exploratory Technology Education Science;

- i. Construction;
- ii. Manufacturing;
- iii. Communication;
- iv. Transportation;
- v. Production;
- g. Exploratory Family and Consumer Sciences;
- h. Art;
- i. Foreign Languages;
- j. Instrumental or Vocal Music;
- k. Keyboarding/Typing;
- l. Speech;
- m. Computer Literacy/Computer Science.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2349 (November 2003).

### §2505. Adding Electives to the Program of Studies for Middle Schools

A. A school choosing to add an elective course to its program of studies shall apply to the director of the Division of Student Standards and Assessments, State Department of Education (SDE), at least 30 days prior to the anticipated date of implementation.

B. The application for an elective course shall be signed by the school principal and superintendent, if applicable, and shall contain the following information:

1. detailed outline of course content;
2. time requirements (minutes per day; days per year or semester);
3. detailed course objectives and how they shall be measured;
4. qualifications of the instructor;
5. when the course is to begin;
6. approximate number of students;
7. criteria for enrollment.

C. If the course is to be offered for the succeeding school year, an end-of-the-year evaluation shall be sent, along with the second and third year applications, to the Division of Student Standards and Assessments, for determining its continuation.

D. After an elective course has been in effect for three successive school years and the school wants the course to be a permanent part of its curriculum, the school principal and/or superintendent, if applicable, shall apply by letter to the Director of the Division of Student Standards and Assessments, Department of Education for permission to include it.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2350 (November 2003).

### Subchapter C. Secondary Schools

#### §2507. Unit of Credit

A. The basic unit of high school credit shall be the Carnegie unit. One unit of credit shall be equivalent to one Carnegie unit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2350 (November 2003).

### §2509. High School Graduation Requirements

A. A student shall complete a minimum of 23 Carnegie units of credit in an individual program which shall be cooperatively planned by the student, the student's parents, and the school to meet high school graduation requirements.

B. The 23 units required for graduation shall include 15 required units and 8 elective units.

C. Minimum Requirements (Effective for Incoming Freshmen 1999-2000 and Thereafter).

1. English? 4 units, shall be English I, II, and III, in consecutive order; and English IV or Business English.

2. Mathematics? 3 units, shall be selected from the following courses and may include a maximum of 2 entry level courses (designated by E):

a. Introductory Algebra/Geometry (E), Algebra I-Part 1 (E);

b. Algebra 1-Part 2, Integrated Mathematics I (E), Integrated;

c. Mathematics II, Integrated Mathematics III, Applied;

d. Mathematics 1 (E), Applied Mathematics II, Applied;

e. Mathematics III, Algebra I (E), Geometry, Algebra II, Financial;

f. Mathematics, Advanced Mathematics I, Advanced Mathematics II;

g. Pre-Calculus, Calculus, Probability and Statistics, and Discrete Mathematics.

3. Science? 3 units, shall be 1 unit of Biology I; 1 unit of Physical Science or Integrated Science (but not both), Chemistry I, Physics I, or Physics of Technology I; 1 unit from Aerospace Science, Biology II, Chemistry II, Earth Science, Environmental Science, Physics II, Physics of Technology II, Agriscience I, Agriscience II, or any other course not already taken from the Physical Science cluster, or a locally designed elective.

a. If a student takes Physical Science or Integrated Science, s/he may then take Chemistry I, Physics I, or Physics of Technology I as the required science course.

b. If a student takes Chemistry I, Physics I, or Physics of Technology I to fulfill the Physical Science requirement, he may not then take Physical Science or Integrated Science as the third required science course but may take such courses as one of the eight allowed elective graduation requirements.

c. Both Agriscience I and II must be completed for one unit of science credit.

4. Social Studies? 3 units, shall be American History; one-half unit of Civics, one-half unit of Free Enterprise or one full unit of Civics; and one of the following: World History, World Geography, or Western Civilization.

5. Health and Physical Education? 2 units, shall be Health and Physical Education I and Health and Physical Education II, or Adapted Physical Education for eligible special education students.

Note: The substitution of JROTC is permissible. A maximum of four units may be used toward graduation.

6. Electives (Including a maximum of four credits in religion)? 8 units.

7. Total? 23 units.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2351 (November 2003).

### §2511. Graduation Exit Examination

A. Any approved nonpublic school may award a school diploma to any student who meets the state minimum high school graduation requirements.

B.1. Any approved nonpublic school that participates in the state Graduation Exit Examination (GEE 21) shall award a state and/or school diploma to a student who successfully completes the state's minimum graduation requirements and successfully pass English/Language Arts and Mathematics and either Science or Social Studies components of the examination.

2. A student who attends a school that opts to administer the test but who does not successfully complete the state's minimum graduation requirements and required components of the examination shall not be eligible for either a state or a school diploma.

C.1. Any state-approved nonpublic school that wishes to award the state diploma to its students shall contact the state department for time lines and other administrative guidelines for administering the State Exit Testing Program.

2. Any nonpublic school that opts to give the graduation exit examination shall follow rules and regulations set by the State Board of Elementary and Secondary Education.

D. Any approved nonpublic school that does not choose to administer the state graduation exit examination to its students may grant a school diploma, which shall carry the same privileges as one issued by a state-approved public school.

E. The awarding of high school diplomas shall in no way effect the school approval classifications of any school (see Addendum for The State Test Security Policy).

F. Honors Curriculum (Effective for incoming freshmen 1997-98 and thereafter)

1. English? 4 Units:

a. English I, II, III, IV (No substitutions)

2. Mathematics? 4 Units:

a. Algebra I or Applied Mathematics I and II;

b. Algebra II;

c. Geometry or Applied Geometry; and

d. one additional unit to be selected from Pre-Calculus, Calculus, Advanced Mathematics I or II.

3. Natural Science? 3 Units:

a. Biology;

b. Chemistry; and

c. Environmental Science;

d. Physics or Physics of Technology.

4. Social Studies? 3 Units:

a. United States History;

b. World History; and

c. World Geography or Western Civilization.

5. Free Enterprise (1/2 unit) and Civics (1/2 unit), or Civics (1 unit)? 1 Unit.

6. Fine Arts Survey? 1 Unit, any two units of credit in band, orchestra, choir, dance, art or drama may be substituted for one unit of Fine Arts Survey.

7. Foreign Language (in same language)? 2 Units.
8. Health and Physical Education? 2 Units.
9. Electives? 4 Units.
10. Total? 24 Units.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2351 (November 2003).

### §2513. State Diplomas

A. A nonpublic high school choosing to issue a state diploma shall meet state requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2352 (November 2003).

### §2515. Special Requirements

A. Each school shall follow established procedures for special requirements for high school graduation that will allow each school to address individual differences of all students.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2352 (November 2003).

### §2517. High School Credit for Elementary Students

A.1. An elementary student shall be eligible to receive high school credit in a course listed in the program of studies provided that:

- a. the time requirement for the awarding of a Carnegie unit is met;
- b. the teacher is qualified at the secondary level in the course taught; and
- c. the student has mastered the set standards of the course taken; or
- d. the student has passed the credit examination in the subject taken, mastering the set standards for the course.

#### 2. Credit

a. The school system may grant credit on either a letter grade or a pass or fail (P/F) basis, provided there is consistency system wide. The course title, year taken, P/F (pass or fail) or the letter grade and unit of credit shall be entered on the Certificate of High School Credits (transcript). High School Credit (H.S.C.) must be indicated in the remarks column.

b. Credit shall be granted on a pass or fail (P/F) basis only. The course title, year taken, P/F (pass or fail), and unit of credit earned shall be entered on the certificate of high school credits (transcript). Credit examination (C.E.) must be indicated in the remarks column.

c. If a credit examination has not been developed in a subject area, the school may submit an examination developed locally. The testing instrument and the passing score must be approved by the Division of Student Standards and Assessments, State Department of Education. Credit or credit examinations may be given in the following subjects:

- i. Computer Literacy;
- ii. Computer Science I-II;
- iii. English I-IV;

- iv. Advanced Mathematics I-II;
- v. Algebra I-II;
- vi. Calculus;
- vii. Geometry; and
- viii. Keyboarding.

d. Additionally, credit may be given in all courses listed in the Program of Studies in Foreign Languages, Science, and Social Studies. The Bureau of Secondary Education Division of Student Standards and Assessments, State Department of Education may make exceptions, upon request of the school principal.

B. A request for the state examination shall be made by the school principal, prior to the close of the school term to the Department of Education. The test shall be administered within one week after it has been received from the Department of Education.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2352 (November 2003).

### §2519. Proficiency Examination for High School Students

A. High school credit shall be granted to a student following the students passing of a proficiency examination for the eligible course. Refer to §513 for students transferring from an approved Home Study Program.

1. A proficiency examination shall be made available to a student when a school official believes that a student has mastered eligible subject matter and has reached the same or a higher degree of proficiency as that of a student who successfully completed an equivalent course at the regular high school or college level.

2. The testing instrument and the passing score shall be submitted for approval to the State Department of Education. The course title, year taken, P/F (pass or fail) and unit of credit earned shall be entered on the certificate of high school credits (transcript). Minimum proficiency standards (M.P.S.) must be indicated in the remarks column.

B. Students shall not be allowed to take proficiency examinations in courses previously completed in high school or at a level below that which they have completed.

1. Proficiency examinations may be given in the following subjects: Computer Literacy, Computer Science I-II, English IV, Advanced Mathematics III, Algebra III, Calculus, Geometry, and Keyboarding/Keyboarding Applications.

2. Additionally, credit may be given in all courses listed in the Program of Studies in foreign languages, science and social studies. Exceptions may be made by the Division of Student Standards and Assessment, State Department of Education, upon request of the local superintendent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2352 (November 2003).

### §2521. Advanced Placement Program

A. High school credit shall be granted to a student successfully completing an advanced placement course or a

course designated as advanced placement regardless of his test score on the examination provided by the college board.

**B. Courses Listed in the Program of Studies**

1. Procedures established by the college board must be followed.

2. Courses listed in the Program of Studies may be designated as advanced placement courses, without permission from the State Department of Education, by inserting the words advanced placement in parentheses following the title on the certificate of high school credits.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2352 (November 2003).

**§2523. Service Credit**

A. Two units of elective credit toward high school graduation shall be awarded to any member of the United State Armed Forces, their reserve components, the National Guard, or to any honorably discharged veteran who has completed his/her basic training, upon presentation of a military record attesting to such completion.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2353 (November 2003).

**Chapter 27. High School Program of Studies**

**§2701. General**

A. The high school shall provide a comprehensive college preparatory and/or vocational curriculum.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2353 (November 2003).

**§2703. General and Academic Course Offerings**

A. One-half unit of credit may be awarded by the local school authority for all one-unit courses listed in the academic and vocational course offerings.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2353 (November 2003).

**§2705. Art**

A. Art course offerings shall be as follows.

Course Title	Unit(s)
Art I, II, III, IV	1 each

B. Fine Arts Survey (Art). Fine arts survey shall be taught by a certified art teacher and the other semester by a certified music teacher. If one or both of these teachers is not available, the principal is authorized to select the most qualified teacher, preferably one with a strong liberal arts or humanities background.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2353 (November 2003).

**§2707. Computer Education**

A. Computer education/technology course offerings shall be as follows.

Course Title	Unit(s)
Computer Applications	1
Computer Architecture Occupations	1
Computer Science I	1
Computer Science II	1
Computer Systems and Networking	1
Computer Systems and Networking I	1
Computer/Technology Literacy	1/2
Desktop Publishing	1/2
Digital Graphics and Animation	1/2
Multimedia Productions	1
Web Mastering	1/2
Independent Study in Technology Application	1

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2353 (November 2003).

**§2709. Driver Education**

A. Driver Education course offerings shall be as follows.

Course Title	Unit(s)
Driver Education and Traffic Safety	1/2

B. English. Four units of English shall be required for graduation. They shall be English I, II, and III in consecutive order; and English IV or Business English. The English course offerings shall be as follows.

Course Title	Unit(s)
English I, II, III, IV	1 each
Business English	1
Reading I, II	1 each
English as Second Language (ESL) I, II, III	1 each

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2353 (November 2003).

**§2711. English as a Second Language (ESL)**

A. Only students who have limited English proficiency are permitted to enroll in English as a Second Language (ESL) courses.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2353 (November 2003).

**§2713. Foreign Languages**

A. The foreign language course offerings shall be as follows.

Course Title	Unit(s)
Chinese I, II, III, IV	1 each
French I, II, III, IV, V	1 each
German I, II, III, IV, V	1 each
Greek I, II, III, IV	1 each
Hebrew I, II, III, IV	1 each
Italian I, II, III, IV, V	1 each
Latin I, II, III, IV, V	1 each
Russian I, II, III, IV, V	1 each
Spanish I, II, III, IV, V	1 each

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2354 (November 2003).

**§2715. Health and Physical Education**

A. Two units of Health and Physical Education shall be required for graduation. They shall be Health and Physical Education I and Health and Physical Education II, or Adapted Physical Education for eligible special education students. The Health and Physical Education course offerings shall be as follows.

Course Title	Unit(s)
Adapted Physical	1 each
Health and Physical Education I-IV	1 each

1. It is recommended that Physical Education I and II be taught in the ninth and tenth grades.

2. A minimum of 30 hours of Health Instruction shall be taught in each of the two required Health and Physical Education units.

3. Cardiopulmonary Resuscitation (CPR) is required.

B. No more than four units of Health and Physical Education shall be allowed for meeting high school graduation requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2354 (November 2003).

**§2717. Substitute Credit for Health and Physical Education**

A. In schools having approved Junior Reserve Officer Training Corps (R.O.T.C.) training, credits may, at the option of the local school board, be substituted for the required credits in Health and Physical Education, including required hours in health instruction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2354 (November 2003).

**§2719. Non-Credit Activities**

A. Extra- or co-curricular experiences such as intramural, athletics, band, majorettes, drill team, dance team, cheerleaders, or any other kind of extra activities

cannot be counted for credit toward the required Health and Physical Education units.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2354 (November 2003).

**§2721. Exemptions from Health and Physical Education**

A. Students shall be exempted from the requirements in Health and Physical Education for medical reasons only; however, the minimum number of credits required for graduation shall remain 23.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2354 (November 2003).

**§2723. Journalism**

A. Journalism course offerings shall be as follows.

Course Title	Unit(s)
Journalism I, II	1 each
Publications I, II (Yearbook)	1 each
Publications I, II (Newspaper)	1 each

1. Teachers must be qualified in journalism to teach journalism.

2. Teachers qualified in the areas of journalism, English, and/or business education are qualified to teach Publications I and II (Yearbook).

3. Teachers qualified in the areas of journalism, and/or English are qualified to teach Publications I and II (Newspaper).

4. Publications I is a prerequisite to Publications II.

5. A maximum of two Carnegie units within the 23 required for graduation may be earned from the six courses listed under journalism.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2354 (November 2003).

**§2725. Mathematics**

A. Effective for 1998-99 incoming freshmen and thereafter, three units of Mathematics shall be required for graduation. They shall be selected from the following courses and may include a maximum of 2 entry level courses (designated by E): Introductory Algebra/Geometry (E), Algebra I-Part 1 (E); Algebra I-Part 2; Integrated Mathematics 1 (E), Integrated Mathematics II, Integrated Mathematics III, Applied Mathematics I (E), Applied Mathematics II, Applied Mathematics III, Algebra I (E), Geometry, Algebra II, Financial Mathematics, Advanced Mathematics I, Advanced Mathematics II, Pre-Calculus, Calculus, Probability and Statistics, and Discrete Mathematics.

Course Title	Unit(s)
Advanced Mathematics I	1
Advanced Mathematics II	1
Algebra I	1
Algebra I-Part I	1

Algebra I-Part II	1
Algebra II	1
Applied Mathematics I	1
Applied Mathematics II	1
Applied Mathematics III	1
Calculus	1
Discrete Mathematics	1
Financial Mathematics	1
Geometry	1
Introductory Algebra/Geometry	1
Integrated Mathematics I	1
Integrated Mathematics II	1
Integrated Mathematics III	1
Pre-Calculus	1
Probability and Statistics	1

B. For incoming freshmen prior to 1998-99, three units of Mathematics shall be required for graduation.

1. They shall be Algebra I and one of the following options:

a. Algebra II and either Geometry or Applied Geometry (effective 1996-97 school year); or

b. Algebra II and either Geometry or Applied Geometry (effective 1996-97 school year) and one of the following:

- i. Advanced Mathematics;
- ii. Calculus;
- iii. Consumer Mathematics;
- iv. Business Mathematics; or
- v. Integrated Algebra/Geometry.

2. The Mathematics course offerings shall be as follows.

Course Title	Unit(s)
Advanced Mathematics	1
Algebra I	1
Applied Algebra IA	
Applied Algebra IB	1
Business Mathematics	1
Calculus	1
Consumer Mathematics	1
Geometry	1
Applied Geometry	1
(1996-97 school year)	
Integrated Algebra/Geometry	1
Trigonometry	1/2

3. Business/Financial Mathematics may be taught by the Business Education Department.

4. Students may not earn a unit in both Business Mathematics and Consumer Mathematics.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2354 (November 2003).

#### §2727. Music

A. Music course offerings shall be as follows.

Course Title	Unit(s)
Beginning Band	1
Beginning Choir	1
Beginning Orchestra	1

Composition	1
Conducting	1
General Music	1
Guitar Class	1
Intermediate Band	1
Intermediate Choir	1
Intermediate Orchestra	1
Instrument Technique Class	1
Jazz Ensemble	1
Jazz Improvisation	1
Music Appreciation	1
Music History	1
Music Theory I, II	1 each
Piano class	1
Sectional Rehearsal	1
Studio Piano, I, II, III	1 each
Advanced Band	1
Advanced Choir	1
Advanced Orchestra	1
Applied Music	1
Small Vocal Ensemble	1
Wind Ensemble	1

B. Advanced Choir, Advanced Band, Advanced Orchestra, Small Vocal Ensemble, Wind Ensemble, Applied Music, Jazz Ensemble, and Studio Piano III are performance classes with new literature each year; they may be repeated more than once.

C. Refer to §2741 for credit for private piano and studio strings instruction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2355 (November 2003).

#### §2729. Reserve Officer Training

A. Reserve Officer Training course offerings shall be as follows.

Course Title	Unit(s)
JROTC I, II, III, IV	1 each

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2355 (November 2003).

#### §2731. Science

A. Effective for incoming freshmen 2002-03 and thereafter, graduation requirements shall be as follows.

1. Three units of Science. They shall be the following:

- a. 1 unit of Biology I;
- b. 1 unit of Physical Science or Integrated Science (but not both), Chemistry I, Physics, I, or Physics of Technology I; and
- c. 1 unit of Aerospace Science, Biology II, Chemistry I (may be taken after Physical Science or Integrated Science), Chemistry II, Earth Science, Environmental Science, Physics I (may be taken after Physical Science or Integrated Science), Physics II, Physics of Technology I, Physics of Technology II, or both Agriscience I and II to meet one required unit of science.

Course Title	Unit(s)
Aerospace Science	1.0
Agriscience I and II (Both courses are required for one unit in science; however, two units can be counted as vocational electives when not counted together as a science course.)	1.0
Biology I, II	1.0 each
Chemistry I, II	1.0 each
Earth Science	1.0
Environmental Science	1.0
General Science (Allowed only for incoming freshmen 1998-99 or earlier.)	1.0
Integrated Science	1.0
Physical Science	1.0
Physics I, II	1.0 each
Physics of Technology I, II	1.0 each

2. Effective for incoming freshmen, 1997-98 and prior, three units of science shall be required for graduation. They shall be Biology and two of the following: General Science or Physical Science, but not both; Earth Science, Chemistry, Chemistry II, Physics, Physics II, Aerospace Science, Environmental Science, Physics for Technology, Biology II, or both Vocational Agriculture I and II for one requirement of science. Science course offerings shall be as follows.

Course Title	Unit(s)
Aerospace Science	1
Biology	1
Biology II	1
Chemistry	1
Chemistry II	1
Earth Science	1
Ecology	1
Environmental Science	1
General Science	1
Physical Science	1
Physics	1
Physics II	1
Physics for Technology	1

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2355 (November 2003).

### §2733. Social Studies

A. Three units of Social Studies shall be required for graduation. They shall be American History; Civics or 1/2 unit of Civics and 1/2 unit of Free Enterprise; and one of the following: World History, World Geography, or Western Civilization. Social Studies course offerings shall be as follows.

Course Title	Unit(s)
American Government	1
American History	1
Civics	1 (or 1/2)
Economics	1
Free Enterprise System	1/2
Law Studies	1
Psychology	1
Sociology	1

Western Civilization	1
World Geography	1
World History	1

B. Economics may be taught by a teacher certified in Business Education.

C. Free Enterprise shall be taught by teachers qualified in Social Studies, Business Education, or Distributive Education.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2356 (November 2003).

### §2735. Speech

A. Speech course offerings shall be as follows.

Course Title	Unit(s)
Speech I (Fundamentals)	1
Speech II	1
Speech III	1
Speech IV	1

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2356 (November 2003).

### §2737. Course Credit for Religion

A. A maximum of four units in religion shall be granted to students transferring from state-approved private and sectarian high schools who have completed such course work. Those credits shall be accepted in meeting the requirements for high school graduation.

Course Title	Units
Religion 1	1 Unit
Religion 2	1 Unit
Religion 3	1 Unit
Religion 4	1 Unit

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2356 (November 2003).

### §2741. Course Credit for Private Piano and Studio Strings Lessons

A. Approval by the State Department of Education shall be granted before private piano and studio strings instruction can be given for credit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2356 (November 2003).

## Chapter 29. Vocational Education Course Offerings

### §2901. Vocational Agriculture/Agribusiness

A. Vocational Agriscience course offerings shall be as follows.

Course Title	Level	Unit(s)
Exploratory Agriscience	7-8	1
Agriscience/Agribusiness I	9-12	1
Agriscience/Agribusiness II	10-12	1
Agriscience/Agribusiness III	11-12	1
Agriscience/Agribusiness IV	12	1
Agricultural Entrepreneurship	11-12	1/2
Agricultural Construction	11-12	1/2
Agriculture and Environmental Applications	11-12	1/2
Animal Production	11-12	1/2
Crop Production	11-12	1/2
Equine Science	11-12	1/2
Food and Fiber Systems	11-12	1/2
Horticulture	11-12	1/2
Introduction to Aquiculture	11-12	1/2
Introduction to Agribusiness	11-12	1/2
Personal Development	11-12	1/2
Small Engines	11-12	1/2
Welding	11-12	1/2
Ag. Lab III	11-12	1
Ag. Lab IV	12	1
Cooperative Agriscience Education (CAE)	11-12	2

B. Ag. Lab III and Ag. Lab IV are offered only to students who are also enrolled in Agriscience/Agribusiness III or IV for two consecutive semester courses during the year.

C. Semester courses are designed to be offered in the place of or in addition to Agriscience/Agribusiness III and/or IV. Required prerequisites are to be determined by local board policy for course sequencing.

1. Three units of credit in Cooperative Agriscience/Agribusiness Education (CAE) are granted to students who successfully complete both the classroom phase of instruction and the on-the-job training phase. These courses are available only to students who have completed Agriscience/Agribusiness I and Agriscience/Agribusiness II.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2356 (November 2003).

### §2903. Business Education

A. Business Education course offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)
Accounting I	10-12	1
Computerized Accounting	11-12	1
Administrative Support Occupations	11-12	1
Business Mathematics	9-12	1
Business English	11-12	1
Business Law	11-12	1/2
Cooperative Education (COE)	12	3
Business Computer Applications I	10-12	1/2
Business Computer Applications II	10-12	1/2
Economics	11-12	1
Exploratory Business	7-8	
Introduction to Business	9-12	1
Keyboarding	9-12	1/2
Keyboarding Applications	9-12	1/2
Keyboarding Productions	10-12	1/2
Keyboarding Productions II	10-12	1/2

Office Machines	10-12	1/2
Record keeping	9-12	1
Shorthand/Speedwriting	10-12	1 or 1/2
Word processing	11-12	1 or 1/2

1. Keyboarding and Keyboarding Applications shall be a prerequisite to administrative support occupations and word processing. Keyboarding shall be a prerequisite to Shorthand/Speedwriting.

2. Level I courses shall be prerequisite to Level II courses.

3. Cooperative Office Education shall be limited to seniors. The students shall have successfully completed Keyboarding and have maintained an overall "C" average. The students' attendance records should also be considered. Other prerequisites may be required by the individual school system.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2357 (November 2003).

### §2905. General Cooperative Education

A. General Cooperative Education course offerings shall be as follows.

Course Title	Grade Level	Unit(s)
General Cooperative Education I	11-12	3
General Cooperative Education II	12	3

1. General Cooperative education courses shall be limited to students who meet the specific prerequisites and requirements of one of the specialized cooperative education programs.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

**HISTORICAL NOTE:** Promulgated by the Board of Elementary and Secondary Education, LR 29:2357 (November 2003).

### §2907. Health Occupations

A. Health Occupations course offerings shall be as follows.

Course Title	Grade Level	Unit(s)
Allied Health	9-12	1/2 or 3
Dental Assistant I	10-12	1, 2, or 3
Dental Assistant II	11-12	2 or 3
Nursing Assistant and Geriatric Aide	9-12	1, 2, or 3
Pre-Nursing (Introd. to Nursing)	9-12	1, 2, or 3
Medical Office Assistant (Physician's Office)	9-12	1, 2, or 3
Home Health Aide	9-12	1, 2, or 3
Hospital Ward Clerk	9-12	1 or 2
Medical Terminology for the Health Professional	9-12	1 or 2
Health Occupations	12	2 or 3
Health Services I	10-12	1, 2, or 3
Health Services II	11-12	1, 2, or 3
Introduction to Health Occupations I	9-12	1, 2, or 3
Introduction to Health Occupations II	9-12	1, 2, or 3
Introduction to Health Science I	9-12	1, 2, or 3

Introduction to Health Science II	10-12	1, 2, or 3
Introduction to Health Science III (Respiratory Therapy Assistant, Occupational Therapy Assistant, Physical Therapy Assistant)	12	1/2 or 3
Introduction to Emergency Medical Technician (CPR)	9-12	1/2, 1
Introduction to Health Insurance as a Career	10-12	1/2, 1, or 2
Psychiatric Aide	9-12	1/2, 1, or 2
Medical Specialties	9-12	1/2 or 3

1. Dental Assistant I shall be prerequisite to Dental Assistant II. Level I courses shall be prerequisite to Level II courses.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2357 (November 2003).

### §2909. Family and Consumer Sciences Education

A. Family and Consumer Sciences Education course offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)	Bulletin
Family and Consumer Sciences I	9-12	1	1810
Family and Consumer Sciences II	10-12	1	
Food Science	9-12	1	1911
Adult Responsibilities	10-12	1/2	1710
Child Development	10-12	1/2	1664
Clothing and Textiles	10-12	1/2	1700
Family Economics	10-12	1/2	1949
Family Life Education	10-12	1/2	1821 1949
Housing	10-12	1/2	1680
Nutrition and Food	10-12	1/2	1595
Parenthood Education	10-12	1/2	1695
Advanced Child Development*	10-12	1/2	1775
Advanced Clothing and Textiles	10-12	1/2	1700
Advanced Nutrition and Food*	10-12	1/2	1595

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2358 (November 2003).

### §2911. Family and Consumer Sciences-Related Occupations (HERO)

A. Course offerings for Family and Consumer Sciences-related occupations shall be as follows.

Course Title	Recommended Grade Level	Unit(s)	Bulletin
Child Care I-II	11-12	1-3	1775
Clothing and Textile Services I-II	11-12	1-3	1897
Food Service I-II	11-12	1-3	1897
Housing and Design Services	11-12	1-3	1897
Home/Institutional	11-12	1-3	1897
Support Services	12	3	1897

1. The units of credit for cooperative courses shall be determined by the number of class periods for which the students are scheduled per day for instruction in the service area.

2.a. Family and consumer sciences cooperative education shall be limited to seniors who meet one or more of the following prerequisites:

- i. one unit in a service course;
- ii. two specialized semester courses in the same area; or
- iii. one specialized semester course and the teacher-coordinator's consent.

b. Job placement shall be in the same area of training as the prerequisite.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2358 (November 2003).

### §2913. Technology Education

A. Technology education course (formerly industrial arts) offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)	Bulletin
General Technology Education	9-12	1	
Basic Wood Technology	9-12	1	1684 1752
Advanced Wood Technology	10-12	1	1752
Communication Technology I**	9-12	1/2	1777
Communication Technology II**	9-12	1/2	1777
Construction Technology	10-12	1	1856
Basic Electricity/Electronics Technology	9-12	1	1724
Advanced Electricity/Electronics Technology	10-12	1	1778 1808
Basic Metal Technology	9-12	1	1685
Advanced Metal Technology	10-12	1	1750
Welding Technology	10-12	1	1859
Power and Energy*	9-12	1/2	1723
Transportation*	9-12	1/2	1723
Power Mechanics	9-12	1	1813
Manufacturing Technology	9-12	1	
Basic Technical Drafting I	9-12	1/2	1686
Basic Technical Drafting II	9-12	1/2	1686
Advanced Technical Drafting	10-12	1	1751
Architectural Drafting	10-12	1	1779
Principles of Technology I	11-12	1	1812
Principles of Technology II	11-12	1	1878
Materials and Processes	10-12	1	

1. The power and energy course and the transportation course may be combined into one course, Power, Energy, and Transportation, for one unit of credit.

Note: Technology education courses must follow the sequences as outlined in the technology education curricular guides.

2. All courses shall be taught in sequence. Safety must be taught in all courses. Refer to *Bulletin 1647* for safety information.

3. The communication courses may be combined into one course for one unit of credit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2358 (November 2003).

### §2915. Marketing Education

A. Marketing Education course offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)	Bulletin
Introduction to Marketing	9-10	1	1669
General Marketing	11-12	1/2, 1 or 3	
Retailing and Merchandising	11-12	1/2, 1 or 3	1740
Advertising and Sales Promotion	11-12	1/2, 1 or 3	
Entrepreneurship	11-12	1/2, 1 or 3	1815
Marketing Management	11-12	1/2, 1 or 3	
Marketing Research	11-12	1/2, 1 or 3	
Insurance Marketing	11-12		1 or 3
Tourism and Lodging	11-12	1/2, 1 or 3	
Speciality Marketing Education	11-12	1/2, 1 or 3	

1. Three units of credit are granted only to cooperative marketing education students who successfully complete both classroom and on-the-job training. One unit of credit is granted to students enrolled in Marketing Education for the classroom phase only.

2. Students may receive a maximum of six cooperative Marketing Education credits and three, one-unit course credits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2359 (November 2003).

### §2917. Trade and Industrial Education

A. Trade and Industrial Education course offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)	Bulletin
Air Conditioning/Refrigeration I-II	11-12	2 or 3	1916*
Auto Body Repair I-II	11-12	2 or 3	
Automotive Technician I-II	11-12	2 or 3	
Masonry I-II	11-12	2 or 3	
Cabinetmaking I-II	11-12	2 or 3	
Carpentry I-II	11-12	2 or 3	
Culinary Occupations I-II	11-12	2 or 3	
Custom Sewing I-II	11-12	2 or 3	

Computer Electronics I-II	11-12	2 or 3	
Commercial Art I-II	11-12	2 or 3	
Trade and Industrial Cooperative Education (TICE) I-II	11-12	2 or 3	
Cosmetology I-II	11-12	2 or 3	
Diesel Mechanics I-II	11-12	2 or 3	
Drafting and Technology I-II	11-12	2 or 3	
Basic Electricity I-II	11-12	2 or 3	
Electronics I-II	11-12	2 or 3	
Industrial Electronics I-II	11-12	2 or 3	
Electrician I-II	11-12	2 or 3	
Graphic Arts I-II	11-12	2 or 3	
Horticulture I-II	11-12	2 or 3	
Industrial Engines I-II	11-12	2 or 3	
Laboratory Technology I-II	11-12	2 or 3	
Industrial Machine Shop I-II	11-12	2 or 3	
Marine Operations I-II	11-12	2 or 3	
Photography	11-12	2 or 3	
Plumbing I-II	11-12	2 or 3	
Printing I-II	11-12	2 or 3	
Sheet Metal I-II	11-12	2 or 3	
Outdoor Power Equipment Technician I-II	11-12	2 or 3	
Television Production I-II	11-12	2 or 3	
Upholstery I-II	11-12	2 or 3	
Welding I-II	11-12	2 or 3	

1. *Bulletin 1916* contains curricular guides for all trade and industrial courses.

2. All courses shall be taught in sequence.

3. Trade and Industrial Education Programs may be offered in two consecutive class periods, five days per week, for 36 weeks each year for two units of credit, or may be offered with three consecutive class periods for three units of credit in the selected Trade and Industrial Education Program.

4. School systems that operate a vocational career center or comprehensive high school may award 1 1/2 units of credit to students enrolled in a two-hour block for 36 weeks, or 2 1/2 units of credit to students enrolled in a three-hour block for 36 weeks in approved Trade and Industrial Education Programs. This scheduling allows students to be excused from class for one hour each day for one semester to take the required course in Free Enterprise at either the tenth, eleventh, or twelfth grade level.

5. With annual, in-advance, written permission from the Division of Student Standards and Assessment, a school system may offer a one-hour Trade and Industrial Education Program for one unit of credit at the ninth or tenth grade level as a prerequisite to enrollment in a related Trade and Industrial Education Program at the tenth, eleventh, or twelfth grade level. The course shall be in the programmatic area in which the trade and industrial education instructor is certified to teach.

6. Any local education governing authority offering a new Trade and Industrial Education Program shall first have the individual program approved by the Division of Student Standards and Assessment. Teachers in Trade and Industrial Education Programs shall use curricular outlines approved by the Division of Student Standards and Assessment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2359 (November 2003).

### **§2919. Credit for Vocational Education Courses**

A. Credits for partial completion of two- or three-hour blocks of vocational education courses shall be granted for unusual or extenuating circumstances only.

B. Request for partial credit because of unusual or extenuating circumstances shall be made as follows.

1. Written requests from the local school principal and approved by the local superintendent (if applicable) shall be made to the State Department of Education.

2. A copy of the written responses shall accompany the student's transcript when it is sent to the Department of Education prior to his/her graduation if the request for partial credit has been granted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2360 (November 2003).

### **§2921. Secondary Students Attending Postsecondary Technical College**

A. Secondary students attending a postsecondary technical college may receive credit for instruction in any program area offered in the technical college, if time requirements for Carnegie units are met and if an equivalent course is not offered by the local school system.

1. If the course content is equivalent to the content of a vocational education course offering listed under §§2901-2917, the unit(s) of credit shall be reported on the student's transcript by that title.

2. If the course content is not equivalent to a course listed under §§2901-2917, the unit(s) of credit shall be reported by the postsecondary title.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2360 (November 2003).

### **§2923. Adding Electives Course to the Program of Studies**

A. A school choosing to add an elective course to its program of studies shall apply to the Director of the Division of Student Standards and Assessment, State Department of Education (SDE) through the local superintendent, (if applicable) at least 30 days prior to the anticipated date of implementation.

B. The application for an elective course shall be signed by the school principal and superintendent (if applicable) and shall contain the following:

1. detailed outline of course content;
2. units of credit to be granted;
3. detailed course objectives and how they shall be measured;
4. qualifications of the instructor;
5. when the course is to begin;
6. approximate number of students;
7. criteria for enrollment.

C. If the course is to be offered for the succeeding school year, an end-of-the-year evaluation shall be sent with the

second and third year application to the Division of Student Standards and Assessments for determining its continuation.

D. After an elective course has been in effect for three successive school years and if the school/s system wants the course to be a permanent part of its curriculum, the school principal through the local superintendent (if applicable) shall apply by letter to the Director of the Division of Student Standards and Assessment for permission to include it.

E. Approved elective courses shall not be used as required courses for meeting graduation requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2360 (November 2003).

### **§2925. Approval of Experimental Programs**

A. Experimental programs are programs which deviate from established standards. Such programs shall be approved by the State Department of Education and carried out under controlled conditions.

B. Approval of experimental programs shall be granted on a yearly basis not to exceed three years, after which time permanent approval shall be considered using the following procedures.

1. A letter of intent containing the following information shall be submitted to the Division of Student Standards and Assessments, State Department of Education, at least 90 days prior to the anticipated date of implementation:

- a. proposed title of program;
- b. name and address of school;
- c. name and address of local school system;
- d. name and signature of principal/superintendent;
- e. name, title, address, and telephone number of the person submitting proposal;
- f. units of credit to be granted;
- g. source of funding.

2. A brief narrative report stating the intent of the program and how the program will be conducted and evaluated, and the following:

- a. a statement documenting support for the intended program;
- b. a statement outlining the exact guideline deviations necessary to implement the program;
- c. a statement outlining specific time lines for the planning implementing phases of the program, including intended procedures;
- d. a statement of the evaluation procedures to be used in determining the program's effectiveness (these procedures should spell out specific objectives to be accomplished);
- e. a statement indicating approximate number of students to be involved in the project;
- f. a statement of qualifications or certification of instructional personnel; and
- g. a statement stipulating that applicable local, state, and federal regulations will be followed.

C. An evaluation by the local governing authority shall be submitted annually at the close of the school year to the Division of Student Standards and Assessments until permanent status is granted.

D. Southern Association of Colleges and Schools member schools should comply with appropriate Southern Association Standards.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2360 (November 2003).

#### **§2927. Correspondence Study Courses**

A. Credit toward high school graduation should be earned through correspondence work from the General Extension Division of Louisiana State University.

B. An application to the General Extension Division for correspondence study courses shall be approved by the local superintendent, (if applicable) and the high school principal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2361 (November 2003).

#### **§2929. High School Credit for College Credit Courses (Applies to Student Attending College Part Time)**

A. The principal of the school shall approve the advanced offering to be taken by the student in college.

B. The student shall meet the entrance requirements established by the college.

C. The student shall earn at least two or three college hours of credit per semester. A course consisting of at least two college hours shall be counted as no more than one unit of credit toward high school graduation.

D. The high school administrator shall establish a procedure with the college to receive reports of the student's class attendance and performance at six or nine-week intervals.

E. College courses shall be counted as high school subjects for students to meet eligibility requirements to participate in extracurricular activities governed by voluntary state organizations.

F. Students may participate in college courses and special programs during regular or summer sessions. High school credit for summer courses is subject to §2929.A-E.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2361 (November 2003).

#### **§2931. High School Credit for College Courses for Evaluated Gifted Students**

A. Secondary students shall be in attendance in at least one high school class while enrolled in college classes.

B. An elementary or secondary student shall have at least a 3.0 cumulative average on a 4.0 scale for all subjects taken during the previous two years.

C. Entry into a college course of credit shall be stated in the student's Individualized Education Program (IEP).

D. The student shall earn at least two or three college hours of credit per semester. A course, consisting of at least two hours, shall be counted as no more than one unit of credit toward high school graduation.

E. The school administrator shall establish a procedure with the college to receive reports of the student's class attendance and performance at six- or nine-week intervals.

F. College courses shall be counted as high school subjects for students to meet eligibility requirements to participate in extracurricular activities governed by voluntary state organizations.

G. After 12 Carnegie units have been earned, students shall follow §2929.A-E.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2361 (November 2003).

#### **§2933. High School Credit for College Courses in Vocational Education (Applies to Students Attending College Part Time)**

A. The student shall meet the entrance requirements established by the college.

1. The principal of the school shall approve the advanced offering to be taken by the student in college.

2. The high school administrator shall establish a procedure with the college to receive reports of the student's class attendance and performance at six or nine-week intervals.

3. The awarding of the Carnegie units of credit will be in accordance with individual program requirements as stated in Bulletin 741.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2361 (November 2003).

#### **§2935. Early College Admissions Policy (Applies Only to High School Students Attending College Full Time)**

A. High school students of high ability may be admitted to a college on a full-time basis.

B. A student shall have maintained a "B" or better average on all work pursued during the preceding three years (six semesters) of high school.

C. The student shall have earned a minimum composite score of 25 on the ACT or a SAT score of 1050; this score must be submitted to the college.

D. A student shall be recommended by his high school principal.

E. Upon earning a minimum of 24 semester hours at the college level, the student shall be eligible to receive a high school diploma.

F. The high school principal shall submit to the State Department of Education the following:

1. forms provided by the State Department of Education and completed by the college registrar, certifying that the student has earned 24 semester hours of college credit; and

2. a certificate of high school credits in duplicate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2361 (November 2003).

**Chapter 31. Summer Schools**  
**Subchapter A. Elementary Summer Schools**

**§3101. General**

A. An elementary summer school shall be organized and operated under the administrative and supervisory control of the chief administrative officer of the school system.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 2362 (November 2003).

**§3103. Administration**

A. A summer school with seven or more teachers shall have a principal with at least a master's degree.

B. The principal of the school shall apply to the State Department of Education for approval of each summer school program.

C. An application for approval of the offerings of each summer school shall be filed no later than the end of the first week after the summer session begins.

D. The application forms, provided by the State Department of Education, shall be submitted to the appropriate office.

E. The application shall carry the approval of the chief administrative officer of the school system and the principal of the summer school, if applicable.

F. In order for summer schools to be approved, an on-site visit shall be made by personnel from the SDE to verify information submitted on the report.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003).

**§3105. Faculty**

A. The eligibility of the faculty shall be equal to that required during the regular session.

B. The teaching load shall not exceed 20 students per class.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003).

**§3107. Instruction**

A. A teacher will be allowed to teach only one subject for removal of deficiencies during a single period.

B. A student attending summer school for promotional purposes shall not enroll for more than two subjects.

C. The library or library books as well as all regular teaching aids and equipment shall be available for summer school use.

D. Textbooks, supplementary materials, and supplies adequate for effective instruction shall be provided.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003).

**§3109. Attendance**

A. The minimum attendance for all elementary students to receive credit or pass a subject shall be 60 hours for one subject.

1. The school may impose a more strict minimum attendance policy.

B. Students attending summer school for promotional purposes must have written consent by the principal of the last school they attended.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003).

**§3111. Time Requirements**

A. Elementary summer schools shall offer a minimum of 70 hours of instruction per subject for removal of deficiencies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003).

**§3113. Classification Categories**

A. Summer schools shall be given one of the following classification categories:

1. approved? meets all summer school standards;
2. unapproved? deviates from one or more of the summer school standards.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003).

**§3115. Sanctions**

A. Any unapproved summer school cannot operate a summer school the following year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003).

**Subchapter B. Secondary Summer Schools**

**§3119. General**

A. Schools which offer summer school may do so to enable students to schedule courses which tend to enrich their experiences, to take new subjects, and to enable students who have failed in subjects to remove deficiencies. Local school systems which offer summer school shall adhere to the following standards.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003).

**§3121. Administration**

A. A summer school must be organized and operated under the administrative and supervisory control of the chief administrative office of the school system.

B. A summer school with seven or more teachers shall have a principal with at least a master's degree.

C. The summer school administrator shall have written permission from the principal of the student's home school for the student to attend summer school if credit is to be awarded.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003).

### **§3123. Application**

A. All summer schools must apply to the State Department of Education for approval.

B. An application for approval of summer school offerings must be filed no later than the end of the first week after school is in session.

C. The application forms provided by the State Department of Education, shall be submitted to the appropriate office.

D. The application must carry the approval of the chief administrative officer of the school system, principal of the school for the regular session, and the principal of the summer school, if applicable.

E. An on-site visit shall be made by personnel from the State Department of Education to verify information submitted on the report.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003).

### **§3125. Faculty**

A. The eligibility of the faculty shall be equal to that required during the regular session.

B. Teaching load and class size shall not exceed that of the regular session.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003).

### **§3127. Instruction**

A. No teacher shall be allowed to teach more than two subjects during one period.

B. Library, laboratory, and audiovisual aids shall be available in the facilities used for summer school.

C. Textbooks, supplementary materials, and supplies adequate for effective instruction shall be provided.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003).

### **§3129. Attendance**

A. In order to be eligible to receive grades, summer school students shall be in attendance a minimum of 70 hours for 1/2 unit of new credit, or 47 hours for 1/2 unit of repeat credit.

B. The school system or independent school may impose a stricter minimum attendance policy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003).

### **§3131. Time Requirements**

A. Summer schools shall offer 90 hours of instruction for 1/2 unit of new credit and 60 hours of instruction for 1/2 unit of repeat credit in all subjects.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003).

### **§3133. Classification Categories**

A. Summer school shall be given one of the following classification categories:

1. approved? meets all summer school standards;
2. unapproved? deviates from one or more of the summer school standards.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003).

### **§3135. Sanctions**

A. Any unapproved summer school cannot operate a summer school the following year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003).

### **§3137. Instruction by Private Teachers**

A. Credit may be allowed for high school work completed under private instructors, subject to the following conditions.

1. The instruction must be under the direction of a private tutor only when the tutor is eligible for regular employment in an approved nonpublic high school.
2. The time requirements for credits in a regular high school will apply.
3. The necessary facilities peculiar to a particular subject must be available for instructional purposes.
4. Prior to enrolling a privately tutored course, a student must obtain written approval from the principal of the high school in which he/she is enrolled.

B. Southern Association of Colleges and Schools members school should comply with Principle D Standard 6. (Member schools shall not give credit for private tutoring.)

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003).

## **Chapter 35. Standards for Approval of Alternative Schools/Programs**

### **Subchapter A. Operation and Administration**

#### **§3501. Philosophy and Need for Alternative Schools/Programs**

A. If alternative school programs are to be developed and established, they shall respond to particular educational needs within the community.

B. The local educational governing authority shall pass a resolution establishing the need for the alternative school/program and setting forth its goals and objectives.

C. Each alternative school/program shall develop and maintain a written statement of its philosophy and the major purposes to be served by the school/program. The statement shall reflect the individual character of the school/program and the characteristics and needs of the students it serves.

D. The educational school/program shall be designed to implement the stated goals and objectives which shall be directly related to the unique educational requirements of its student body.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003).

#### **§3503. Approval of Alternative Schools/Programs**

A. Alternative schools/programs shall comply with prescribed policies and standards for regular schools, except for those deviations granted by the State Board of Elementary and Secondary Education.

B. Approval shall be obtained from the State Department of Education prior to the establishment of the alternative school/program.

C. A narrative proposal describing the alternative school/program shall be submitted and shall include the following information:

1. purpose;
2. needs assessment;
3. type (alternative within regular education or alternative to regular education placement);
4. list of the Bulletin 741 Louisiana Handbook for School Administrators, policy and standard deviations;
5. anticipated date of implementation;
6. student eligibility;
7. entrance and exit criteria;
8. total number of students;
9. individual class sizes;
10. detailed outline of curriculum;
11. methods of instruction to meet individual student needs;
12. type and number of staff including qualifications/certification;
13. plan for awarding Carnegie units, when applicable;
14. grading and reporting procedures;
15. plan for parental and community involvement;
16. educational support services;
17. in-service (professional development for personnel);
18. type and location of physical facility;
19. procedure for program evaluation.

D. A school system choosing to implement an alternative school/program shall submit the above proposal to the

Division of Family, Career and Technical Education by May 1 for fall semester implementation and November 1 for spring semester implementation

E. Refer to the Alternative Education Handbook.

F. The State Department of Education will provide the SBESE with a listing of approved alternative schools/programs twice annually, in June and December of each year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003).

#### **§3505. Final Approval to Operate**

A. Prior to final approval, the school shall be visited by State Department of Education (SDE) representatives, who will determine the school's suitability for SDE approval.

B. An annual school report based upon the standards for approval of alternative schools shall be made to the State Department of Education (SDE) on or before the date prescribed by the department. Final approval is contingent upon review and satisfactory compliance with the requirements of the annual school report.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003).

#### **§3507. Special Education**

A. Special Education programs within an alternative school shall comply with all applicable State and Federal requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003).

#### **§3509. The Earning of Carnegie Units for Use in Meeting Graduation Requirements**

A. Students enrolled in an alternative school/program shall be allowed to earn Carnegie units when possible.

B. The integrity of the Carnegie unit shall not be diminished by any alternative school/program.

C. The Carnegie units shall be granted by regular or special education teachers certified in the subject matter areas in which they are teaching.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003).

#### **§3511. Program Evaluation**

A. The education program of the alternative school shall be evaluated on the basis of its stated goals and objectives.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003).

### §3513. Operation and Administration

A. Each nonpublic school that desires State Board of Elementary and Secondary Education (SBESE) approval and has students receiving special education services shall comply with all applicable federal and state law and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2365 (November 2003).

### Chapter 37. Addendum

#### §3701. Test Security Policy

A. The Board of Elementary and Secondary Education holds the test security policy to be of utmost importance and deems any violation of test security to be serious.

#### B. Test Security

1. Tests administered by or through the State Board of Elementary and Secondary Education shall include, but not be limited to:

- a. all criterion-referenced tests (CRTs) and norm-referenced tests (NRTs);
- b. all alternate assessments.

2. For purposes of this policy, school districts shall include local education agencies; special school districts; approved special schools such as the Louisiana School for the Visually Impaired and Louisiana School for the Deaf, laboratory schools, charter schools, Louisiana School for Math, Science and the Arts; and participating nonpublic/other schools that utilize tests administered through the State Board of Elementary and Secondary Education or the Louisiana Department of Education.

3. It shall be a violation of test security for any person to do any of the following:

- a. administer tests in a manner that is inconsistent with the administrative instructions provided by the Louisiana Department of Education (LDE) that would give examinees an unfair advantage or disadvantage;
- b. give examinees access to test questions prior to testing;
- c. examine any test item at any time (except for students during the test or test administrators while providing the accommodations "Tests Read Aloud" or "Communication Assistance" for students determined to be eligible for those accommodations);
- d. copy, reproduce, discuss or use at any time in a manner inconsistent with test regulations all or part of any secure test booklet, answer document, or supplementary secure materials (e.g., writing prompts, science tasks);
- e. coach examinees in any manner during testing or alter or interfere with examinees' responses in any manner;
- f. provide answers to students in any manner during the test, including provision of cues, clues, hints, and/or actual answers in any form, written, printed, verbal, or nonverbal;
- g. administer published parallel, previously administered, or current forms of any statewide assessment (e.g., Louisiana Educational Assessment Program for the 21st Century (LEAP 21), Graduation Exit Examination for the 21st Century (GEE 21), Graduation Exit Examination ("old" GEE), LEAP Alternate Assessment (LAA), or Forms

K, L, M, and all new forms of The Iowa Tests) as a practice test or study guide;

h. fail to follow security regulations for distribution and return of secure test booklets, answer documents, supplementary secure materials (e.g., writing prompts, science tasks), as well as overages as directed; or fail to account for and secure test materials before, during, or after testing;

i. conduct testing in environments that differ from the usual classroom environment without prior written permission from the Louisiana Department of Education, Division of Student Standards and Assessments;

j. fail to report any testing irregularities to the district test coordinator (a "testing irregularity" is any incident in test handling or administration that leads to a question regarding the security of the test or the accuracy of the test data), who must report such incidents to the Division of Student Standards and Assessments;

k. participate in, direct, aid, counsel, assist in, encourage, or fail to report any of the acts prohibited in the section.

4. Each school district as described in this policy shall develop and adopt a district test security policy that is in compliance with the state's test security policy. A "Statement of Assurance" regarding the LEA's test security policy must be submitted annually to the Louisiana Department of Education, Division of Student Standards and Assessments. This statement must include the name of the individual designated by the district superintendent or institution to procure test material. The policy shall provide:

a. for the security of the test materials during testing, including test booklets, answer documents, supplementary secure materials (e.g., writing prompts, science tasks), video tapes, and completed observation sheets;

b. for the storage of all tests materials, except district and school test coordinator manuals and test administration manuals, in a predetermined, secure, locked area before, during, and after testing; all secure materials, including any parallel forms of a test, must be kept in locked storage at both the district and school levels; secure materials must never be left in open areas or unattended;

c. a description and record of professional development on test security, test administration, and security procedures for individual student test data provided for all individuals with access to test materials or individual student test data ("access" to test materials by school personnel means any contact with or handling the materials but does not include reviewing tests or analyzing test items, which are prohibited);

d. a list of personnel authorized to have access to the locked, secure storage area;

e. procedures for investigating any testing irregularities, including violations in test security, such as plagiarism and excessive wrong-to-right erasures identified through erasure analysis;

f. procedures for the investigation of employees accused of irregularities or improprieties in the administration of standardized tests, as required by the amended R.S. 17:81.6;

g. procedures for the investigation of any missing test booklets, answer documents, or supplementary secure material (e.g., writing projects, science tasks);

h. procedures for ensuring the security of individual student test data in electronic and paper formats.

5. Procedures for investigating missing secure materials, any testing irregularity (including cheating), and any employees accused of improprieties must, at a minimum, include the following.

a. The district test coordinator shall initiate the investigation upon the district's determination of an irregularity or breach of security or upon notification by the State Department of Education. The investigation shall be conducted by the district test coordinator and other central office staff as designated by the district superintendent.

b. The location of the predetermined, locked, secure area for storage of materials shall be examined, and the individuals with access to secure materials shall be identified.

c. Interviews regarding testing administration and security procedures shall be conducted with the principal, school test coordinator(s), test administrator(s), and proctor(s) at the identified schools. All individuals who had access to the test materials at any time must be interviewed.

d. Interviews shall be conducted with students in the identified classes regarding testing procedures, layout of the classroom, access to test materials before the test, and access to unauthorized materials during testing.

e. After completion of the investigation, the district shall provide a report of the investigation and a written plan of action to the state superintendent within 30 calendar days of the initiation of the investigation. At a minimum, the report shall include the nature of the situation, the time and place of occurrence, and the names of the persons involved in or witness to the occurrence. Officials from the Louisiana Department of Education are authorized to conduct additional investigations.

6. Test materials, including all test booklets, answer documents, and supplementary secure materials (e.g., writing prompts, science tasks) containing secure test questions, shall be kept secure and accounted for in accordance with the procedures specified in the test administration manuals and other communications provided by the Louisiana Department of Education. Secure test materials include test booklets, answer documents, and any supplementary secure materials (e.g., writing prompts, science tasks). Procedures described in the test manuals shall include, but are not limited to, the following.

a. All test booklets, answer documents, and supplementary secure materials (e.g., writing prompts, science tasks) must be kept in a predetermined, secure, locked storage area prior to and after administration of any test; test administrators are to be given access to the tests and any supplementary secure materials only on the day the test is to be administered, and these are to be retrieved immediately after testing is completed for the day and stored in a locked, secure location each day of testing.

b. All test booklets, answer documents, and supplementary secure materials (e.g., writing prompts, science tasks) must be accounted for and written documentation kept by test administrators and proctors for

each point at which test materials are distributed and returned.

c. Any discrepancies noted in the serial numbers of test booklets, answer documents, and any supplementary secure materials (e.g., writing prompts, science tasks), or the quantity received from contractors must be reported to the Division of Student Standards and Assessments (LDE) by the designated institutional or school district personnel prior to the administration of the test.

d. In the event that test booklets, answer documents, or supplementary secure materials (e.g., writing prompts, science tasks) are determined to be missing while in the possession of the institution or school district or in the event of any other testing irregularities or breaches of security, the designated institutional or school district personnel must immediately notify by telephone the Division of Student Standards and Assessments (LDE) and follow the detailed procedures for investigating and reporting specified in this policy.

7. Only personnel trained in test security and administration shall be allowed to have access to or administer any standardized tests.

8. Each district superintendent or institution must annually designate one individual in the district or institution as district test coordinator who is authorized to procure test materials that are utilized in testing programs administered by or through the State Board of Elementary and Secondary Education of the Louisiana Department of Education. The name of the individual designated must be provided in writing to the Division of Student Standards and Assessments (LDE) and included on the statement of assurance.

9. Testing shall be conducted in class-sized groups. *Bulletin 741* (2.038.01–02) states that K-3 classroom enrollment should be no more than 26 students, and in grades 4-12, no more than 33, except in certain activity types of classes in which the teaching approach and the material and equipment are appropriate for large groups. For grades K-8, the maximum class size for Health and Physical Education classes may be no more than 40. Class size for exceptional students is generally smaller (*Bulletin 741*, 2.038.05). Permission for testing in environments that differ from the usual classroom environment must be obtained in writing from the Louisiana Department of Education, Division of Standards and Assessments, at least 30 days prior to testing. If testing outside the usual classroom environment is approved by the Division of Student Standards and Assessments, the LEA must provide at least one proctor for every 30 students.

10. The State Superintendent of Education may disallow test results that may be achieved in a manner that is in violation of test security.

11. The Louisiana Department of Education shall establish procedures to identify:

a. improbable achievement of test score gains in consecutive years;

b. situations in which collaboration between or among individuals may occur during the testing process;

c. a verification of the number of all test distributed and the number of tests returned;

d. excessive wrong-to-right erasures for multiple-choice tests;

e. any violation to written composition or open-ended responses that involves plagiarism;

f. any other situation that may result in invalidation of test results.

12. In cases in which test results are not accepted because of a breach of test security or action by the Louisiana Department of Education, any programmatic, evaluative, or graduation criteria dependent upon the data shall be deemed not to have been met, but individuals will be allowed to retake the test at the next test administration.

13. Individuals shall adhere to all procedures specified in all manuals that govern mandated testing programs.

14. Any individual knowingly engages in any activity during testing that results in invalidation of scores derived from the Louisiana Educational Assessment Program for the 21st Century (LEAP 21), graduation exit examination for the 21st Century (GEE 21), or graduation exit examination ("old" GEE) shall forfeit the test results but will be allowed to retake the test at the next test administration.

15. Anyone known to be involved in the presentation of forged, counterfeit, or altered identification for the purposes of obtaining admission to a test administration site for any test administered by or through the State Board of Elementary and Secondary Education or the Louisiana Department of Education shall have breached test security. Any individual who knowingly causes or allows the presentation of forged, counterfeited, or altered identification for the purpose of obtaining admission to any test administration site must forfeit all test scores but will be allowed to retake the test at the next test administration.

16. School districts must ensure that individual student test data are protected from unauthorized access and disclosure. District test coordinators, principals, school test coordinators and other authorized users of the LEAP<sup>web</sup> reporting system and LEAP<sup>data</sup> system must ensure the security of passwords, any disks or CDs with downloaded individual student test data, and student-level test data open on a computer screen. All users must sign a statement guaranteeing they will not share the password with unauthorized individuals and maintain the confidentiality of student data. A copy of the signed statement should be sent to the district test coordinator to be kept on file. Users who have access to these systems and leave their positions at a district or school site must not use or share the password. District test coordinators are responsible for providing training regarding the security and confidentiality of individual student test data (in paper and electronic format) and of aggregated data of fewer than ten students.

17. Louisiana Department of Education staff will conduct site visits during testing to observe test administration procedures and to ensure that appropriate test security procedures are being followed. Schools with prior violations of test security or other testing irregularities will be identified for visits. Other schools will be randomly selected.

18. Any teachers or other school personnel who breach test security or allow breaches in test security shall be disciplined in accordance with the provisions of R.S. 17:416 et seq., R.S. 17:441 et seq., R.S. 17:81.6 et seq., policy and regulations adopted by the Board of Elementary and

Secondary Education, and any and all laws that may be enacted by the Louisiana Legislature.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2365 (November 2003).

Weegie Peabody  
Executive Director

0311#022

## RULE

### Board of Elementary and Secondary Education

Bulletin 741? Louisiana Handbook for School Administrators? Foreign Language Immersion Program (LAC 28:I.901)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted an amendment to *Bulletin 741? Louisiana Handbook for School Administrators*, referenced in LAC 28:I.901.A, promulgated by the Board of Elementary and Secondary Education in LR 1:483 (November 1975). The State Board of Elementary and Secondary Education (SBESE) at its May 2003 meeting approved as Notice of Intent, the adding of a procedural block to *Bulletin 741? The Louisiana Handbook for School Administrators*, Standard 2.090.07, referencing foreign language immersion program guidelines developed by the Louisiana Consortium of Immersion Schools for students enrolled in foreign language immersion programs in grades kindergarten through 8 which are found in *A Guide for Administrators of Elementary Level Second Language and Immersion Programs in Louisiana Schools* (formerly *Bulletin 1536*) (Revised 2003). The changes will assist districts in implementing foreign language immersion programs as proposed by the Louisiana Consortium of Immersion Schools.

## Title 28 EDUCATION

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

#### §901. School Approval Standards and Regulations

##### A. Bulletin 741

\* \* \*

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 1:483 (November 1975), amended LR 28:269 (February 2002), LR 28:272 (February 2002), LR 28:991 (May 2002), LR 28:1187 (June 2002), LR 29:2367 (November 2003).

#### Foreign Language Immersion Program

**2.090.07** An articulated elementary foreign language program for 30 minutes daily in grades 4 through 6 shall be required for academically able students and shall be optional for all others.

An academically able student is defined as one who is Functioning at grade level as determined by the local school System. For special education students identified in accordance with *The Pupil Appraisal Handbook* (formerly *Bulletin 1508*), the IEP Committee shall determine the student's eligibility to receive foreign language instruction.

Guidelines developed by the Louisiana Consortium of Immersion Schools for students enrolled in foreign language immersion programs in grades kindergarten through 8 are found in *A Guide for Administrators of Elementary Level Second Language and Immersion Programs in Louisiana Schools* (Formerly *Bulletin 1536*) (revised 2003).

Weegie Peabody  
Executive Director

0311#020

**RULE**

**Board of Elementary and Secondary Education**

Bulletin 741? Louisiana Handbook for School Administrators? High School Diploma and Endorsements (LAC 28:1.901)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted an amendment to *Bulletin 741? Louisiana Handbook for School Administrators*, referenced in LAC 28:1.901.A, promulgated by the Board of Elementary and Secondary Education in LR 1:483 (November 1975). The State Board of Elementary and Secondary Education (SBESE) at its May 2003 meeting approved revisions to *Bulletin 741? The Louisiana Handbook for School Administrators*, Standard 2.099.02, to add to the graduation requirements a computer related course and an area of concentration as required by Career Options Law, and to add an optional Academic Endorsement and Career/Technical Endorsement to the standard diploma. The purpose of the diploma endorsements is to offer incentives to students to maximize their junior and senior years of high school and to encourage schools to offer more advanced courses as well as school-to-work opportunities to students. Also included in the revised policy are changes in the requirements for a standard diploma that are part of the Career Options Law. These changes require students to take a one-unit computer-related course and complete an area of concentration. These changes will be effective for freshmen in 2003-04 and beyond.

**Title 28  
EDUCATION**

**Part I. Board of Elementary and Secondary Education  
Chapter 9. Bulletins, Regulations, and State Plans  
Subchapter A. Bulletins and Regulations  
§901. School Approval Standards and Regulations**

A. Bulletin 741

\* \* \*

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 1:483 (November 1975), amended LR 28:269-271 (February 2002), LR 28:272-273

(February 2002), LR 28:991-993 (May 2002), LR 28:1187 (June 2002), LR 29:2368 (November 2003).

**High School Diploma and Endorsements**

**2.099.02 Standard Diploma**

Incoming freshmen 2003-2004 and thereafter meeting the Minimum Requirements for High School Graduation listed below and the requirements listed in 2.099.00 and 2.099.01, and completing four Carnegie units in an area of concentration, including one course that incorporates computer applications, shall be eligible for a standard diploma. An area of concentration shall be courses selected to prepare students for postsecondary education and/or a career.

The 23 units required for graduation shall include 16 required units and 7 elective units; the elective units can be earned at technical colleges as provided in Standard 2.103.35.

**Academic Endorsement**

Students meeting the requirements for a standard diploma, and satisfying the following performance indicators shall be eligible for an academic endorsement to a standard diploma.

1. Students shall meet the current course requirements for the Tuition Opportunity Program for Students (TOPS) Opportunity Award.
2. Students shall complete one additional Carnegie unit in mathematics, science, or social studies.
3. Students shall pass all four components of the GEE 21 with a score of Basic or above, or one of the following combinations of scores with the English Language Arts score at Basic or above:
  - ?? One Approaching Basic, 1 Mastery or Advanced, Basic or above in the remaining two;
  - ?? Two Approaching Basic, 2 Mastery or above.
4. Students shall complete one of the following requirements:
  - ?? Senior Project;
  - ?? One Carnegie unit in an AP course with a score of 3 or higher on the AP exam;
  - ?? One Carnegie unit in an IB course with a score of 4 or higher on the IB exam;
  - ?? Three college hours of non-remedial, articulated credit in mathematics, social studies, science, foreign language, or English Language Arts.
5. Students shall meet the current minimum grade-point average requirement for the TOPS Opportunity Award.
6. Students shall achieve an ACT Composite Score of 23.

**Career/Technical Endorsement**

Students meeting the requirements for a standard diploma, and satisfying the following performance indicators shall be eligible for a career/technical endorsement to a standard diploma.

1. Students shall meet the current course requirements for the Tuition Opportunity Program for Students (TOPS) Opportunity Award or the TOPS Tech Award.
2. Students shall pass the English Language Arts, mathematics, science, and social studies components of the GEE 21 at the Approaching Basic level or above.
3. Students shall complete a minimum of ninety work hours of work-based learning experience (as defined in the SDE Diploma Endorsement Guidebook) and complete one of the following requirements:

- ?? Industry-based certification from the list of industry-based certifications approved by BESE;
- ?? Three Carnegie credits in a Career/Technical area that articulate to a postsecondary institution, either by actually obtaining the credits and/or being waved from having to take such hours.

Industry-based certification is a portable, recognized credential (tangible evidence) that an individual has successfully demonstrated skill competencies on a core set of content and performance standards in a specific set of work-related tasks, single occupational area, or a cluster of related occupational areas.

Articulated credit/dual enrollment is a program of study allowing high school students to earn credits toward a high school diploma and a postsecondary degree or certification simultaneously. Written agreements formalize programs of study, the transfer of academic and vocational credits among institutions, and the role of secondary and postsecondary instructors.

4. Students shall meet the current minimum grade-point average requirement for the TOPS Opportunity Award or the TOPS Tech Award.

5. Students shall achieve the current minimum ACT Composite Score (or SAT Equivalent) for the TOPS Opportunity Award or the TOPS Tech Award.

**Minimum Requirements for High School Graduation**  
(Effective for Incoming Freshmen 2003-2004 and thereafter)

**ENGLISH** 4 units  
Shall be English I, II, and III, in consecutive order; and English IV or Business English.

**MATHEMATICS** 3 units  
Shall be selected from the following courses and may include a maximum of 2 entry level courses (designated by E): Introductory Algebra/Geometry (E), Algebra I-Part 1 (E), Algebra I Part 2, Integrated Mathematics I (E), Integrated Mathematics II, Integrated Mathematics III, Applied Mathematics I (E), Applied Mathematics II, Applied Mathematics III, Algebra I (E), Geometry, Algebra II, Financial Mathematics, Advanced Mathematics I, Advanced Mathematics II, Pre-Calculus.

**SCIENCE** 3 units  
Shall be 1 unit of Biology I:  
1 unit of Physical Science or Integrated Science (but not both), or Chemistry I, Physics I, or Physics of Technology I;

1 unit from Aerospace Science, Biology II, Chemistry II, Earth Science, Environmental Science, Physics II, Physics of Technology II, Agriscience I, Agriscience II, or any other course not already taken from the Physical Science cluster, or a locally designed elective.

?? If a student takes Physical Science or Integrated Science, s/he may then take Chemistry I, Physics I, or Physics of Technology I as the required science course. If a student takes Chemistry I, Physics I, or Physics of Technology I to fulfill the Physical Science requirement, s/he may not then take Physical Science or Integrated Science as the third required science course but may take such courses as one of the eight allowed elective graduation requirements.

?? Both Agriscience I and II must be completed for one unit of science credit.

All Advanced Placement Science Courses will be accepted for credit.

**SOCIAL STUDIES** 3 units  
Shall be American History, one-half unit of Civics, one-half unit of Free Enterprise; and one of the following: World History, World Geography, or Western Civilization.

**HEALTH EDUCATION** 1/2 unit

**PHYSICAL EDUCATION** 1 1/2 units  
Shall be Physical Education I and Physical Education II, or Adaptive Physical Education for eligible special education students.

NOTE: The substitution of JROTC is permissible. A maximum of four units may be used toward graduation.

**COMPUTER TECHNOLOGY** 1 unit  
Shall be taken from the following:  
Computer/Technology Literacy (1/2 credit)  
Computer Applications or Business Computer Applications (1 credit)  
Computer Architecture (1 credit)  
Computer Science I, II (1 credit each)  
Computer Systems and Networking I, II (1 credit each)  
Desktop Publishing (1/2 credit)  
Digital Graphics & Animation (1/2 credit)  
Multimedia Presentations (1 credit)  
Web Mastering or Web Design (1/2 credit)  
Independent Study in Technology Applications (1 credit)  
Word Processing (1 credit)  
Telecommunications (1/2 credit)  
Introduction to Business Computer Applications (1 credit)  
Technology Education Computer Applications (1 credit)  
Advanced Technical Drafting (1 credit)

**ELECTIVES** 8 units  
**TOTAL** 23 units

Refer to Standards 2.037.02 and 2.058.02 relative to appropriate student scheduling and counseling.

Weegie Peabody  
Executive Director

0311#021

**RULE**

**Board of Elementary and Secondary Education**

Bulletin 746? Louisiana Standards for State Certification of School Personnel? Certificate Renewal Requirements and Validity Terms for Those Called to Active Military Duty (LAC 28:I.903)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, Board of Elementary and Secondary Education adopted an amendment to *Bulletin 746? Louisiana Standards for State Certification of School Personnel*, referenced in LAC 28:I.903.A. This policy specifies certificate renewal guidelines and validity term adjustments for those who are employed on renewable certificates and who are called to active military duty. Temporary certificates have strict annual renewal guidelines specifying successful completion of coursework and/or Praxis exams. Renewable regular certificates require completion of Continuing Learning Units (CLUs) of professional development for renewal. This policy suspends certificate renewal guidelines and does not count elapsed

time for certificate holders during periods of active military duty.

**Title 28  
EDUCATION**

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

**§903. Teacher Certification Standards and Regulations**

**A. Bulletin 746**

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AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 1:183, 311, 399, 435, 541 (April, July, September, October, December 1975), amended LR 28:763 (April 2002), LR 28:765 (April 2002), LR 28:990 (May 2002), LR 29:2370 (November 2003).

**Certificate Renewal Requirements and Validity Terms  
for Those Called to Active Military Duty**

A teacher employed on a temporary or a regular certificate, and who is called to active military duty, will not be penalized for the time spent in active service. He or she must present copies of official documents indicating beginning and ending dates of active military duty when applying for renewal or extension of the certificate.

For the period of military service:

1. renewal guidelines specifying required coursework and/or Praxis exams for temporary certificates will be waived;
2. renewal guidelines specifying Continuing Learning Units (CLUs) for Level 2 and Level 3 certificates will be waived; and
3. additional time commensurate with the amount of time spent in active duty will be allowed on the temporary or regular certificate, in terms of the school year(s) or portion thereof spent in active military service.

Once the time spent has been restored to an individual who was called to active duty, the renewal guidelines for temporary and/or regular certificates will be effective.

Weegie Peabody  
Executive Director

0311#024

**RULE**

**Board of Elementary and Secondary Education**

**Bulletin 746? Louisiana Standards for State  
Certification of School Personnel? Policy for  
One-Year Authorization on a Certificate  
(LAC 28:I.903)**

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted an amendment to *Bulletin 746? Louisiana Standards for State Certification of School Personnel*, referenced in LAC 28:I.903.A. This Rule

abolishes the Bulletin 746 policy allowing a one-year authorization on a certificate. This Rule works to align Bulletin 746 policy for temporary certification under the state's new licensure structure.

**Title 28  
EDUCATION**

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

**§903. Teacher Certification Standards and Regulations**

**A. Bulletin 746**

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AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 1:183, 311, 399, 435, 541 (April, July, September, October, December 1975), amended LR 28:763-765 (April 2002), LR 28:765 (April 2002), LR 28:990-991 (May 2002), LR 29:2370 (November 2003).

\* \* \*

Repeal the "One Year Authorization on a Certificate" policy from Bulletin 746, *Louisiana Standards for State Certification of School Personnel*, as follows:

**One-Year Authorization on a Certificate**

Authorization to teach one or two subjects in addition to the major subject on the secondary level may be added to a valid certificate if the applicant lacks not more than six semester hours to meet the minimal requirements in the teaching field or fields, provided that this authorization is good for one year only. The applicant is given one year in which to meet the requirements in full.

Weegie Peabody  
Executive Director

0311#023

**RULE**

**Board of Elementary and Secondary Education**

**Bulletin 746? Louisiana Standards for State  
Certification of School Personnel  
Practitioner Teacher Licensure Policy  
(LAC 28:I.903)**

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted an amendment to *Bulletin 746? Louisiana Standards for State Certification of School Personnel*, referenced in LAC 28:I.903.A. This policy adds the Practitioner License 4 category to the current Practitioner License policy, allowing individuals other than those in the new alternate teacher certification programs to pursue full teacher credentialing under a licensure type that does not penalize schools and districts for Annual School Report and accountability reporting purposes. This policy outlines

regulations for those who are not in the new alternate teacher education programs to qualify for a Practitioner License (category 4).

**Title 28  
EDUCATION**

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

**§903. Teacher Certification Standards and Regulations**

**A. Bulletin 746**

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AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 1:183, 311, 399, 435, 541 (April, July, September, October, December 1975), amended LR 28:763 (April 2002), LR 28:765 (April 2002), LR 28:990 (May 2002), LR 29:2371 (November 2003).

**Practitioner Teacher Licensure Policy**

Adopted by SBESE October 2002

Individuals with PL1, PL2, PL3, or PL4 credentialing who are actively enrolled in the Practitioner Teacher Program, the Master's Degree Program, or the Non-Master's/Certification-Only Program, or are otherwise in the process of completing all requirements for full certification will be granted special employment status so that districts will not have these individuals count for or against the district on the Annual School Report or for District accountability purposes.

**Practitioner License 1, Practitioner License 2,  
Practitioner License 3**

A Practitioner Teacher license (PL), renewable yearly for a maximum of three years, will be granted to those candidates who meet all entrance requirements and who are accepted into and enrolled in a State-approved Practitioner Teacher Program (PL1), Master's Degree Program (PL3), or Non-Master's/Certification-Only Program (PL2). Issuance of Practitioner Teacher licenses will require verification from the program provider and the employing system/school. Minimum admission requirements for the Practitioner Teacher Program and the Non-Master's/Certification-Only Program stipulate that the candidate hold an undergraduate degree from a regionally accredited university, possess a minimum of a 2.2 grade point average (GPA), and pass the Pre-Professional Skills Test and Content Specialty Exam of the PRAXIS. The same admission standards apply to the Master's Degree Program, with one exception, that the undergraduate GPA requirement is 2.50 for admission. Additionally, Practitioner Teacher Program participants must have a teaching assignment in a state-approved Louisiana school in the area of certification being studied.

Practitioner Teacher Program candidates will complete an intensive summer training experience prior to assuming a full-time teaching position in a Louisiana classroom. To allow for the summer training experience, employing systems/schools may offer contracts to Practitioner Teacher candidates as early as the spring preceding the school year in which the practitioner will assume a full-time position. It is a responsibility of the employing system/school, working in close collaboration with the program provider, to facilitate

and coordinate the placement of practitioner teachers in State-approved schools in teaching areas in which there is an identified need. The participant signs a one-year renewable contract with the school system and/or approved school. The practitioner teacher would be placed, at a minimum, on the same salary schedule as a regularly certified, salaried teacher.

Practitioner Teacher Program (PL1), Master's Degree Program (PL3), and Non-Master/Certification-Only Program (PL2). Practitioner teachers are issued a one-year Practitioner Teacher license, renewable yearly for a maximum of three years. If a candidate withdraws or is dropped from the new alternate program, the Practitioner Teacher license is no longer valid. A practitioner teacher must remain enrolled in the alternate program and fulfill all coursework, teaching assignments (if applicable), and prescribed activities as identified by the program provider. All program requirements must be completed within the three-year period of the license. A practitioner teacher may complete all requirements of the alternate program in fewer than three years.

Once a practitioner teacher has completed all requirements of the alternate program and has been recommended by the program provider, he may apply for a Level 1 Teaching Certificate. A practitioner teacher's teaching experience, while holding a Practitioner Teacher license, will count toward the three years of teaching experience requirement that is needed to move from a Level 1 certificate to a Level 2 certificate.

**Practitioner License 4**

A Practitioner License (PL4) may be issued to a teacher who is not in one of the three new alternate certification programs, has an undergraduate grade point average of at least 2.50, has passed the Praxis Pre-professional Skills Tests (PPSTs), has passed the specialty area content exam or has completed 31 semester hours in the specific content area of certification, and still lacks full requirements for certification.

Weegie Peabody  
Executive Director

0311#025

**RULE**

**Board of Elementary and Secondary Education**

Bulletin 1536? A Guide for Administrators of Elementary  
Level Second Language Programs in Louisiana Schools  
(LAC 28:I.Chapter 9)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted the following revision to Title 28, Education. The revision will change the status of *Bulletin 1536? A Guide for Administrators of Elementary Level Second Language Programs in Louisiana Schools*, from a regulatory bulletin to non-regulatory program guidelines.

**Title 28  
EDUCATION**

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

List of Bulletins to be Removed from the Louisiana  
Administrative Code

Bulletin Number	Bulletin Name
1536	A Guide for Administrators of Elementary Level Second Language Programs in Louisiana Schools

Weegie Peabody  
Executive Director

0311#026

**RULE**

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

Scholarship/Grant Programs  
(LAC 28:IV.701, 703, 705, 805, and 2103)

The Louisiana Student Financial Assistance Commission (LASFAC) has amended the Rules of the Scholarship/Grant Programs (R.S. 17:3021-3026, R.S. 3041.10-15, R.S. 17:3042.1, and R.S. 17:3048.1).

**Title 28  
EDUCATION**

**Part IV. Student Financial Assistance? Higher  
Education Scholarship and Grant Programs  
Chapter 7. Tuition Opportunity Program for  
Students (TOPS) Opportunity,  
Performance, and Honors Awards**

**§701. General Provisions**

A. - D.3. ...

E. Award Amounts. The specific award amounts for each component of TOPS are as follows.

1.a. The TOPS Opportunity Award provides an amount equal to undergraduate tuition for full-time attendance at an Eligible College or University for a period not to exceed eight semesters, including Qualified Summer Sessions, twelve quarters, including Qualified Summer Sessions, or an equivalent number of units in an eligible institution which operates on a schedule based on units other than semesters or quarters, except as provided by R.S. 17:3048.1.H, §503.D, §509.C, or §701.E.1.b. Attending a Qualified Summer Session for which tuition is paid will count toward the eight semester limit for TOPS.

b. The semester or term count for a student shall not be increased for any semester or term a student is unable to complete because of orders to active duty in the United States Armed Forces or National Guard, whether or not a full refund for the TOPS payment for that semester or term is received by LOSFA.

2.a. The TOPS Performance Award provides a \$400 annual stipend, prorated by two semesters, three quarters, or equivalent units in each Academic Year (College) and

Program Year (Non-Academic Program), in addition to an amount equal to tuition for full-time attendance at an Eligible College or University, for a period not to exceed eight semesters, including Qualified Summer Sessions, twelve quarters, including Qualified Summer Sessions, or an equivalent number of units in an eligible institution which operates on a schedule based on units other than semesters or quarters, except as provided by R.S. 17:3048.1.H, §503.D, §509.C, or §701.E.2.b. The stipend will be paid for each Qualified Summer Session, semester, quarter, term, or equivalent unit for which tuition is paid. Attending a Qualified Summer Session for which tuition is paid will count toward the eight semester limit for TOPS.

b. The semester or term count for a student shall not be increased for any semester or term a student is unable to complete because of orders to active duty in the United States Armed Forces or National Guard, whether or not a full refund for the TOPS payment for that semester or term is received by LOSFA, provided that any amount of a stipend paid and not refunded shall be counted toward the total stipends allowed by law.

3.a. The TOPS Honors Award provides an \$800 annual stipend, prorated by two semesters, three quarters, or equivalent units in each Academic Year (College) and each Program Year (Non-Academic Program), in addition to an amount equal to tuition for full-time attendance at an Eligible College or University, for a period not to exceed eight semesters, including Qualified Summer Sessions, twelve quarters, including Qualified Summer Sessions, or an equivalent number of units in an eligible institution which operates on a schedule based on units other than semesters or quarters, except as provided by R.S. 17:3048.1.H, §503.D, §509.C or §701.E.3.b. The stipend will be paid for each Qualified Summer Session, semester, quarter, term, or equivalent unit for which tuition is paid. Attending a Qualified Summer Session for which tuition is paid will count toward the eight semester limit for TOPS.

b. The semester or term count for a student shall not be increased for any semester or term a student is unable to complete because of orders to active duty in the United States Armed Forces or National Guard, whether or not a full refund for the TOPS payment for that semester or term is received by LOSFA, provided that any amount of a stipend paid and not refunded shall be counted toward the total stipends allowed by law.

E.4. - G.2. ...

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), LR 25: 256 (February 1999), LR 26:67 (January 2000), LR 26:1262 (June 2000), LR 26:1995, 2000 (September 2000), repromulgated LR 27:1848 (November 2001), amended LR 28:447 (March 2002), LR 28:2331 (November 2002), LR 29:2372 (November 2003).

**§703. Establishing Eligibility**

A. - A.5.a.i. ...

ii. for purposes of satisfying the requirements of 703.A.5.a.i, above, or 803.A.6.a, the following courses shall be considered equivalent to the identified core courses and may be substituted to satisfy corresponding core courses.

Core Curriculum Course	Equivalent (Substitute) Course
Physical Science	General Science, Integrated Science
Algebra I	Algebra I, Parts 1 and 2, Integrated Mathematics I
Applied Algebra IA and IB	Applied Mathematics I and II
Algebra I, Algebra II and Geometry	Integrated Mathematics I, II and III
Algebra II Geometry Geometry, Trigonometry, Calculus, or Comparable Advanced Mathematics	Integrated Mathematics II Integrated Mathematics III Pre-Calculus, Algebra III, Probability and Statistics, Discrete Mathematics, Applied Mathematics III*, Advanced Mathematics I, Advanced Mathematics II
Chemistry	Chemistry Com
Fine Arts Survey	Speech Debate (2 units)
Western Civilization	European History
	*Applied Mathematics III was formerly referred to as Applied Geometry

A.5.a.iii. - G.2. ...

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 24:632 (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 29:2372 (November 2003).

#### §705. Maintaining Eligibility

A. To continue receiving the TOPS Opportunity, Performance or Honors Awards, the recipient must meet all of the following criteria:

1. have received less than four years or eight semesters of TOPS Award funds, except as provided in §701.E.1.b, §701.E.2.b, and §701.E.3.b, provided that each two terms or equivalent units of enrollment in a program for a vocational or technical education certificate or diploma or a non-academic undergraduate degree shall be the equivalent of a semester; and

A.2. - D. ...

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 24:637 (April 1998), amended LR 24:1904 (October 1998), LR 25:257 (February 1999), LR 25:656 (April 1999), LR 25:1091 (June 1999), LR 26:67 (January 2000), LR 26:688 (April 2000), LR 26, 1996, 2001 (September 2000), LR 27:1853 (November 2001), LR 28:447 (March 2002), LR 28:772 (April 2002), LR 28:2332 (November 2002), LR 29:2373 (November 2003).

#### Chapter 8. TOPS-TECH Award

##### §805. Maintaining Eligibility

A. To continue receiving the TOPS-TECH Award, the recipient must meet all of the following criteria:

1. have received the TECH Award for less than two years, except as provided by §805.C, unless reduced as required by §503.D; and

A.2. - B. ...

C. The semester or term count for a student shall not be increased for any semester or term a student is unable to

complete because of orders to active duty in the United States Armed Forces or National Guard, whether or not a full refund for the TOPS Tech payment for that semester or term is received by LOSFA.

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 24:1905 (October 1998) amended LR 25:1091 (June 1999), LR 26:68 (January 2000), LR 26:689 (April 2000), LR 26:1997, 2002 (September 2000), LR 27:1856 (November 2001), LR 28:774 (April 2002), LR 28:2332 (November 2002), LR 29:2373 (November 2003).

#### Chapter 21. Miscellaneous Provisions and Exceptions §2103. Circumstances Warranting Exception to the Initial and Continuous Enrollment Requirements

A. - E.11.c. ...

F. Students who are granted an exception based on military service in accordance with Paragraph 2103.E.9 above and who desire to enroll as a part time student in an eligible postsecondary institution while on active duty shall be eligible on request for TOPS payment for such enrollment. Any payment for part time attendance under this subsection shall count towards the student's maximum eligibility for up to the equivalent of eight full time semesters of postsecondary education in part time and full time semesters.

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 24:647 (April 1998), amended LR 24:1916 (October 1998), LR 26:1017 (May 2000), LR 26:2004 (September 2000), LR 27:37 (January 2001), LR 27:1875 (October 2001), LR 27:1866 (November 2001), LR 28:46 (January 2002), LR 28:449 (March 2002), LR 28:775 (April 2002), LR 28:2330, 2333 (November 2002), LR 29:126 (February 2003), LR 29:2373 (November 2003).

George Badge Eldredge  
General Counsel

0311#041

#### RULE

##### Student Financial Assistance Commission Office of Student Financial Assistance

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

The Louisiana Student Financial Assistance Commission (LASFAC) amends the Rules of the Scholarship/Grant programs.

#### Title 28 EDUCATION

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

#### Chapter 21. Miscellaneous Provisions and Exceptions §2103. Circumstances Warranting Exception to the Initial and Continuous Enrollment Requirements

A. - E.8. ...

9. Military Service

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

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

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

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

iii. a certified copy of the military orders.

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

E.10. - 11.c. ...

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

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), amended LR 23:1648 (December 1997), repromulgated LR 24:647 (April 1998), amended LR 24:1916 (October 1998), LR 26:1015 (May 2000), LR 26:2002 (September 2000), LR 27:36 (January 2001), repromulgated LR 27:1866 (November 2001), amended LR 27:1875 (November 2001), LR 28:46 (January 2002), LR 28:449 (March 2002), LR 28:775 (April 2002), LR 28:2330, 2333 (November 2002), LR 29:126 (February 2003), LR 29:2373 (November 2003).

George Badge Eldredge  
General Counsel

0311#043

## **RULE**

### **Tuition Trust Authority Office of Student Financial Assistance**

Student Tuition and Revenue Trust  
(START Saving) Program  
(LAC 28:VI.315)

The Louisiana Tuition Trust Authority (LATTA) is amending its Rules of the Student Tuition and Revenue Trust (START Savings) Program (R.S. 3091-3099.2).

#### **Title 28**

#### **EDUCATION**

#### **Part VI. Student Financial Assistance? Higher Education Savings**

#### **Chapter 3. Education Savings Account**

#### **Subchapter A. Student Tuition Trust Authority**

#### **§315. Miscellaneous Provisions**

A. - B.6. ...

7. For the year ending December 31, 2002, the Louisiana Education Tuition and Savings Fund earned an interest rate of 5.82 percent.

8. For the year ending December 31, 2002, the Earnings Enhancements Fund earned an interest rate of 5.91 percent.

C. - R. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3091-3099.2.

HISTORICAL NOTE: Promulgated by the Tuition Trust Authority, Office of Student Financial Assistance, LR 23:718 (June 1997), amended LR 24:1274 (July 1998), amended LR 26:1263 (June 2000), repromulgated LR 26:2267 (October 2000), amended LR 27:1221 (August 2001), LR 27:1884 (November 2001), LR 28:1761 (August 2002), LR 28:2335 (November 2002), LR 29:2374 (November 2003).

George Badge Eldredge  
General Counsel

0311#040

## **RULE**

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

Cooling Water Intake Structures for New Facilities  
(LAC 33:IX.2522, 2523, and 2524)(WQ051\*)

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary has amended the Water Quality regulations, LAC 33:IX.2522, 2523, and 2524 (Log #WQ051\*).

This Rule is identical to federal regulations found in 40 CFR 125.83; 125.84(b)(4)(ii)-(iii), (b)(5)(ii), (c)(3)(ii)-(iii), and (d)(1); and 125.85(a)(2)-(3), which are applicable in Louisiana. For more information regarding the federal requirement, contact the Regulation Development Section at (225) 219-3550 or Box 4314, Baton Rouge, LA 70821-4314. No fiscal or economic impact will result from the Rule; therefore, the Rule is promulgated in accordance with R.S. 49:953(F)(3) and (4).

This amendment deletes the definition of Minimum Ambient Source Water Surface Elevation and provides owners and operators of new facilities with clarified and additional requirements for addressing various stressors and other adverse impacts on species passing through the hydraulic zone of influence of cooling water intake structures. The amendments are required to maintain currency with federal regulations for state program authorization. The basis and rationale for this Rule are to mirror the federal regulations, to ensure the application of relevant information, and to protect species integrity.

This Rule meets an exception listed in R.S. 30:2019(D)(2) and R.S. 49:953(G)(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

**Title 33**  
**ENVIRONMENTAL QUALITY**

**Part IX. Water Quality**

**Chapter 23. The LPDES Program**

**Subchapter M. Criteria Applicable to Cooling Water**

**Intake Structures Under Section 316(b) of  
the Act**

**§2522. What Special Definitions Apply to this  
Subchapter?**

\*\*\*

*Minimum Ambient Source Water Surface  
Elevation?* repealed.

\*\*\*

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq., and in particular Section 2074(B)(3) and (B)(4).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Environmental Assessment, Environmental Planning Division, LR 28:1768 (August 2002), amended LR 29:2375 (November 2003).

**§2523. As an Owner or Operator of a New Facility,  
What Must I Do to Comply with this  
Subchapter?**

A. - B.4.a. ...

b. based on information submitted by any fishery management agency(ies) or other relevant information, there are migratory and/or sport or commercial species of impingement concern to the state administrative authority that pass through the hydraulic zone of influence of the cooling water intake structure; or

c. it is determined by the state administrative authority, based on information submitted by any fishery management agency(ies) or other relevant information, that the proposed facility, after meeting the technology-based performance requirements in Paragraphs B.1, 2, and 3 of this Section, would still contribute unacceptable stress to the protected species, critical habitat of those species, or species of concern.

5. - 5.a. ...

b. based on information submitted by any fishery management agency(ies) or other relevant information, there are, or would be, undesirable cumulative stressors affecting entrainable life stages of species of concern to the state administrative authority, and it is determined by the state administrative authority that the proposed facility, after meeting the technology-based performance requirements in Paragraphs B.1, 2, and 3 of this Section, would still contribute unacceptable stress to the protected species, critical habitat of those species, or species of concern.

B.6. - C.3.a. ...

b. based on information submitted by any fishery management agency(ies) or other relevant information, there are migratory and/or sport or commercial species of impingement concern to the state administrative authority that pass through the hydraulic zone of influence of the cooling water intake structure; or

c. it is determined by the state administrative authority, based on information submitted by any fishery management agency(ies) or other relevant information, that

the proposed facility, after meeting the technology-based performance requirements in Paragraphs C.1 and 2 of this Section, would still contribute unacceptable stress to the protected species, critical habitat of those species, or species of concern.

C.4. - D.1. ...

a. Except as specified in Subparagraph D.1.b of this Section, this demonstration must include a showing that the impacts to fish and shellfish, including important forage and predator species, within the watershed will be comparable to those that would result if you were to implement the requirements of Paragraphs B.1 and 2 of this Section. This showing may include consideration of impacts other than impingement mortality and entrainment, including measures that will result in increases in fish and shellfish, but it must demonstrate comparable performance for species that the state administrative authority, in consultation with national, state, or tribal fishery management agencies with responsibility for fisheries potentially affected by your cooling water intake structure, identifies as species of concern. In identifying such species, the state administrative authority may consider information provided by any fishery management agency(ies) along with data and information from other sources.

D.1.b. - E. ....

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq., and in particular Section 2074(B)(3) and (B)(4).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Environmental Assessment, Environmental Planning Division, LR 28:1769 (August 2002), amended LR 29:2375 (November 2003).

**§2524. May Alternative Requirements Be Authorized?**

A. - A.1. ...

2. the state administrative authority determines that data specific to the facility indicate that compliance with the requirement at issue would result in compliance costs wholly out of proportion to those EPA considered in establishing the requirement at issue or would result in significant adverse impacts on local air quality, significant adverse impacts on local water resources other than impingement or entrainment, or significant adverse impacts on local energy markets;

3. the alternative requirement requested is no less stringent than justified by the wholly out of proportion cost or the significant adverse impacts on local air quality, significant adverse impacts on local water resources other than impingement or entrainment, or significant adverse impacts on local energy markets; and

A.4. - B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq., and in particular Section 2074(B)(3) and (B)(4).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Environmental Assessment, Environmental Planning Division, LR 28:1771 (August 2002), amended LR 29:2375 (November 2003).

James H. Brent, Ph.D.  
Assistant Secretary

0311#016

**RULE**

**Office of the Governor  
Board of River Port Pilot Commissioners  
and Examiners  
and  
Board of River Port Pilot Commissioners  
and  
Board of Examiners for the New Orleans  
and Baton Rouge Steamship Pilots  
and  
Board of Examiners of Bar Pilots for the  
Port of New Orleans**

River Pilot Rules Restructure (LAC 46:LXXV)

Editor's Note: River Pilot Rules have been moved from Part LXXVI to Part LXX for topical placement. The Rules have also been restructured to allow room for expansion.

The following table shows the restructuring of the River Pilot Rules. Each Chapter is listed, showing the former placement and the current placement.

Former Placement	Current Placement
Part LXXVI	Part LXXV
Chapters 11-6	Chapters 1-6
Chapters 31-36	Chapters 31-36
Chapters 1-2	Chapters 61-62
Chapter 6	Chapter 91

0311#004

**RULE**

**Office of the Governor  
Commission on Law Enforcement and  
Administration of Criminal Justice**

Crime Victim Assistance (LAC 22:III.4901, 4903, and 4905)

In accordance with the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and R.S. 15:1207 and 1207, the Louisiana Commission on Law Enforcement and Administration of Criminal Justice hereby gives notice that the Rule regarding the administration of the Crime Victim Assistance Fund has been amended.

**Title 22**

**CORRECTIONS, CRIMINAL JUSTICE AND LAW  
ENFORCEMENT**

**Part III. Commission on Law Enforcement and  
Administration of Criminal Justice  
Subpart 5. Crime Victim Assistance**

**Chapter 49. Policies and Procedures**

**§4901. Introduction**

A. The issues of services to victims of crime, underserved victims and an increased awareness of the prevalence and severity of domestic violence and violence against women coupled with the increased availability of federal funds to address these issues at the state, regional and local levels, have led to federal grant programs designed to focus on these topics. The Louisiana Commission on Law Enforcement has been named as the cognizant state agency

for the federal programs and will make available to appropriate non-profit and public agencies grant funds, to be spent in accordance with federal program guidelines and the guidelines of the Victim Services Advisory Board and the Louisiana Commission on Law Enforcement.

B. The Victims of Crime Act of 1984 (VOCA) established within the U.S. Treasury an account funded by federal fines, penalties and forfeited bail bonds to be used for the purpose of funding victim assistance grants to the states. These grants are to be used for programs that provide direct services to victims of crime, with priority given to programs that have as their principal mission direct assistance to victims of sexual assault, spouse abuse, child abuse and previously underserved victims of crime. VOCA funds in the state are administered by the Louisiana Commission on Law Enforcement in consultation with the Victim Services Advisory Board to the Commission. The VOCA program in Louisiana is administered pursuant to the federal regulations in effect for the program.

C. For more information, interested persons may contact the Victim Services Section of the Louisiana Commission on Law Enforcement.

D. The Violence Against Women Act (VAWA) of 1994 is enabling legislation that has as its intent the reduction of violence to encourage states and localities to restructure and strengthen their criminal justice response to this issue and to be proactive in dealing with the problem of domestic violence. The STOP (Services-Training-Officers-Prosecution) Program is the implementation aspect of VAWA and seeks to develop and strengthen effective law enforcement and prosecution strategies to combat violent crime against women and to develop and strengthen victim services in cases involving violent crimes against women. Unlike VOCA, monies are appropriated by Congress for this program. These funds are divided equally between law enforcement, prosecution and non-profit service providers and are administered by the Louisiana Commission on Law Enforcement in consultation with Victim Services Advisory Board. The VAWA program in Louisiana is administered pursuant to the federal regulations in effect for the program.

E. For more information, interested persons may contact the Victim Services Section of the Louisiana Commission on Law Enforcement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:1204 and 1207.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Commission on Law Enforcement and Administration of Criminal Justice, LR 15:1071 (December 1989), amended LR 29:2376 (November 2003).

**§4903. Application Requirements**

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:1204 and 1207.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Commission on Law Enforcement and Administration of Criminal Justice, LR 15:1072 (December 1989), repealed LR 29:2376 (November 2003).

**§4905. Application Requirements**

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:1204 and 1207.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Commission on Law Enforcement and Administration of Criminal Justice, LR 15:1074 (December 1989), repealed LR 29:2377 (November 2003).

Michael A. Ranatza  
Executive Director

0311#035

**RULE**

**Office of the Governor  
Division of Administration  
Office of Group Benefits**

Participant Employer Responsibilities  
Group Benefits Coordinator (LAC 32:I.1501)

In accordance with the applicable provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and pursuant to the authority granted by R.S. 42:801(C) and 802(B)(2), as amended and reenacted by Act 1178 of 2001, vesting the Office of Group Benefits (OGB) with the responsibility for administration of the programs of benefits authorized and provided pursuant to Chapter 12 of Title 42 of the Louisiana Revised Statutes, and granting the power to adopt and promulgate Rules with respect thereto, OGB finds that it is necessary to require each participant employer to designate an individual as Group Benefits Coordinator and point of contact for any notice, demand, communication, or payment between the participant employer and OGB, including notice and communication from OGB to plan participants. The reason for this action is to improve communications between OGB and participating employer agencies and to facilitate the administration of benefits for all OGB plan participants.

Accordingly, OGB adopts the following Rule to become effective upon promulgation.

**Title 32**

**EMPLOYEE BENEFITS**

**Part I. General Provisions**

**Chapter 15. Participant Employer Responsibilities**

**§1501. Group Benefits Coordinator**

A. Each *participant employer* shall designate an individual as Group Benefits Coordinator and point of contact for any notice, demand, communication, or payment between the *participant employer* and the Office of Group Benefits (OGB), including notice and communication from the OGB to plan participants. Such designation shall be made on a form provided by the OGB, signed by the head of the *participant employer*, providing essential contact information, including, but not limited to, name, job title, physical address, mailing address, telephone number, facsimile transmission number, and electronic mail address, and shall be submitted to the OGB between January 1 and January 15 of each year. It shall be the responsibility of the *participant employer* to notify the OGB of a change in Group Benefits Coordinator during the year within 10 working days of a change in the designation of the Group Benefits Coordinator. Failure to appoint a Group Benefits Coordinator, notify the OGB of a change of Group Benefits

Coordinator, or submit the required Group Benefits Coordinator appointment timely shall result in a fine of not more than \$100 per day.

B. As used in this Section, the term *participant employer* means a state entity, school board, or a state political subdivision authorized by law to participate in the OGB program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(2).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:2377 (November 2003).

A. Kip Wall  
Chief Executive Officer

0311#034

**RULE**

**Office of the Governor  
Division of Administration  
Office of State Purchasing**

Procurement of Computer Equipment and Services  
(LAC 34:I.Chapter 55)

In accordance with the Administrative Procedure Act, R.S. 49:950 et seq., and R.S. 39:199.C and D, the Office of the Governor, Division of Administration, Office of State Purchasing hereby amends the Rules relative to the purchase and lease of computer hardware and software; the procurement of hardware maintenance, software maintenance, and software support services; and the procedures for Procurement Support Team operations.

Further, the Office of State Purchasing repeals the Rules relative to Emergency Procurement of Data Processing Equipment; Guidelines for Justification of Multi-Year Data Processing Leases; Unscheduled Maintenance of Data Processing Equipment; Procedures for Disposing of Leased, Rented or Purchased Data Processing Equipment; and Equipment Specifications in Solicitations, LAC 34:I.Appendix A.1-9:5, 1-9:6 and 1-9:7, 1-9:9, and 1-9:12, respectively.

The Office of the State Register has renumbered LAC 34:I.Appendix A to meet the APA mandate of prescribing "a uniform system of indexing, numbering, arrangement of text and citation of authority and history notes for the Louisiana Administrative Code." The following table should clarify the renumbering effort.

Former Section Number under Appendix A	New Section Number
New Material	5501
1-9:3	5503
1-9:4	5505, 5507, 5509, 5511
1-9:5	Repealed
1-9:6	Repealed
1-9:7	Repealed
1-9:8	5513
1-9:9	Repealed
1-9:12	Repealed

**Title 34**  
**GOVERNMENT CONTRACTS, PROCUREMENT**  
**AND PROPERTY CONTROL**

**Part I. Purchasing**

**Chapter 55. Procedures for Information Technology Hardware, Software, Software Maintenance and Support Services, and Hardware Maintenance**

**§5501. General**

A. This Chapter describes the procedures that all agencies in the Executive Branch must follow for the procurement of Information Technology Hardware, Software, Software Maintenance and Support Services, and Hardware Maintenance. Situations not covered by these rules may be found in the general statutes and rules and regulations of the Procurement Code.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:199.C and D.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of State Purchasing, LR 29:2378 (November 2003).

**§5503. Procedures for Procurement of Information Technology Hardware**

A. This Section describes the information that all agencies in the Executive Branch must furnish when seeking approval of the Office of State Purchasing for the procurement of information technology hardware including installation with a cost exceeding the agency's delegated purchasing authority. Information technology hardware, for the purpose of this Section, is defined as any electronic data processing device including but not limited to central processing units, memory, peripheral devices, unit record equipment, data communications equipment, mini-computers and peripherals, graphics equipment including digitizers and plotters, optical scanning equipment, and shared logic word processing equipment, printers, multifunctional devices, and scanners. Equipment that does not fit into any of the above categories will be handled on a case-by-case basis and the agency must contact the Office of State Purchasing for a ruling on the justification required.

B. This Section does not apply to acquisitions from State Brand Name Contracts. Terms and conditions for Brand Name Contracts may contain additional procedures that an agency must follow. However, an approved IT-10 is needed for all IT procurements in excess of \$100,000.

C.1. For requests not covered by an existing contract, the following should be provided to the Office of State Purchasing to avoid delays in approval:

- a. a general description of the mission to be accomplished using the requested equipment;
- b. a detailed list of the proposed equipment, including quantities and estimated costs for lease, purchase, rental, maintenance, etc;
- c. an approved IT-10 form with all requests for procurements in excess of \$100,000.

2. The Office of State Purchasing may require additional information or justification, as it deems appropriate for any particular procurement request.

D. Each agency contemplating a procurement greater than the agency's delegated purchasing authority shall, upon definition of the preliminary functional requirements, submit a draft solicitation to the Office of State Purchasing. If the procurement exceeds \$100,000, the Office of State

Purchasing shall schedule a Procurement Support Team (PST) meeting. The Procurement Support Team participation may include assistance in finalizing the solicitation. The Procurement Support Team participation must include, as a minimum, assistance in evaluation of bids or proposals and negotiations of contract terms (if applicable).

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:199.C and D.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 10:77 (February 1984), amended by the Office of the Governor, Division of Administration, Office of State Purchasing, LR 21:566 (June 1995), LR 29:2378 (November 2003).

**§5505. Procedures for the Procurement of Information Technology Software**

A. This Section will describe the procedures that all agencies in the Executive Branch must follow when seeking to acquire information technology software.

B. Information technology software, for the purpose of this Section is defined as any program or series of programs offered commercially to computer installations.

C. If the cost of the information technology software including modifications, installation integration, training for the total project plus maintenance and support services, for a 12 month period to be acquired is under \$100,000, it is deemed to have the advance approval of the Office of State Purchasing and shall not be for a price greater than the vendor's published price.

1. The agency must include in the procurement file a list of all known information technology software packages investigated which claim to accomplish the required task. Name each investigated, its total cost, and the rationale for selection or rejection.

2. The Office of State Purchasing will assist any agency in the negotiation of contract agreements and any other procurement related functions.

D. It is the state's intent to compete information technology software (including modifications, installation integration, training, etc.), with a total cost greater than \$100,000 whenever possible.

1. Any agency or entity that does not use the competitive process or an established standard or statewide agreement for procurement of information technology software with a total cost in excess of \$100,000 must fully justify its request to the Office of Information Technology and obtain concurrence prior to submission to the Office of State Purchasing for further processing.

2. Information technology software procurements of \$100,000 or greater will be competitively obtained through and ITB, RFP or through an OIT pricing agreement administered by the Office of State Purchasing.

3. Information technology software procurements of \$100,000 or greater must have been included in an approved IT-10 from the Office of Information Technology.

4. Procurements shall not be artificially divided to circumvent the \$100,000 threshold.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:199.C and D.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 10:77 (February 1984), amended by the Office of the Governor, Division of Administration, Office of State Purchasing, LR 21:566 (June 1995), LR 29:2378 (November 2003).

**§5507. Procedures for the Procurement of Information Technology Hardware Maintenance**

A. This Section will describe the procedures that all agencies in the Executive Branch must follow when seeking to acquire information technology hardware maintenance.

B. For purposes of this Section, information technology hardware maintenance consists of remedial maintenance, preventative maintenance, replacement parts, labor and engineering changes necessary to keep information technology hardware in good working condition.

C. Procurements for information technology hardware maintenance under \$100,000 may be handled non-competitively and are deemed to have the advance approval from the Office of State Purchasing and shall not be for a price greater than the vendor's published price. The Office of State Purchasing will assist any agency in the negotiation of contract agreements and any other procurement related functions.

D. It is the state's intent to compete information technology hardware maintenance with a total cost greater than \$100,000 whenever possible.

1. Information technology hardware maintenance over \$100,000 may be procured non-competitively from the original equipment manufacturer (OEM) if the maintenance is for mission critical equipment (such as mainframes, mainframe peripherals, enterprise servers, or network backbone components). The agency must submit a letter of justification signed by the head of the agency or his designee to the Office of State Purchasing.

2. Any agency or entity that does not use the competitive process or an established standard or statewide agreement for procurement of information technology hardware maintenance with a total cost in excess of \$100,000 must fully justify its request to the Office of Information Technology and obtain concurrence prior to submission to the Office of State Purchasing for further processing.

3. Information technology hardware maintenance not covered in Paragraph D.1 must be competitively procured through the Consulting and Support Services Agreement (CSSA), Invitation to Bid (ITB), or Request for Proposal (RFP) process.

4. Information technology hardware maintenance of \$100,000 or greater must have been included in an approved IT-10 from the Office of Information Technology.

5. Procurements shall not be artificially divided to circumvent the \$100,000 threshold.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:199.C and D.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 10:77 (February 1984), amended by the Office of the Governor, Division of Administration, Office of State Purchasing, LR 21:566 (June 1995), LR 29:2379 (November 2003).

**§5509. Procedures for the Procurement of Information Technology Software Maintenance**

A. This Section will describe the procedures that all agencies in the Executive Branch must follow when seeking to acquire information technology software maintenance.

B. For the purposes of this Section, information technology software maintenance includes on-site, telephone and/or on-line troubleshooting, installation assistance, basic usability assistance, etc. Information technology software

products and technologies to be covered include operating systems, application software and systems, application software, and systems and network management software, tools and utilities.

C. Procurements for information technology software maintenance under \$100,000 may be handled non-competitively and are deemed to have the advance approval from the Office of State Purchasing and shall not be for a price greater than the vendor's published price. The Office of State Purchasing will assist any agency in the negotiation of contract agreements and any other procurement related functions.

D. It is the state's intent to compete information technology software maintenance with a total cost greater than \$100,000 whenever possible.

1. Any agency or entity that does not use the competitive process or an established standard or statewide agreement for procurement of information technology software maintenance with a total cost in excess of \$100,000 must fully justify its request to the Office of Information Technology and obtain concurrence prior to submission to the Office of State Purchasing for further processing.

2. Information technology software maintenance in which the software vendor is the only authorized entity to provide product fixes, patches, updates, or upgrades can continue to be handled non-competitively in accordance with R.S. 39:199.D. A letter from the information technology software vendor substantiating the above information is required.

3. Any other type of information technology software maintenance not covered in Paragraphs D.1 or D.2 must be competitively procured through the Consulting and Support Services Agreement (CSSA), Invitation to Bid (ITB) or Request for Proposal (RFP) process.

4. Information technology software maintenance with a cost of \$100,000 or greater must have been included in an approved IT-10 from the Office of Information Technology.

5. Procurements shall not be artificially divided to circumvent the \$100,000 threshold.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:199.C and D.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 10:77 (February 1984), amended by the Office of the Governor, Division of Administration, Office of State Purchasing, LR 21:566 (June 1995), LR 29:2379 (November 2003).

**§5511. Procedures for the Procurement of Information Technology Software Support Services**

A. This Section will describe the procedures that all agencies in the Executive Branch must follow when seeking to acquire information technology software support services.

B. For purposes of this Section, information technology software support services include capacity planning, performance analysis, on-site troubleshooting, custom modifications, etc.

C. Procurements for information technology software support services under \$50,000 may be handled non-competitively and are deemed to have the advance approval of the Office of State Purchasing. The Office of State Purchasing will assist any agency in the negotiation of contract agreements and any other procurement related functions.

D. Procurements shall not be artificially divided to circumvent the \$50,000 threshold.

E. Information technology software support services of \$50,000 or greater must be procured using the Consulting and Support Services Agreement (CSSA) or the Request for Proposal (RFP) process in accordance with R.S. 39:1481 et seq. (Office of Contractual Review).

F. Information technology software support services of \$100,000 or greater must have been included in an approved IT-10 from the Office of Information Technology.

G. It is the state's intent to compete information technology software support services with a total cost of \$50,000 or greater whenever possible.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:199D.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 10:77 (February, 1984), amended by the Office of the Governor, Division of Administration, Office of State Purchasing, LR 21:566 (June 1995), LR 29:2379 (November 2003).

### **§5513. Procurement Support Team Operations**

#### **A. Procurement Support Team Composition**

1. A Procurement Support Team (PST) shall be formed in accordance with the procedures defined herein for every information technology contract in an amount \$100,000 or greater for the procurement of information technology hardware, hardware maintenance, software, software maintenance, and software support services. All contracts shall be subject to the review and approval of other agencies as required by statute or regulations. Purchase release orders issued pursuant to a Direct Order Contract or a Brand Name Contract shall not constitute a contract for purposes of these procedures. The formation of a Procurement Support Team shall be accomplished by the Office of State Purchasing and shall include one or more representatives from each of the following: the Office of State Purchasing; the Legislative Legal Staff; the using agency initiating the procurement action; and the Legislative Fiscal Office. The Office of Information Technology will provide technical staff to assist the Office of State Purchasing and the Procurement Support Team.

2. At least two members of each Procurement Support Team shall have formal training in contract negotiations. The Legislative Fiscal Officer, the speaker of the House of Representatives and the president of the Senate (jointly), and the head of the Purchasing Agency (or his designee), shall each designate in writing to the Office of State Purchasing the names of a primary and an alternate team member. It shall be the responsibility of each named agency to keep the Office of State Purchasing advised of any changes in designated individuals.

3. The individual agencies represented on procurement support teams will have the following primary responsibilities. These responsibilities may be enlarged or modified as appropriate to each given situation by the procurement support team leader with the concurrence of the Office of State Purchasing.

a. Legislative Fiscal Office. The Legislative Fiscal Office shall have the primary responsibility for the analysis of solicitations and review of funding procedures and certification of specific appropriation for the purpose prior to the final contract award.

b. Legislative Legal Staff. The Legislative Legal Staff shall have the primary responsibility for developing the legal terms and conditions of draft contracts, evaluating the legal impact of substantive terms and conditions, review to ensure compliance with statutes and regulations, and legal negotiations.

c. Office of State Purchasing. The Office of State Purchasing shall have primary responsibility for insuring compliance with procurement procedures and regulations, the drafting of solicitations, and the evaluation of bids and proposals.

d. The Procuring Agency. The procuring agency shall have primary responsibility for the determination of compliance of bids or proposals with the functional requirements, and for all management decisions at each phase of the procurement process.

4. The Office of Information Technology shall provide technical staff to assist the Office of State Purchasing and the Procurement Support Team. They shall provide advice and support in the area of information technology techniques, negotiation techniques, developing the structure and content of solicitations, and evaluation of bids or proposals, as requested by the Office of State Purchasing.

B. Procurement Support Team Involvement. The Procurement Support Team participation may include assistance in finalizing the solicitation. Procurement Support Team participation must include, as a minimum, assistance in evaluation of bids and proposals, and negotiations of contract terms (if applicable). Assistance shall consist of reviewing the evaluation process and recommendation of award. Procurements requiring this level of support will involve the active participation of all of the members of the Procurement Support Team as a unit.

1. The Office of State Purchasing, pursuant to the guidelines established therein, shall be responsible for convening a Procurement Support Team if the procurement is \$100,000 or greater. The Office of State Purchasing will designate the team leader.

2. At least four members, one from each office designated, must be present to constitute a quorum.

3. There will be at least one meeting during the procurement process. Each member of the Procurement Support Team must assist in the evaluation of bids or proposals, and negotiation of contracts (if applicable). The Procurement Support Team will make written evaluations and recommendations as a group; these will not supplant written individual agency approvals as required by statute or regulations. This review must be indicated by the signature of each team member on the Procurement Support Team review form, which is maintained by the Office of State Purchasing. In the event a team member indicates acceptance or concurrence of any activity, and the team member's agency subsequently refuses to approve the process pursuant to its statutorily required review, the reviewing agency and the individual team member must submit to the team leader written reasons for their actions. The team leader shall file these documents in the final activity file.

4. In situations where formal negotiations with prospective vendors or a successful bidder or proposer are appropriate, such negotiations will be conducted by a negotiation team appointed by the Procurement Support

Team leader. One member of the negotiating team will be designated as lead negotiator. The results of such negotiations will, of course, be subject to all statutorily required reviews. The lead negotiator and at least one other member of the negotiating team should have formal training in contract negotiations.

5. After the procurement process has been completed, one copy of the documentation related to the procurement will be retained on file by the Office of State Purchasing.

6. The Office of State Purchasing shall have final statutory approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:199.C and D.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 10:77 (February 1984), amended by the Office of the Governor, Division of Administration, Office of State Purchasing, LR 21:566 (June 1995), LR 29:2380 (November 2003).

Denise Lea  
Director

0311#049

## **RULE**

### **Office of the Governor Division of Administration Office of State Purchasing**

#### **LaMAS (Louisiana Multiple Award Schedule) State Contracts Based on GSA Prices (LAC 34:I.2506)**

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and under the authority of R.S. 39:1581 and R.S. 39:1702.A.(2), Office of the Governor, Division of Administration, Office of State Purchasing has adopted additional Rules to Chapter 25 on Intergovernmental Regulations with the following Section on establishment of state contracts based on GSA prices to be known as LaMAS (Louisiana Multiple Award Schedules).

#### **Title 34**

### **GOVERNMENT CONTRACTS, PROCUREMENT AND PROPERTY CONTROL**

#### **Part I. Purchasing**

#### **Subpart 1. Central Purchasing Procedures**

#### **Chapter 25. Intergovernmental Regulations**

#### **§2506. LaMAS (Louisiana Multiple Award Schedule)**

#### **State Contracts Based on GSA Prices**

A. The State Central Purchasing Agency of the Division of Administration may establish state contracts based on GSA (General Service Administration) pricing when it has been determined in writing by the director of State Purchasing that certain conditions are met, which shall become part of the procurement file.

B. Materials, supplies, or equipment shall not be purchased on a state contract based on GSA pricing at a price higher than the price of the same item listed on any available state purchasing contract.

C. Establishment of a state contract based on GSA pricing will only be considered when there is a valid business case.

D. State agencies shall not procure materials, supplies or equipment directly under a GSA contract. The State Central Purchasing Agency of the Division of Administration will:

1. be responsible for analyzing and determining the feasibility of establishing a LaMAS state contract based on GSA prices; and

2. issue procedures for establishment and utilization of this type of contract.

E. No use shall be made of a LaMAS contract without the participation of a Louisiana licensed dealer or distributor. Louisiana licensed dealers or distributors must meet the requirement of a resident business defined in R.S. 39:1591(6). Louisiana licensed dealers or distributors shall agree to:

1. Louisiana terms and conditions; and

2. provide written consent from the GSA contractor to extend current GSA pricing to the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:1581 and R.S. 39:1702.A.(2).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of State Purchasing, LR 29:2381 (November 2003).

Denise Lea  
Director

0311#050

## **RULE**

### **Department of Health and Hospitals Board of Certified Social Work Examiners**

#### **Social Work (LAC 46:XXV.Chapters 1-9)**

The Louisiana Board of Social Work Examiners has amended its Rules, which implement the Louisiana Social Work Practice Act, R.S. 37:2701-2721. These amendments will apply to all credentialed social workers and amend §113.Social Work Relationships, §117.Conduct, §303.Practice, §305.Qualifications for Registration, Certification Licensure, §307.Administration of Examination, §309.Application Procedure, §311. Renewals and Cancellations, §313.Fees, §315.Board Members, §317.Continuing Education Requirements, §505.GSWs Seeking the LCSW Credential, §701.Impaired Professional Program, and Chapter 9. Procedural Rules.

#### **Title 46**

### **PROFESSIONAL AND OCCUPATIONAL STANDARDS**

#### **Part XXV. Certified Social Workers**

#### **Chapter 1. Standards of Practice**

#### **§113. Social Work Relationships**

A. - A.2. ...

3. hiring or bartering for services of a personal nature with the client, supervisee or student at the social worker's office, home or other location;

4. - 7. ...

B. Dual Relationships. Social workers have an affirmative duty to maintain the best interest of clients and former clients as the predominant consideration during the existence of the social worker/client relationship and thereafter. While clients and former clients with whom the

social worker has or had a clinical/therapeutic relationship are at greater risk, any relationship with a client or a former client exposes clients and former clients to a risk of exploitation. Social workers shall be aware, even in those instances where other relationships are not specifically prohibited, that the social worker by promoting, encouraging, or participating in any relationship with a client or former client runs a risk of exploitation.

1. Personal Relationships with Clinical/Therapeutic Clients. A social worker shall not engage in a personal relationship with a clinical/therapeutic client. When a social worker may not avoid a personal relationship with a clinical/therapeutic client, the social worker shall take necessary protective measures consistent with the best interests of the clinical/therapeutic client.

2. Personal Relationships with Former Clinical/Therapeutic Clients. A social worker may engage in a personal relationship, except as prohibited by §113.B.4, with a former clinical/therapeutic client, if the former clinical/therapeutic client was notified of the termination of the professional relationship. The social worker has a continuing duty to safeguard the best interests of the former clinical/therapeutic client.

3. Sexual Contact with a Client, Supervisee or Student. A social worker shall not engage in or request sexual contact as defined in §113.B.5, with a client, a client's spouse or former spouse, any member of the client's immediate family or with any person with whom the client has a sexual relationship. The prohibition of this rule extends to supervisees and students during such times and under such circumstances where the social worker is in a supervisory or teaching relationship. This rule also expressly prohibits social workers from engaging in any behavior which a reasonable person would find sexually stimulating, seductive or sexually demeaning when such behavior is either directed toward or exhibited in the presence of any person with whom sexual contact is otherwise prohibited by this rule. Social workers shall not sexually harass a client, supervisee or student.

4. Sexual Contact with a Former Client. A social worker who has provided clinical/therapeutic social work services to a client shall not engage in or request sexual contacts as defined in §113.B.5, with the former client under any circumstances. A social worker who has provided other social work services to a client should not engage in or request sexual contact as defined in §113.B.5, with the former client at any time if such contact exposes the former client to exploitation or harm.

5. Sexual Contact Defined. Sexual contact means sexual touching, sexual intercourse, either genital or anal, cunnilingus, fellatio, or the handling of the breasts, genital areas, buttocks, or thighs, whether clothed or unclothed, by either the social worker or the client.

6. Business Relationship with a Client, Supervisee or Student. A social worker shall not engage in any type of business relationship other than the provision of social work services, including social work supervision. Business relationships do not include purchases made by the social worker from the client, supervisee or student when they are providing necessary goods or services to the general public.

7. Business Relationship with a Former Client. The social worker has a continuing duty to safeguard the best interests of the former client.

8. Prior Personal or Business Relationships. A social worker should exercise caution before engaging in a professional relationship with an individual with whom the social worker had a previous personal or business relationship.

9. Social Worker Responsibility. A social worker shall be solely responsible for acting appropriately in regard to relationships with clients or former clients. A client or a former client's initiation of a personal, sexual, or business relationship shall not be a defense by the social worker for a violation of §113.B.1-8.

C. - C.9. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:297 (February 2000), amended LR 29:2381 (November 2003).

### §117. Conduct

A. - C. ...

D. Responsibility to the Public. A social worker shall not knowingly participate in any activity or practice (including hiring, supervising, or concealing) by which activity or practice an individual engages or continues to engage in a practice of social work which is prohibited by R.S. 37:2709 or which activity or practice aids or abets any violation of R.S. 37:2720. A social worker who becomes aware of an activity or practice as described herein or of conduct prohibited by R.S. 37:2709 or R.S. 37:2720 shall report such information to the board at the earliest opportunity.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:299 (February 2000), amended LR 29:2382 (November 2003).

## Chapter 3. General Provisions

### §303. Practice

A. - E. ...

F. An applicant who meets all the requirements of R.S. 37:2706, 2707, or 2708 and who has worked more than 120 days as a social worker in the state of Louisiana and who has not otherwise violated any part of R.S. 37:2701-2723 or its rules, shall be offered the following in the form of a consent order and agreement in order to process the application:

1. completion of five pre-approved continuing education hours in ethics to be completed within 90 days of issuance of the registration, certification or license, in addition to the 20 clock hours of continuing education required for the annual renewal of the registration, certification or license; and

2. passing score on an open book examination on the Louisiana Social Work Practice Act and the *Rules, Regulations and Procedures*, which include the Standards of Practice for Social workers within 90 days of the date the Consent Order and Agreement is signed;

F.3. - G ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners,

LR 26:301 (February 2000), amended LR 29:2383 (November 2003).

**§305. Qualifications for Registration, Certification, Licensure**

A. - A.1. ...

2. The applicant shall have his/her university submit official transcript indicating the receipt of a bachelor of social work, bachelor of arts, or bachelor of science degree from an undergraduate social work program, accredited by the Council on Social Work Education, or a master's degree of social work from a graduate social work program, accredited by the Council on Social Work Education.

B. - C.3. ...

4. The Provisional Graduate Social Worker who does not pass the credentialing examination for the GSW certification within three years from the date of issuance of the original certification may apply for the registered social work.

D. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:301 (February 2000), amended LR 29:2383 (November 2003).

**§307. Administration of Examination**

A. - A.1. ...

2. The Louisiana State Board of Social Work Examiners recognizes the examinations of the Association of Social Work Boards as the national examination for social workers.

A.3. - B.4. ...

C. Examination Review Policy. The board may allow candidates to review failing examinations, at applicant's expense, in accordance with the rules of the Association of Social Work Boards.

D. - D.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:302 (February 2000), amended LR 29:2384 (November 2003).

**§309. Application Procedure**

A. ...

B. A new application must be submitted for any change in social work credentials.

C. Applications for license, certification or registration are reviewed and approved by the board at regularly scheduled board meetings.

D. Applications must be submitted to the board office at least seven days prior to the board's meeting to be eligible for consideration.

E. The board shall refuse to consider any application not complete in every detail, including submission of every document required by the application form. At the board's discretion a more detailed or complete response to any request for information set forth on the application form may be required.

F. The application fee for licensure, certification, provisional certification, or registration must be submitted in the form of a money order or certified check.

G Applicants for the LCSW license must submit an employer verification affidavit for each place of employment in Louisiana after receipt of the MSW degree.

H. Applicants for the LCSW license must submit proof of 24 months of accumulated supervised experience on the forms provided by the board.

I. Non-resident applicants may submit proof of 24 months of accumulated supervised experience completed out-of-state on the forms provided by the board and given by a social worker licensed at a level equivalent to the LCSW license.

J. Non-resident applicants may submit verification of out-of-state accumulated social work employment to qualify for the LCSW license.

K. The application for licensure, certification, provisional certification and registration requests the applicant's social security number for identification purposes; however, submission is optional.

L. The official transcript from a university accredited by the Council on Social Work Education verifying receipt of a master's degree must be received directly from the university.

M. An applicant shall be deemed to have abandoned the application if the requirements for the credential are not completed within one year of the date on which the application was received. An application submitted subsequent to the abandoned application shall be treated as a new application.

N. Initial social work credentials issued during the last quarter of the fiscal year, (i.e., April, May or June) will not be required to renew for the next fiscal year.

O. Procedure for Social Workers with Felony Convictions

1. The burden of proof for submitting the requested documentation is the responsibility of the BSW or MSW applicants in order to convince the Louisiana State Board of Social Work Examiners that he/she has good moral character and fitness to practice social work.

2. The BSW or MSW applicant should collect and deliver the following documents to the board office promptly:

a. copies of all court records containing information of the conviction and the imposition of sentence;

b. the current name, address, and telephone number of the judge who imposed sentence and who presided at the trial and/or accepted any plea upon which the felony conviction was based;

c. any documentation or records which reflect the term of any probationary period, the conditions of probation and the fulfillment and completion of all terms and conditions of probation;

d. the current name(s), addresses and telephone numbers of any probation officers or persons of similar title or job function to whom the applicant has reported or who has any information concerning the applicant's conduct during any probationary period;

e. if any form of restitution to a victim or victims was part of a sentence imposed or a condition of probation the applicant must provide the names, current addresses and telephone numbers of any such victim or victims and an affidavit of the applicant that affirms that all required restitution has been completed;

f. if the sentence included any form of imprisonment, residence at a half-way house, other forms of correctional and/or treatment facilities, the applicant must provide the complete address, names and current addresses of any persons having information relating to the satisfactory completion of any such prison term, residence or treatment, and any related documents. In the event that medical, psychiatric, psychological, substance or alcohol abuse evaluation, treatment and rehabilitation was in any way part of the sentence or a term or condition of probation, the applicant will execute any releases which may be required for the board to obtain information. Such information obtained will be maintained by the board on a confidential basis;

g. all records or documents relating to any arrest or conviction of any felony or misdemeanor which has occurred at any time since the applicant's original felony conviction or which occurs at any time during which the application is pending or being investigated (this requirement is an ongoing responsibility of the applicant);

h. any documents, records, or information which the applicant wishes to present in support of his or her application which shows or evidences rehabilitation, positive social contributions, awards, commendations, social or lifestyle adjustments, positive treatment outcomes, employment or academic evaluations, volunteer work or any other area in which the applicant participated which would reflect on the applicant's good moral character and fitness to practice social work. (The applicant should provide the names, current addresses and telephone numbers of any references or persons having information in support of the application. While information in support of an application which occurred prior to the conviction may be submitted, the board will place greater emphasis on supporting documentation and information concerning events which have occurred since the felony conviction);

i. true copies of any licenses, certificates to practice or similar documents issued by any board or licensing authority of any other state or the state of Louisiana obtained by the applicant since the date of the felony conviction. The applicant should provide a complete listing of any college, graduate school, trade or business school and employers to whom he or she has made application since the date of the felony conviction. This request includes any applications which were denied for any reason, including the felony conviction.

3. BSWs and MSWs should be aware of the following:

a. any delay in providing the requested information will delay the board's action on the application;

b. providing any false or misleading information, being evasive, concealing or making material omissions, or failing to cooperate shall form a basis for the denial of the application;

c. in the event that the application is denied by the board, the applicant may request a Compliance Hearing provided the application for such a hearing is made in writing within 30 days after the applicant receives the notice of the denial of the application. The request shall contain the applicant's receipt of the notice of the denial of the application, and the applicant's grounds for opposition to the

denial of the application. The applicant is further aware that at such a hearing the applicant may be represented by legal counsel and the applicant bears the burden to establish that he or she meets the criteria for licensure;

d. the intent of the above enumerated items is to obtain the information upon which the board will evaluate the application.

P. Additional Requirements for International Applicants/Speakers of English as a Second Language

1. Any document required to be submitted to the board with an application for license, certification or registration shall be in the English language, or accompanied by a certified translation thereof into the English language.

2. As a condition of the board's consideration of the application of a graduate of a foreign college or university, the applicant shall provide the board with a statement from the Council on Social Work Education that the applicant's degree is equivalent to an accredited social work degree in the United States.

3. Applicants moving into the United States from out of the country may have 120 days to complete the application process to allow time to complete the additional requirements for foreign graduates/speakers of English as a second language.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:302 (February 2000), amended LR 29:2383 (November 2003).

### §311. Renewals and Cancellation

A. Renewal notices are mailed on June 20 of each year. The renewal fee must be postmarked on or before November 30, to avoid late renewal fee.

B. ...

C. Twenty clock hours of continuing education in programs approved by the board shall be obtained prior to June 30 of each year. See §317 for rules on acceptable continuing education.

D. ...

E. Without payment of the lapsed fee, the license, certification or registration is canceled after February 28, and a certified notice of cancellation is mailed. Payment must be postmarked on or before February 28.

F. It is the social worker's responsibility to keep the board informed of his/her current mailing address.

G. - I. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:304 (February 2000), amended LR 29:2384 (November 2003).

### §313. Fees

A. ...

* * *	
Late Renewal Fee for LCSW (postmarked after November 30)	\$150
Late Renewal Fee for GSW (postmarked after November 30)	100
Late Renewal Fee for RSW (postmarked after November 30)	50

***	
Fee for mailing lists per label plus postage and handling	\$0.05
***	
Fee for Open Book Examination on Social Work Practice Act and Rules, Standards and Procedures	\$25 per administration
***	

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:304 (February 2000), amended LR 29:2384 (November 2003).

**§315. Board Members**

**A. Board Member Appointments**

1. Whenever possible the board office shall notify all social workers of vacancies that occur on the board at least 45 days prior to the vacancy.

a. The notice to all social workers shall state the requirements for the vacant board position(s) and the date by which social workers or members of the public must submit a letter of interest and resume.

b. The notice to all social workers shall also include the names and addresses of all qualified social work membership organizations who meet the legal requirements to submit names for service on the board.

B. Officers. The board shall elect annually at the June board meeting, a chairman, vice-chairman, and secretary/treasurer whose responsibilities are included in the policy manual.

**C. Meetings**

1. The board shall schedule monthly meetings in December for the following calendar year.

2. A schedule of meeting dates shall be published in the board newsletter.

3. Any board member who misses three board meetings, barring extenuating circumstances approved by the board, during the course of one calendar year shall resign from the board.

4. Special travel requests, other than regularly monthly meetings, must be approved by the board at regular monthly meetings.

**D. Expense Reimbursement**

1. Expenses charged to the board must be consistent with the time frame and mission of board meetings and other function. Expenses which are exceptions to this policy may be paid with justification and approval by the board.

2. Board members shall be reimbursed for actual traveling, incidental, and clerical expenses incurred while engaged in official duties.

a. Mileage expenses shall be reimbursed at the official state rate.

b. Airfare expenses must be at the state contract rate or economy class rate when contract rates are not available.

c. Lodging and meals shall be reimbursed at actual cost if receipts are submitted. Without receipts, lodging and meals shall be reimbursed at the appropriate state rate.

d. Incidental expenses are defined as telephone calls, fees for storage and handling of equipment, tips for baggage handling, parking fees, ferry fees, and road and bridge tolls.

3. Registration fees for conferences and room rental for a conference meeting are reimbursed at actual cost, but must be approved by the board at a regular monthly meeting.

4. Clerical expenses for individual board members shall be pre-approved by the board at a regular monthly board meeting.

E. Vacancies. The board shall notify all social workers and professional social work organizations of vacancies on the board, the qualifications required to serve, and the process for nominations by placing a notice in the board's newsletter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:304 (February 2000), amended LR 29:2385 (November 2003).

**§317. Continuing Education Requirements**

A. The purpose of continuing education is to protect the public by:

1. ensuring that the practitioner has formal opportunities to upgrade and update professional knowledge and skills; and

2. encouraging the practitioner to learn from other professionals; and

3. assisting the professional to expand his/her expanded professional resource network.

B. Consequently, approved learning situations emphasize opportunities for professional interaction and relationship-building.

C. Any credentialed social worker may be audited. It is important to keep good records of continuing education experiences for at least one year and to be able to explain the nature of the content covered.

D. Random audits are done to ensure that the continuing education mandate is applied fairly to all credentialed social workers.

E. For audit purposes, only certificates of attendance, sign-in sheets signed by a representative of the sponsoring organization, or an original letter from the sponsoring organization will be accepted as proof of attendance for continuing education events.

F. The collection period for continuing education hours is July 1, through June 30 of each fiscal year.

G. Continuing education hours are pro-rated as follows during the initial year of registration, certification or licensure.

Month Received	Hours Required
April, May, June	0
July, August, September	20
October, November, December	15
January, February, March	10

H. Continuing education hours collected in the month of June may be used for the current collection period or may be carried over to the next collection period.

I. In the case of extenuating circumstances, when the individual does not fulfill the continuing education requirements, the individual shall submit a written request for extension to the board for consideration.

J. Continuing Education Requirements for the Registered Social Worker

1. Twenty clock hours of continuing education in programs approved by the board shall be obtained prior to each renewal date including three clock hours in social work ethics once every two years.

K. Continuing Education Requirements for Graduate Social Worker

1. Twenty clock hours of continuing education in programs approved by the board shall be obtained prior to each renewal date, including three clock hours in social work ethics once every two years.

L. Continuing Education Requirements for Licensed Clinical Social Worker

1. Twenty clock hours of continuing education in programs approved by the board shall be obtained prior to each renewal date to include:

- a. three clock hours in social work ethics once every two years;
- b. ten clock hours in social work supervision, once every five years to maintain the board approved supervisor status, and
- c. ten clock hours each year shall be clinical content including diagnosis and treatment.

2. For the collection period July 1, 1999 through June 30, 2000 only, LCSWs must collect 20 clock hours of continuing education in programs approved by the board to include:

- a. three clock hours in social work ethics once every two years;
- b. ten clock hours in social work supervision, once every five years to maintain the board approved clinical supervisor status; and
- c. five clock hours of clinical content, including diagnosis and treatment.

M. The following learning forums are approved for continuing education and must contain content applicable to social work practice.

1. Educational offerings (workshops, conferences, courses, seminars, teleconferences, telecourses, and Internet courses) sponsored by professional organizations such as: Louisiana Council for Social Work Education, National Association of Social Workers, Clinical Social Work Federation, Council on Social Work Education, American Medical Association, American Psychiatric Association, American Psychological Association, American Hospital Association and Association of Social Work Boards or other appropriate professional entities. Workshops with content applicable to social work practice which are offered by appropriate professional entities or individuals and approved by one of the approval organizations for continuing education credits are also acceptable.

a. Should the individual social worker make the determination that an education offering which is not pre-approved by one of the approval organizations has content applicable to social work practice, the social worker may complete and submit the *Guide for Assessment of Continuing Education* (§317.P) to the board for consideration.

2. Distance learning (teleconferences, telecourses, and Internet courses sponsored by entities listed in §317.L.1, or an accredited university) cannot exceed a total of 10 clock

hours of the required 20 clock hours of continuing education required annually for renewal of social work credentials.

3. Continuing education activities or academic courses provided by accredited schools of social work. Academic course work counts per actual class hour.

4. Presentations of content applicable to social work practice at professional conferences, staff development meetings, and other appropriate forums in which you are the primary presenter. These presentations count 1 1/2 times the actual time of the presentation, in order to give credit for preparation time. (Example: You prepare a presentation on Holiday Stress that lasts one hour. You will receive 1 1/2 hours continuing education credit for this presentation.) Presentation and preparation time may only be counted once for each topic. Academic preparation and teaching of social work content (undergraduate or graduate) may be counted once in the same manner, unless the course has been revised to include substantially new content and text books. Please be prepared to provide the exact nature of the content and presentation.

5. Teleconferences which deal with content applicable to social work practice, are presented by a creditable and knowledgeable presenter, and are aimed at a professional audience.

6. Attendance at staff development presentations with content applicable to social work practice (such as staff meeting with a formal and in-depth presentation on working with clients who present borderline symptoms, etc.). Please be prepared to provide the dates and nature of the content covered. Case based staffing meetings are not included as appropriate continuing education experiences.

7. Attendance at professional social work meetings, Association of Social Work Boards (ASWB) item writing workshops, symposiums, panel discussions, or conferences sponsored by the professional associations suggested in §317.L.1. Please be prepared to provide the dates and nature of content or consultation covered.

8. Formal study groups of three or more participants. Must submit name, address, telephone number and credentials of group members to the board office. Study groups should maintain records of topics, attendance, meeting times, and presenters for audit purposes.

9. Contracted professional consultation which the credentialed social worker receives. Must provide the paid consultants name, address, telephone number, credentials, and the dates and focus of consultation.

10. Preparation of substantial written material with content applicable to social work practice which requires literature search, research, and explication of social work content (such as writing a social work article or book for publication, or a major grant application). Please provide specific information about the nature of the written work, the effort required, and the publisher or funding agency. These activities may be counted for no more than five hours continuing education.

11. Social workers should be doing consistent independent study. However, such study does not meet the goal of increasing professional relationships and networks. Consequently self-study programs are approved only for rural areas or if the licensee is physically incapacitated. All self-study programs must receive pre-approval from the board.

N. The intent of the continuing education requirement is to enhance competence, not to cause undue expense or burden to the credentialed social worker. The board encourages social workers to develop learning options which enhance their abilities to do their various social work roles. For instance:

1. a study group might have presentations from professionals who represent different community resources for clients, or might have formal book reviews and discussions of substantial social work books;

2. a staff development meeting might examine recent federal or state policies which affect social work services, or ways to increase cultural diversity and sensitivity among staff;

3. a social work faculty meeting might have a formal presentation on how to work with students who have diagnosed mental health conditions;

4. an administrator might contract for consultation on how to deal with staff who are drug or alcohol impaired.

O. The following learning situations will not be accepted:

1. banquet speeches;

2. non-social work content courses not directly related to enhancement of social work skills or performance as a social work employee. (Example: Computer, financial or business management courses designed to enhance the business of private practice);

3. staff orientation, administrative staff meetings and case management meetings;

4. book reports or critiques of professional journal articles.

P. Guide for Assessment of Continuing Education. As continuing education events vary across the categories listed below, the appropriateness of considering them as acceptable continuing education also varies. An event must receive a total score (combination of all three sections) of 10 to be "clearly acceptable" for continuing education to renew your social work credential.

#### PROGRAM CONTENT

(Clearly Acceptable)

\_\_\_\_6) Mainstream social work knowledge, skills and values

\_\_\_\_6) Specialized social work knowledge, skills and values

\_\_\_\_4) Information from related fields that is useful for social work practice

\_\_\_\_2) Developing areas that may lack strong research, support or clear application

\_\_\_\_0) Content that is specifically not acceptable or not related to social work practice  
(Clearly Not Acceptable)

#### PROGRAM PRESENTER

(Clearly Acceptable)

\_\_\_\_5) Social worker with appropriate expertise in content area

\_\_\_\_4) Related professional with ability to connect content to social work practice

\_\_\_\_2) Lay-person (e.g., client) on the impact of needing/receiving services

\_\_\_\_0) Presenter with no apparent professional qualifications nor link to social work practice  
(Clearly Not Acceptable)

#### PROGRAM AUDIENCE

(Clearly Acceptable)

\_\_\_\_4) Social work practitioners/students

\_\_\_\_4) Interdisciplinary professional audience that may include social workers

\_\_\_\_3) Audience presumed to be primarily from another profession (e.g., nursing)

\_\_\_\_1) Audience open to the general public

\_\_\_\_0) Audience presumed to be primarily the general public  
(Clearly Not Acceptable)

Total Score \_\_\_\_ (add score from each section to get Total Score)

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.(C) and (G) and 37:2714.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:305 (February 2000), amended LR 29:2386 (November 2003).

### Chapter 5. Minimum Supervision Requirements

#### §503. GSWs Seeking the LCSW Credential

A. Supervision for the LCSW license can begin after the MSW obtains Graduate Social Work or Provisional Graduate Social Work certification.

B. GSWs seeking the LCSW credential must receive a minimum of 24 accumulated calendar months of supervised full-time postgraduate social work practice under the supervision of a Board Approved Clinical Supervisor (BACS).

C. MSW applicants who began their supervised experience on or before December 31, 1999 and filed a Contract for Supervision at the board office postmarked on or before December 31, 1999, shall be required to submit only 24 accumulated months of supervised post graduate social work experience in accordance with the board's supervision rules and on the forms provided by the board to qualify for the LCSW examination and license.

D. A calendar month is counted from the first working day of the month to the last day of that month. GSWs may obtain a list of Board-Approved Clinical Supervisors (BACS) from the board office.

E. Face-to-face supervision for licensure must total at least 96 hours.

F. Supervision segments of no fewer than 30 minutes will be counted toward meeting the supervision requirement.

G. The requirement for supervision is at least four hours per calendar month with at least two different supervision contacts per month.

H. One-half (48 hours maximum) of the supervision requirement may be met through group supervision, occurring in increments of no more than two hours per group. No more than five supervisees may be involved in supervision groups.

I. The supervisee and supervisor must keep accurate records of both the dates of supervision times and the hours spent in supervision for potential audit of records. This information must be submitted to the board office on the supervision form entitled *Record of Supervision*.

J. Supervised work experience eligible to be counted towards licensure begins on the first working day of the first full calendar month after the first supervisory session.

K. School social workers may only count supervision that occurs during the full months in which they are employed in a social work position.

L. The original plan of supervision must be submitted to the board office within 60 days of the first supervision session. A plan of supervision shall be submitted on each supervision experience.

M. The individual completing supervision toward the LCSW supervised experience requirement must use the following forms to submit their supervision to the board office:

1. registration of supervision;
2. employer verification affidavit;
3. plan of supervision;
4. record of supervision;
5. evaluation of supervision;
6. termination of supervision;
7. professional experience verification affidavit.

N. Form must be legible. Preferably, material on forms should be typed, but if not typed, the forms must be printed neatly and legibly. Forms which are not legible will be returned.

O. Only original, unaltered supervision forms may be submitted to the board office. Copies, faxes, or forms with any alterations (such as white-out or mark-outs) will not be accepted.

P. To register her/his intent to initiate supervision, the GSW must submit the completed Registration of Supervision, with the registration fee of \$35.

Q. The plan for supervision will be reviewed and revisions may be required. Revisions shall be submitted to the board office within 30 days of receipt by the supervisee/supervisor.

R. The supervisee shall submit an employer verification affidavit form from each place of social work employment after she/he receives the MSW degree. The form shall be completed by the employer, not the supervisor (unless the employer and the supervisor are one and the same).

S. Termination and evaluation forms shall be submitted to the board office at the end of the supervisory period, and must clearly designate the beginning and ending dates of supervision.

T. Sometimes it is necessary for a supervisor to discontinue supervising a GSW for licensure. When this occurs, no matter what length of time the supervisor actually supervised the supervisee, the supervisor must submit an Evaluation and Termination form.

U. The professional experience verification affidavit shall be submitted to the board office at the end of the 36 accumulated months of work experience from each place of employment.

V. The supervisor has a professional responsibility to honor his/her commitment to supervise responsibly, which includes submitting forms on a timely basis. Should the supervisor fail to submit forms appropriately, legibly, and on a timely basis, the board reserves the right to withdraw the BACS designation from the supervisor.

W. When supervision is provided to a GSW by an LCSW-BACS supervisor, not an agency employee, social work ethics require that the LCSW-BACS take responsibility for securing agency agreement to the Plan of Supervision,

whether the fee for supervision is paid by the agency or the supervisee.

1. The LCSW-BACS is responsible for clarifying with the agency administration, the supervisory role responsibilities and the content of supervision.

2. Under such a plan the supervisee's written evaluation is made available to the agency if the agency is paying for the supervision. If the supervisee is paying the fee, the evaluation is the supervisee's property.

X. If the GSW receives supervision outside of the state of Louisiana, that supervision will be accepted if:

1. the supervisor has completed the authorized forms of the Louisiana State Board of Social Work Examiners;

2. the supervisor was licensed at the time of supervision in the other state and submits the license verification of out-of-state supervisor form (available from board office);

3. the supervisor was certified by the Academy of Certified Social Workers (ACSW) at the time of supervision, which the supervisor must verify.

Y. A supervisory record shall include:

1. plan for supervision;

2. learning assessment of supervisee;

3. record of all supervisory sessions, and any canceled or missed appointments;

4. overview of cases discussed, as well as significant decisions made;

5. any ethical concerns;

6. significant problems arising in supervision, and how they were resolved;

7. memos and correspondence;

8. for all above data, dates completed and person completing the item.

Z. The board's publication, *Supervision for Professional Development and Public Protection: A Guide*, provides more information relative to supervision.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:307 (February 2000), amended LR 29:2387 (November 2003).

### **§507. Board-Approved Clinical Supervisor**

A. To qualify for the Board-Approved Clinical Supervisor (BACS) designation, a social worker must:

1. hold the LCSW license;

2. verify at least 3 years of full-time social work experience at the LCSW level;

3. submit two letters of reference to the board from other professionals (one of whom should be an LCSW) who are familiar with the licensee's work, including supervision skills;

4. participate in a board orientation workshop;

5. participate in a board pre-approved workshop on the theory and techniques of supervision as well as procedures used in supervision toward licensure of at least 10 hours duration;

6. all requirements must be met before the social worker becomes a BACS.

B. To continue the BACS designation in good standing, the social worker must:

1. maintain LCSW licensure;

2. appropriately conduct all supervisory duties explicated in §503. Failure to comply with all regulations may result in the board lifting the BACS designation from the LCSW License;

3. participate in a board pre-approved workshop on the theory and techniques of supervision as well as procedures used toward licensure of at least 10 hours duration once every five years effective July 1, 1995. This means those BACS supervisors who achieved their BACS status before July 1, 1995 must attend another supervision workshop before June 30, 2000 and every five year period thereafter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:308 (February 2000), amended LR 29:2388 (November 2003).

## **Chapter 7. Impaired Professional Program Authority**

### **§701. Authority**

A. The Louisiana State Board of Social Work Examiners recognizes that impairments in the functioning of persons licensed, credentialed or registered to practice under the auspices of the Louisiana Social Work Practice Act can affect competent delivery of social work services and impair professional judgment.

B. Therefore, in order to safeguard the public health, safety, and welfare of the people of this state, as mandated by R.S. 37:2701, the Louisiana State Board of Social Work Examiners establishes the Social Work Impaired Professional Program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2389 (November 2003).

### **§703. Purpose and Scope**

A. The goal of the Social Work Impaired Professional Program is to provide for public protection through monitoring and a remediative course of action applicable to social workers who are functionally impaired in their ability to safely practice social work. Impairments include, but are not limited to mental, physical, and addictive disorders or other conditions. The program also supports recovery through preventive measures and allows entrance into the program before harm occurs.

B. A social worker who meets the requirements of R.S. 37:2706, 2707 or 2708 may enter the program subsequent to voluntary disclosure of impairment via an initial or renewal application for a credential. Entrance into the program may also occur by determination of the board, following involuntary disclosure of impairment in accordance with R.S. 37:2717(A)(2) or R.S. 37:2717(B)(4), or by other circumstances deemed appropriate by the board. Participation in the program may hence be required as a prerequisite to continued social work practice in accordance with the conditions of any consent order, compliance or adjudication hearing. A social worker who enters the program will be allowed to maintain his/her social work credentials while in compliance with the requirements of his/her program.

C. Professionals who participate in evaluation, monitoring or treatment and who are approved or designated

by the board to render these services are afforded the immunity provisions of the Social Work Practice Act, R.S. 37:2723. The social worker will be responsible for executing all required releases of information and authorizations required for the board or its designees to obtain information, from any monitor, treatment or service provider concerning the social workers progress and participation in the program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2389 (November 2003).

### **§705. Program Implementation**

A. The board may utilize its discretionary authority to require or exclude specific components of this program for participants based upon determination of the nature and severity of the impairment. Participation in the Social Work Impaired Professional Program may consist of all or part of the following components.

1. The program participant may be required to submit to an assessment relative to the impairment.

a. This assessment will be completed by a licensed professional who is pre-approved by the board.

b. The format and content of this assessment will meet the requirements designated by the board, but will at a minimum contain information concerning:

i. previous inpatient/outpatient treatment episodes;

ii. relapse history;

iii. an assessment of the participant's psychosocial, physical and other needs relative to the impairment; and

iv. recommendations for future treatment.

c. The assessment will be forwarded to the board by the professional completing the assessment, and received by the board no later than 30 days following the board's determination of the participant's eligibility or requirement to participate in the program.

2. The participant may be required to submit to ongoing monitoring for a period of up to five years.

a. The beginning date of the monitoring period will be the date upon which a consent order is formally signed by the social worker and the board, or the date of the board's official decision to require program participation in the event of an adjudication hearing.

3. During the monitoring period the social worker may be required to submit to random bi-monthly drug and/or alcohol screenings as determined appropriate by the board, or other monitoring requirements which are pertinent and relative to the documented impairment.

a. The interval and timing of the required screening will be directed by a monitor who is pre-approved by the board. This monitor will be considered to have been duly selected by the board as its agent for the purposes of directing the required screens.

b. The results and reports of the results of all screens will be submitted to the board before the final business day of the month following the date of the screen.

4. Receipt by the board of any positive, unexplained substance abuse/drug screen or reports of non-compliance or complications relative to the impairment during the monitoring period may result in suspension, or other appropriate action pertaining to the social workers credential as determined appropriate by the board.

5. When the impairment is substance related, the social worker may be required to attend Twelve Step meetings on a regular basis as determined appropriate by the designated licensed substance abuse professional, and as approved or required by the board, but should be no less than four times monthly.

a. A pre-approved monthly log must be submitted to and received by the board before the final business day of the month following completion of the required meetings. It is the social worker's responsibility to ensure that these logs are properly completed and received by the board by the designated date.

b. The log requires documentation of the name of the sponsor, and meeting dates and times.

c. Submission of logs will be required for at least one year of program participation, but may be required for any period of time up to and including the entire term of monitoring as determined by the designated licensed substance abuse professional and as approved or required by the board.

6. During the monitoring period the social worker may be required to participate in professional supervision with a board approved and designated LCSW at a frequency determined by the board for a period of time up to and including the entire five year period of monitoring.

7. In the event that a social worker relocates to another jurisdiction, the social worker will within five days of relocating be required to either enroll in the other jurisdiction's impaired professional program and have the reports required under that agreement sent to the Louisiana State Board of Social Work Examiners, or if the other jurisdiction has no impaired professional program, the social worker will notify the licensing board of that jurisdiction that the social worker is impaired and enrolled in the Louisiana Social Work Impaired Professional Program. Should the social worker fail to adhere to this requirement, in addition to being deemed in violation of the program requirements and corresponding consent order or adjudication, the social worker's social work credential will be suspended.

8. The social worker shall notify the board office by telephone within 48 hours and in writing within five working days of any changes of the social worker's home or work address, telephone number, employment status, employer and/or change in scope or nature of practice. The social worker may satisfy the notice by telephone requirement by leaving a voice message at the board office at times when the office is closed.

9. Other requirements for participation in the program may include but are not limited to limitations of social work practice.

10. The board, in addition to other conditions, may require that the social worker obtain regularly scheduled therapy (at a prescribed interval).

a. The type and interval of therapy may be recommended by the designated pre-approved licensed professional responsible for program monitoring, as approved by the board.

b. The type and interval of therapy may be required by the board.

c. The social worker may choose the licensed substance abuse professional, or other qualified professional

to provide this therapy, subject to board approval and designation.

11. Notification of a violation of the terms or conditions of this agreement, consent order or adjudication order may result in the immediate suspension of the individual's social work credential to practice in the state of Louisiana.

12. The social worker shall be responsible for all costs incurred in complying with the terms of this agreement, including but not limited to therapy, assessments, supervision, drug/alcohol screens and reproduction of treatment or other records.

13. The social worker must submit to the board an appropriately notarized statement indicating acceptance of the required conditions of participation in the Social Work Impaired Professional Program as mandated by the board, along with all initial (or updated) releases or authorizations for the board or its designees to obtain information concerning the social worker's participation and progress in the program. This statement and the required releases and authorizations must be submitted prior to the issuance of any initial credential or re-issuance of a renewal of a credential.

14. The board will, to the full extent permissible under R.S. 44:4(26), maintain an agreement or consent order relating to the social worker's participation in the Social Work Impaired Professional Program as a confidential matter. The board retains the discretion to share information it deems necessary with those persons providing evaluation/assessment, therapy, treatment, supervision, monitoring or drug/alcohol testing or reports. Violation of any terms, conditions or requirements contained in any consent order, or board decision can result in a loss of the confidential status.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2389 (November 2003).

## **Chapter 9. Procedural Rules**

### **§901. Authority**

A. Consistent with the legislative purpose specified in R.S. 37:2701 through 2723, and to protect the safety and welfare of the people of this state against unauthorized, unqualified and improper practice of social work, the following rules, standards, and procedures are established under the board's rule making authority of R.S. 37:2705(C), 37:2717(C)(E) and R.S. 49:952.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2390 (November 2003).

### **§903. Complaint Origination**

A. The board is authorized to receive from any person a complaint or complaints against social workers licensed, certified, provisionally certified, or registered under R.S. 2701 et seq., (hereinafter referred to as *social workers*), as well as complaints against any level of social work applicant. Throughout these rules, the term *license* or *licensed* includes the term *certification*, *provisional certification*, and *registration* and also applies to any social workers who are certified, provisionally certified, or registered. The board is also authorized to initiate such

complaint(s) when the board otherwise possesses or obtains information which satisfies the board that such a complaint is warranted.

B. Any complaint bearing on a social worker's professional competence, conviction of a crime, unauthorized practice, the assisting of unauthorized practice, mental competence, neglect of practice, or violation of the Social Work Practice Act (including these rules and standards), or for any of the causes specified for disciplinary action in R.S. 37:2717 shall be submitted to the board in a timely manner and in writing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2390 (November 2003).

#### **§905. Investigation Procedures**

A. When the board receives a written complaint, report, or other information which, if established as being true, would constitute just cause under the law for revocation, suspension, denial of license, or any other form of discipline specified in R.S. 37:2717(B), the board may refer the complaint, report or information to the board administrator and/or to the board's designated complaint investigation officer (hereinafter referred to as the CIO). The CIO may be an employee of the board or provide investigation services under contract with the board. The board's administrator and staff and/or the CIO shall conduct such investigation or inquiry as the board deems appropriate to determine whether there is probable cause to initiate formal administrative proceedings against the involved social worker. To assist in the investigation, the board is authorized to issue, as necessary or upon request, such investigative subpoenas as may be required to obtain documents, the appearance of witnesses, or sworn statements or testimony.

B. Except for the notice required by §711.B and §737.C, all other notices, correspondence or written communication relating to complaints, investigations, notices of investigations, conferences, decisions, orders, etc., may be served on or delivered to the involved social worker, complainant(s), or witnesses by regular mail or, when deemed appropriate or necessary by the board or its administrator, by personal delivery (service) or other available means. Notices shall be delivered with the designation "personal and confidential" clearly marked on the outside of the envelope.

C. Under normal circumstances, the involved social worker will receive prompt written notice from the board's administrator of the initiation or pendency of an investigation. The notice shall contain sufficient detail of the nature and the basis of the complaint or other information giving rise to the investigation, as well as a preliminary statement of the possible violations involved. The notice shall also provide the social worker with an opportunity to respond in writing to the complaint or to provide other information relating to the investigation. When such notice, in the judgment of the CIO and/or the board's administrator, is likely to prejudice the investigation, the notice may be delayed. Any delay in the notice to the involved social worker beyond the first 20 days of the investigation will require the board's administrator to obtain board approval for any additional delay.

D. Board members as members assigned by the agency to make findings of fact and conclusions of law will not and may not participate in the investigation. No board member shall accept contact or communicate with a social worker involved in an investigation, any person on behalf of the social worker, legal counsel for any party, the complainant, witness, or potential witness. If any of these persons attempt to contact a board member, the board member shall promptly refer the matter to the board's administrator and/or the board's legal counsel. This restriction conforms with R.S. 49:960(A) and is not intended to restrict those routine communications which are in no way related to a case under active investigation or adjudication.

E. The investigation and recommended action or report should be completed within 60 days following the date of the board's written referral for investigation. If the board's administrator and/or CIO shows good cause, the board may extend the time for investigation for a reasonable time not to exceed an additional 60-day period.

F. The board will not authorize a delay in notice to the involved social worker or an extension of time for concluding an investigation if this action would be inconsistent with the limitations set out in R.S. 37:21. The board shall schedule hearings and provide notice of hearings consistent with those statutory limitations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2391 (November 2003).

#### **§907. Disposition of Investigation**

A. The board may, before, during, or following an investigation, or after the filing of an administrative complaint, dispose of any complaint informally through correspondence or conference with the social worker and/or the complainant. This action may occur whether requested by the involved social worker or recommended by the CIO, or at any time as deemed appropriate by the board. Such informal resolution may take the form of any informal disposition recognized in R.S. 49:955(D) or any other form of agreement which adequately addresses the complaint or the matter under investigation. Such agreement is binding upon the involved social worker and the board. When an informal disposition occurs after an administrative complaint is filed with the board, the agreement requires the concurrence of the assistant attorney general handling the case. This concurrence further requires a certification by the assistant attorney general that the social worker's conduct as specified in the informal disposition documents is consistent with the known evidence which could be presented at an adjudication hearing.

B. Any attempt by the board to resolve a complaint by informal disposition which does not result in a disposition of the complaint or matter under investigation, will in no way preclude further investigation of that matter or complaint. The participation in any such attempt by the board or any of its members will in no way disqualify the board or any of its members from serving on an adjudication hearing panel dealing with an administrative complaint on the same subject matter as the attempted informal resolution. The board and the hearing panel is authorized to obtain waivers related to their participation in informal disposition procedures signed by the involved social worker and the

social worker's legal counsel, if any, prior to its participation in such informal procedures.

C. At the conclusion of the investigation, the board's administrator will receive a written report from the CIO and/or the board's administrative staff. The written report shall provide a summary of the complaint or basis for the investigation, a general statement of the evidence relating to the investigation and the investigator's determination and recommendation. If the report contains a recommendation that the complaint be dismissed due to a lack of evidence, inadequate legal cause for the filing of an administrative complaint, or for any other reason, the administrator promptly shall notify the board chairperson who will, on a rotating basis, designate a board member to review the complaint, the complete investigative materials of the CIO or the board's administrative staff, and any investigative reports and recommendations. This review shall include an assessment of the quality and thoroughness of the investigation and the legal and/or factual basis for the recommended dismissal. The reviewing board member shall promptly report to the board his or her assessment of the investigation and the basis for the recommended dismissal. Unless the complaint is the subject of an informal disposition as specified in Subsection A above, no complaint may be dismissed without board member review of the investigation and a vote of the board on the recommendation of the investigator's report. The board may accept the recommendation of the report and dismiss the complaint or may refer the matter back to the board's administrator for further investigation as it deems necessary. In the event the board votes to dismiss the complaint, both the involved social worker and the complainant will be notified in writing concerning the board's action. Notwithstanding §705.D, no board member will be disqualified from serving on a hearing panel on a complaint merely because the board member was designated to review the complaint or participated in a vote related to the recommendation of the dismissal of any complaint.

D. If the investigation report contains a determination that there is probable cause to believe that the involved social worker has engaged or is engaging in conduct, acts, or omissions constituting legal cause under the law, these rules and regulations, or ethical standards for any form of disciplinary action as specified in R.S. 37:2717, then the administrator shall promptly notify the attorney general or the assistant attorney general assigned to prosecute such matters on behalf of the state pursuant to R.S. 37:2717(C). The notice shall deliver to the assistant attorney general all investigative reports, statements, notes, recordings, court records, and other data obtained in the course of the investigation. It will also request the preparation of a draft of an administrative complaint regarding any violations which are disclosed in or suggested by the investigation. The assistant attorney general prosecuting the matter may request and obtain other information from the board's administrator, including access to consultants to assess the results of the investigation and prepare a draft of the administrative complaint. The draft of the administrative complaint shall identify the involved social worker and be prepared in the same form and content as the administrative complaint specified in §709.B of these rules. The draft of the administrative complaint shall be signed by the assistant

attorney general and delivered to the board's administrator within 30 days of the notice and delivery to the assistant attorney general of the investigation, report and specified materials. The board's administrator is authorized to extend the time for the submission of the draft of the administrative complaint for a reasonable time as requested by the assistant attorney general, provided that such extensions do not foreclose action on the complaint or the scheduling of a hearing due to the limitations contained in R.S. 37:21.

E. Upon receiving a signed draft of the administrative complaint, the administrator shall mail a copy of the draft complaint together with a notice letter to the involved social worker. The letter will advise of the intent to file the administrative complaint and give the social worker a reasonable opportunity pursuant to R.S. 49:961(C) to show compliance with all legal requirements of the social worker's license, or to show that the complaint is unfounded.

F. Should the involved social worker fail to respond within the time provided (which time may be extended by the administrator upon good cause shown), or if the social worker's response does not satisfactorily demonstrate that the social worker is in lawful compliance or that the complaint is unfounded; the administrator shall in consultation with the assistant attorney general prepare an original complaint in the form of the draft complaint for filing with the board. In determining the adequacy of any response submitted by the social worker, the administrator should consult with the assistant attorney general. The administrator may also consult with its general legal counsel (also referred to in these procedural rules as independent counsel) on any legal issues relating to the response submitted by the social worker.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:2705.C.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2391 (November 2003).

### **§909. Administrative Complaint Procedure**

A. An original of the administrative complaint shall be signed and approved by the assistant attorney general and delivered to the board's administrator prior to being filed with the board. The board's administrator shall place the administrative complaint on the board agenda for the next scheduled meeting of the board. When the board receives the administrative complaint, the board will docket the complaint under its designated numbering system and schedule a hearing.

B. The administrative complaint shall identify the involved social worker and any license, provisional license, certificate or registration number. In separately numbered paragraphs, the complaint shall concisely state the material facts and the matters alleged to be proven, including the facts giving rise to the board's jurisdiction over the respondent social worker, the facts constituting legal cause for the complaint against the respondent under law (including the specification of the Practice Act, the Administrative Procedures Act, the Board's Rules, Standards, and Procedures, or any other statutory law alleged to have been violated by the respondent social worker). The complaint shall request an administrative sanction or relief which the assistant attorney general seeks in the name of the State of Louisiana. It shall bear the name, address and telephone number of the assistant attorney general.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2392 (November 2003).

#### **§911. Notice of Administrative Complaint and Hearing Scheduling**

A. Upon the docketing of the administrative complaint, the board should schedule the complaint for a hearing before a hearing panel of the board. This hearing shall take place not less than 30 days nor more than 150 days of the docketing of the complaint, provided that the time for the hearing may be lengthened as the board deems necessary or appropriate, or upon good cause shown by motion of the attorney general or respondent. Any requests for extension of time to schedule the hearing beyond 150 days after docketing shall be considered the filing of a procedural motion under R.S. 37:21(A)(5).

B. If the board finds that public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, the board may enter an order of summary suspension of the respondent social worker's license pending proceedings for revocation or other action in accordance with R.S. 49:961(C). In that event, the scheduled hearing on the summary suspension shall be noticed and scheduled not more than 45 days after the order of such summary suspension. Scheduling may extend beyond the 45 day period if requested by the involved social worker.

C. The respondent social worker will be served written notice of the administrative complaint; the time, date, and place of the scheduled hearing; and a copy of the board's Rules, Standards, and Procedures by registered, return-receipt-requested mail, as well as by regular first class mail. The notice will be sent to the most current address for the respondent social worker as reflected in the official records of the board. The notice shall include a statement of the legal authority and jurisdiction under which the hearing is to be held and shall be accompanied by a certified copy of the administrative complaint. If the hearing panel of the board has been designated at the time of the notice, the notice shall contain the names of the panel members.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2393 (November 2003).

#### **§913. Response to Complaint, Notice of Representation**

A. Within 15 days of service of the complaint (or such longer time as the board may permit, on motion of the respondent social worker, hereafter called *respondent*), the respondent may answer the complaint, admitting or denying each of the separate allegations of fact or law. The respondent may offer any explanation or assert whatever defense(s) are applicable. Any matters admitted by respondent shall be deemed proven and established for purposes of adjudication. In the event that respondent does not file a response to the complaint, all matters asserted in the complaint shall be deemed denied.

B. In any adjudication proceeding before the board, respondent may be represented by an attorney at law duly admitted to practice in this state. Respondent who is

represented by legal counsel shall personally or through such counsel give written notice to the board of the name, address and telephone number of the attorney. Following the board's receipt of proper notice of representation, all further notices, complaints, subpoenas, orders, or other process related to the proceedings shall be served on respondent through his or her designated counsel of record.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2393 (November 2003).

#### **§915. Pleadings, Motions; Service**

A. All pleadings, motions, and other papers permitted or required to be filed with the board in a pending adjudication shall be filed by personal delivery at or by mail to the board office. Concurrent service by mail or personal delivery shall be filed with the assistant attorney general, if filed by or on behalf of the respondent, or upon respondent or respondent's counsel of record (if any), if filed by the assistant attorney general.

B. All pleadings, motions, discovery, or other papers shall be submitted on plain white letter-size (8 1/2" x 11") bond, with margins of at least 1" on all sides. The text shall be double-spaced, except for quotations and other matter customarily single-spaced. Submitted materials shall bear the caption and docket number of the case as it appears on the complaint, and shall include a certificate of the attorney or person making the filing that service of a copy of the materials has been effected in the same manner by regular mail or by personal delivery.

C. The board may refuse to accept for filing any pleading, motion or other paper not conforming to the requirements of this section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2393 (November 2003).

#### **§917. Pre-Hearing Motions**

A. Pre-hearing motions, including a motion to dismiss, shall be filed not less than 30 days following the service of the complaint on the respondent or 15 days prior to the hearing, whichever is earlier. Each pre-hearing motion shall be accompanied by a memorandum which sets forth a concise statement of the grounds upon which the relief sought is based and the legal authority therefor. A motion may be accompanied by an affidavit(s) as necessary to present or support factual content of the motion. Within 10 days of the filing of any such motion and memorandum or such shorter time as the board may order, the party opposing the motion (whether the opposing party is the assistant attorney general or the respondent or respondent's counsel), may file a memorandum which may be supported by affidavit(s) in opposition to or setting forth the opposing party's position on the motion.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2393 (November 2003).

#### **§919. Motions for Continuance of Hearing**

A. A motion for continuance of hearing shall be filed within the delay prescribed by §317 of these rules, provided

that the board may accept the filing of a motion for a continuance at any time prior to hearing upon a showing of good cause not discoverable within the time otherwise provided for the filing of pre-hearing motions.

B. A scheduled hearing may be continued by the board only upon a showing by respondent or the assistant attorney general that there are substantial legitimate grounds that the hearing should be continued. These grounds must balance the respondent's right to a reasonable opportunity to prepare and present a defense, with the complaint and the board's responsibility to protect the public health, welfare, and safety. Except in extraordinary circumstances evidenced by verified motion or accompanying affidavit, the board ordinarily will not grant a motion to continue a hearing that has been previously continued upon motion of the same party. The board may, but is not required to continue a scheduled hearing, where both respondent and/or respondent's legal counsel and the assistant attorney general jointly request continuance.

C. If an initial motion for continuance is not opposed, it may be granted by the board's administrator.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2394 (November 2003).

#### **§921. Disposition of Pre-Hearing Motions**

A. Any pre-hearing motion, other than an unopposed initial motion for continuance of hearing which may be granted by the Administrator, shall be referred for decision to the presiding officer of the hearing panel designated for that proceeding. The presiding officer may make a ruling or, at his or her discretion, may refer any pre-hearing motion to the entire panel for disposition. Any party aggrieved by the decision of the presiding officer on a pre-hearing motion may request that the motion be reconsidered by the entire panel.

B. The presiding officer or the hearing panel shall ordinarily rule on pre-hearing motions on the papers filed, without a hearing. On written request by the respondent or the assistant attorney general, however, and on grounds satisfactory to the presiding officer of the hearing panel, the presiding officer may grant opportunity for hearing, by oral argument, on any pre-hearing motion.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2394 (November 2003).

#### **§923. Rules of Evidence; Official Notice; Oaths and Affirmations; Subpoenas; Depositions and Discovery; Confidential Privileged Information, and Executive Session**

A. Rules relating to evidence, notice, authority to administer oaths, issue subpoenas, conduct depositions and discovery, and the control of confidential and privileged information will be applied in adjudication proceedings before the board as specified in R.S. 49:956, or as may be modified by R.S. 13:3715.1(J) and R.S. 44:4(25).

B. To the extent applicable, the testimonial privileges set out in the Social Work Practice Act, R.S. 37:2718 and the Louisiana Code of Evidence will apply to the hearings before the board. By bringing a complaint against his or her

social worker, the client waives the privilege of confidentiality for the purposes of the hearing.

C. The hearing panel and its designated presiding officer shall take reasonable steps to protect patient/client identity on any medical/psychotherapy records or similar records as required by R.S. 13:3715.1(J), and to the extent that any information presented at a hearing involves peer review material within the meaning of R.S. 13:3715.3. If protection of peer review material is required, the board is authorized to conduct that portion of the hearing in executive session to preserve the confidentiality of peer review privilege materials, including information, data, reports, and records in compliance with R.S. 13:3715.3(G). The board may also go into executive session for the limited purpose of discussing the character, professional competence, or physical or mental health of a licensee, pursuant to R.S. 42:6 and 6.1 and Op. Atty. Gen. No. 94-561, Dec. 8, 1994.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2394 (November 2003).

#### **§925. Designation of Hearing Panel, Disqualification and Replacement**

A. At the time the administrative complaint is docketed with the board or within 30 days thereafter, the board chairperson will designate five members of the board (one of whom may, but is not required to be, the board chairperson) to serve as the hearing panel for that complaint. The selected board panel members shall elect from the membership a person to serve as presiding officer. The presiding officer at the hearing may make rulings on objections and the admissibility of evidence, and will insure that the conduct of the hearing proceeds without delay and pursuant to law. The other panel members may not delegate any of their decision-making or fact-finding duties to the presiding officer, nor shall the presiding officer have any greater weight in the decision-making process.

B. In the event that a board member is disqualified or recused from a complaint or hearing, the board should immediately contact the governor to appoint a board member pro tem to replace the disqualified member for the complaint or hearing in progress only.

C. Any panel member having reason to believe that he or she is biased or prejudiced either for or against one of the parties to the proceeding, or who has a personal interest in the outcome, shall immediately notify the remaining board members and request to be disqualified. Likewise, any party to such a hearing or a compliance hearing as provided in §743, may file with the board a motion supported by an affidavit requesting disqualification because of bias, prejudice or personal interest. Motion for disqualification shall be filed with the board and the opposing party within 15 days following the notice of the composition of the hearing panel. Absent good cause shown, motions for disqualification filed more than 15 days following such notice will not be considered. As soon as possible, but not later than 10 calendar days preceding the beginning of the hearing, the majority of the hearing panel will consider the merits of the disqualification request and any opposition to that request filed by the opposing party. The concerned board member shall not participate in the action to disqualify and shall not vote on that issue. If the board hearing panel

determines there is no merit to the request for disqualification, the board will proceed with the hearing before the designated panel. However, any doubt as to the merits of the request for disqualification should be resolved in favor of disqualification, and the board chairperson shall immediately appoint one of the remaining board members as the replacement to the hearing panel.

D. Ordinarily, the composition of a hearing panel is five members of the board. However, in the event that the respondent social worker and the assistant attorney general agree to a hearing panel of three board members, the chairperson may designate three of the five designated panel members to serve as the hearing panel. Any stipulation regarding a three-board-member hearing panel must be in writing and signed by the respondent and/or respondent's attorney and the attorney general. Such stipulation further provides that the three member hearing panel may completely adjudicate all issues specified in the complaint, render findings of fact, conclusions of law, decision and sanction, and that no appeal of any decision or sanction will be based on a challenge to the board's jurisdiction to adjudicate the matter with a three member hearing panel. Any such stipulation to a three-member hearing panel shall be delivered to the board at least 15 days prior to the scheduled hearing. The written stipulation shall be filed in the adjudication record and shall constitute a waiver of the application of and the need to comply with R.S. 49:957.

E. At least one member of the hearing panel including the panel members of a compliance hearing specified under §734 shall have the same social work credential as the respondent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2395 (November 2003).

#### **§927. Board's Independent Legal Counsel**

A. The board may designate its general counsel to serve as independent counsel relating to complaints and adjudication and compliance hearings.

B. The board's independent counsel may provide the board, any hearing panel member, or the board's administrator with advice on the issues of legal sufficiency, notice, procedural and substantive due process of law (constitutional, statutory and rules), interpretations relating to any complaint, or the investigation or adjudication thereof. Such independent counsel may not participate in the investigation or prosecution of any case pending before the board or board hearing panel.

C. The board's independent counsel may also provide other services relative to the complaint or adjudication which the board or the hearing panel deems necessary, except as may be expressly limited by these rules, standards, and procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2395 (November 2003).

#### **§929. Pre-Hearing Conference**

A. In any case of adjudication noticed and docketed for a hearing before the board, the respondent and/or respondent's

legal counsel and the assistant attorney general may agree, or the board chairperson or the presiding officer of the hearing panel may require, that a pre-hearing conference be held among such counsel or together with the board's independent legal counsel. This conference will be held for the purpose of simplifying the issues for the hearing, and promoting stipulations as to facts and proposed evidentiary offerings which will not be disputed at the hearing.

B. If the parties and/or their legal counsel reside in different cities within the state, or if for other reasons it is inconvenient for parties to appear in person at a pre-hearing conference, the conference may be conducted by telephone.

C. Following the pre-hearing conference, the parties shall (and without such conference the parties may) agree in writing on a pre-hearing order which should include:

1. a brief statement by the assistant attorney general about what such counsel expects the evidence presented against the respondent to show;

2. a brief statement by respondent as to what the evidence and arguments in defense are expected to show;

3. a list of witnesses to be called by the assistant attorney general and/or respondent, together with a brief general statement of the nature of the testimony each witness is expected to give;

4. any stipulations which the parties may be able to agree upon concerning undisputed claims, facts, testimony, documents or issues; and

5. an estimate of the time required for the hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2395 (November 2003).

#### **§931. Consolidation of Cases**

A. The board shall have the discretion to consolidate one or more cases for hearing when they involve the same or related parties, or substantially the same questions of law or of fact. The board may also grant separate hearings if a joint hearing would be prejudicial to one or more of the parties. If hearings are to be consolidated, notice must be given to all parties in advance of the hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2395 (November 2003).

#### **§933. Conduct of Hearing; Record**

A. Adjudication hearings are generally conducted in open session, except where closed or executive session is specifically authorized by law, as identified in these rules.

B. At the adjudication hearing, the assistant attorney general and the respondent and respondent's counsel shall be afforded the opportunity to present evidence on all issues of fact and argument on all issues of law and policy involved. They will also have opportunity to call, examine, and cross-examine witnesses, and to offer and introduce documentary evidence and exhibits as may be required for a full and true disclosure of the facts and disposition of the complaint.

C. The board through its administrator shall arrange for a certified court reporter/stenographer who shall be retained by the board to prepare a written transcript of the proceedings.

D. During the hearing, the presiding officer of the hearing panel shall rule upon all evidentiary objections and other procedural questions, but in his or her discretion may consult with the entire hearing panel in executive session. The independent counsel may assist the presiding officer and the hearing panel, either in open session or executive session, in ruling on evidentiary objections and other procedural issues raised during the hearing.

E. The record in an adjudication shall include the items specified in R.S. 37:2717 and R.S. 49:955. The record shall also contain the administrative complaint, the notice of hearing, the respondent's response to the complaint (if any), copies of subpoenas issued in connection with the case or the hearing of the adjudication, as well as all pleadings, motions and intermediate rulings.

F. The order of presentation in adjudication proceedings, unless the parties stipulate otherwise and the hearing panel approves, is first the presentation of evidence by the assistant attorney general, the presentation of evidence by the respondent, rebuttal by the assistant attorney general (if any). Rebuttal should be directed to issues raised by the evidence and defenses presented by respondent's case. Should the hearing panel determine, in the interest of fairness, that respondent be provided a limited opportunity to present additional evidence following rebuttal, the panel may so order.

G. Hearing panel members may direct questions to any witness at any time during the hearing process. Should questions posed by the hearing panel members suggest the need for additional direct examination, cross-examination or redirect examination by either party, the hearing panel will allow such additional examination as it deems appropriate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2396 (November 2003).

### **§935. Evidence; Burden of Proof**

A. In an adjudication hearing, the board or the designated board hearing panel may give probative effect to evidence which possesses probative value commonly accepted by reasonably prudent people in the conduct of their affairs. To the extent applicable or not subject to exception, effect will be given to the rules of privilege recognized by law. The panel may exclude incompetent, irrelevant, immaterial, and unduly repetitious evidence. Objections to evidentiary offers may be made and shall be noted in the record. Subject to these requirements, when a hearing will be expedited and the interest of the parties will not be prejudiced, any part of the evidence may be received in written form.

B. Any records and documents in the board's possession which either party desires the board to consider may be offered and made a part of the record. Such materials may be received into the record in the form of copies or excerpts and shall be available for the respondent's legal counsel to examine before being received into evidence.

C. To the extent not prohibited by law, the hearing panel will honor and receive written stipulations arrived at between the parties as a proven fact at the hearing. The hearing panel, as appropriate, will also accept verbal stipulations arrived at between the parties during the hearing as proven fact, provided both parties and/or their respective

legal counsel acknowledge the factual content of the stipulation on the record. The hearing panel may use stipulations as well as other evidence in arriving at any decision.

D. The hearing panel may take notice of judicially cognizable facts and of generally recognized technical or scientific facts within the hearing panel's social work or clinical social work knowledge. The parties shall be notified either before or during the hearing of any material noticed or sought by any party to be noticed. All parties will be afforded an opportunity to contest any materials so noticed. The hearing panel may draw upon its knowledge of social work, social work methodology, and clinical social work methods in evaluating any evidence presented.

E. The presiding officer at the hearing shall have the power to administer oaths or affirmations to all witnesses appearing to give testimony. The presiding officer shall regulate the course of the hearing, set the time and place of continued hearings, fix the time for the filing of briefs and other documents (if any are required or requested), and may direct the parties to appear and confer to consider simplifying issues.

F. In adjudication hearings before the board or any board hearing panel, the Louisiana Code of Evidence may be used as a reference by the panel for admissibility of evidence and other evidentiary issues. The provisions of the Code of Evidence relating to hearsay are not strictly applicable to adjudication hearings.

G. At an adjudication hearing, the burden of proof rests with the attorney general or the assistant presenting the evidence before the hearing panel. No sanction shall be imposed or order issued except upon consideration of the entire record as supported by and in accordance with reliable, probative and substantial evidence. The burden of proof related to any issue is a preponderance of evidence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2396 (November 2003).

### **§937. Decisions; Notice**

A. Following the presentation of evidence and any arguments, submission of briefs or written memorandum (if requested by the hearing panel), the hearing panel shall deliberate and reach its findings of fact and conclusions of law as soon as practicable after the hearing concludes. The hearing panel shall render its decision in writing within 60 days of the last hearing date, unless the hearing panel extends time for submission of any post-hearing briefs, memoranda or suggested findings of fact and conclusions of law.

B. The hearing panel's findings of fact and conclusions of law, including any sanction if applicable, shall be signed by the presiding officer of the hearing panel on behalf of and in the name of the board. In any decision in which the hearing panel's decision was not unanimous, those hearing panel members deciding with the majority shall also sign the decision. Any panel member disagreeing with the findings of fact and conclusions of law or sanction should note his/her dissent on the decision and may record thereon any reasons for his/her dissent.

C. A certified copy of the final decision shall be served promptly upon respondent's counsel of record, or on

respondent personally in the absence of counsel, and on the assistant attorney general in the same manner of service prescribed for the service of complaints.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2396 (November 2003).

### **§939. Rehearings**

A. A decision by the board or a board hearing panel in the case of adjudication shall be subject to rehearing, reopening, or reconsideration by the board as provided for in R.S. 49:959, provided the board receives such a request at its office within 10 days of the entry of the board's final decision. If the board receives such a written request by mail after 10 days of the entry of its final decision, the request will be considered timely if the request is post-marked within the 10-day period.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2397 (November 2003).

### **§941. Miscellaneous Rules**

A. Social workers have a continuing obligation to keep the board informed about their current addresses. Accordingly, if notice of an investigation, service of an administrative complaint, or notice of a hearing cannot be delivered by mail or by personal delivery, the board shall make reasonable efforts to contact the social worker and obtain the social worker's new address. If, after the board makes reasonable efforts to locate the social worker, notice or service cannot be made because the social worker cannot be located, then the board or any designated hearing panel is authorized to proceed with the investigation, complaint procedure, and adjudication of the complaint, notwithstanding the social worker's absence, lack of participation in the process, or failure to appear.

B. If the social worker receives due notice of an adjudication hearing and fails to appear and participate, and does not notify the board of good cause for the social worker's absence, the board and its designated hearing panel may proceed with the adjudication notwithstanding the social worker's absence.

C. If a social worker is unable to attend an adjudication hearing because the social worker is incarcerated as the result of the conviction of any criminal conduct recognized as a felony under either state or federal law, or is under federal detention subject to a removal or deportation order, the board and its designated hearing panel may proceed with the adjudication hearing after providing the incarcerated or detained social worker reasonable opportunity to participate in the hearing. That participation may be through legal counsel authorized to practice in this state, participation by telephone at the social worker's expense, and the opportunity to present evidence through deposition, affidavit, or such other reasonable means as the board and/or the hearing panel deems fair and appropriate.

D. Social workers who are subject to an investigation and/or are named as a respondent in an administrative complaint filed with the board are entitled to defend themselves with or without the benefit of legal counsel. If a social worker chooses not to defend and instead surrenders

his/her license, certificate, provisional certificate, or registration at any time during an investigation, complaint or adjudication hearing, but prior to the hearing panel's decision thereon, the board will deem such surrender as an attempt to avoid the disciplinary process. The board will then subject the involved social worker to the revocation of the license, certificate, provisional certificate, or registration, or impose other sanction or disposition which the board deems appropriate, based on the information available to the board. Such board action may also impose restrictions on any subsequent application to the board which the involved social worker may make. Such restrictions may include restricting the social worker from making subsequent application for as much as five years following the surrender or resignation by the social worker. The board is also authorized to report in its newsletter a summary of the circumstances surrounding the social worker's surrender or resignation of license, certificate, or registration while under investigation or subject to an administrative complaint.

E. The board shall have authority to delegate to the CIO or the board administrator the investigation of any alleged violations of R.S. 37:2720 or prior to bringing any injunctive proceedings under R.S. 37:2721. Following the board's review of any investigation conducted thereon, the board shall contact the appropriate district attorney or bring injunctive proceedings through the attorney general, or both. Final authority for appropriate action rests solely with the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2397 (November 2003).

### **§943. Compliance Hearing**

A. Any applicant whose application is rejected may seek a compliance hearing as provided for in R.S. 37:2710, provided that the request for such compliance hearing is submitted to the board in writing within 30 days after the applicant receives notice of rejection. In the request for a compliance hearing, the applicant shall state the specific reasons for the opposition to the rejected application.

B. After receiving a request for a compliance hearing, the board's administrator shall contact the board chairperson, who will designate three board members to sit on a hearing panel for the compliance hearing. The purpose of the compliance hearing is to provide a forum for the applicant or licensee to present documentary evidence through affidavits, court records, official records, letters, etc., along with under-oath testimony to establish that the applicant in fact meets the lawful requirements for the application or for the retention or renewal of the license, certificate, provisional certificate, or registration. The hearing panel shall elect from its membership one board member to serve as the presiding officer. The presiding officer shall administer oaths, maintain order at the hearing, fix new hearing dates as required, and rule on other matters relating to the hearing. A record of the hearing will be maintained by the board's administrator, although a court reporter or stenographer is not required. The applicant may be represented by counsel or may represent himself/herself. If the applicant requests a court reporter, a court reporter may be provided at the applicant's expense.

C. In any compliance hearing, the burden shall be on the applicant to establish that he or she meets the criteria for the

application renewal or retention of license or that the renewal was timely.

D. An applicant whose license, certificate, provisional certificate, or registration is deemed lapsed under R.S. 37:2714 may request a compliance hearing provided the applicant requests the hearing in writing within 10 days after receiving the notice of the lapsed license, certificate, provisional certificate, or registration. In the event that the applicant did not receive such notice, then the applicant must request a compliance hearing within 30 days of the date upon which the license, certificate, provisional certificate, or registration would have lapsed by operation of law.

E. Whenever possible, the compliance hearing shall be conducted within 30 days after the board receives the request for the compliance hearing. In the event that the board is unable to schedule a compliance hearing within 30 days of the request, the board may schedule the hearing at its next regularly scheduled board meeting.

F. At the compliance hearing, the hearing panel may consult with its general counsel (independent counsel) on any legal issues emerging from the evidence submitted. Within 15 days after the compliance hearing concludes, the hearing panel will render its final decision, including findings of fact and conclusions of law. The decision will be delivered by registered mail, return receipt requested, to the applicant requesting the compliance hearing. In the event that the hearing panel's decision is adverse to the applicant, the applicant may apply for rehearing before the entire board by submitting a written request within ten days as provided in R.S. 49:959, subject to further judicial review pursuant to R.S. 49:964, 965. Any rehearing before the board will be conducted on the record made before the hearing panel, including the hearing panel's findings of fact, conclusions of law, and recommendations. To the extent practicable, the rehearing will be held at the next regularly scheduled board meeting. The board will review the findings of fact and conclusions of law of the hearing panel and the evidence and exhibits as submitted, as well as any written submissions or assignments of error. Unless requested by the board, oral presentations or arguments will not be permitted on rehearing. The board will render its decision on rehearing within 30 days of its hearing the matter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2397 (November 2003).

**§945. Declaratory Ruling**

A. Any person or entity deemed to be governed by or under the jurisdiction of R.S. 37:2701-2723 may apply to the board for a declaratory order or ruling in order to determine the applicability of any of the above statutory provisions or any of the rules of this board. The board shall issue the declaratory order or ruling in connection with the request by majority vote of the board, signed and mailed to the requesting party within 30 days of the request.

B. However, the board may seek legal counsel or an attorney general's opinion in connection with the request for such a declaratory ruling, in which case the board's decision on that ruling or order may be issued within 60 days of the request. Any judicial review of the validity or applicability of any of these rules shall be in conformity with R.S. 49:963.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 29:2398 (November 2003).

E. Taylor Aultman, Jr., LCSW  
Chairperson

0311#032

**RULE**

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

**Durable Medical Equipment Program  
Nebulizers? Reimbursement Reduction**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2002-2003 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 Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

**Rule**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement for nebulizers to the lower of \$60 or the provider's usual and customary charge.

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.

David W. Hood  
Secretary

0311#085

**RULE**

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

**Eligibility? Medicaid Purchase Plan  
for Workers with Disabilities  
(LAC 50:III.763 and 765)**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing hereby adopts LAC 50:III.763-765 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in

accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

**Title 50**

**PUBLIC HEALTH? MEDICAL ASSISTANCE**

**Part III. Eligibility**

**Chapter 7. Medicaid Programs**

**§763. Workers with Disabilities**

A. Effective January 1, 2004, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing implements the Medicaid purchase plan for workers with disabilities under the Title XIX of the Social Security Act. The Medicaid Purchase plan allows persons who meet the Social Security disability criteria to seek the employment services, vocational rehabilitation services and other support services needed to obtain, regain or maintain employment and reduce their dependence on cash benefit programs.

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 29:2399 (November 2003).

**§765. Recipient Eligibility**

A. The Medicaid purchase plan shall cover workers with disabilities who meet the following criteria:

1. are employed;
2. are age 16 through age 64;
3. meet the Social Security Administration criteria for disability;
4. have net income less than 250 percent of the federal poverty level;
5. have countable assets less than \$25,000; and
6. are enrolled in no-cost health insurance.

B. The following buy-in criteria shall be utilized by the Medicaid purchase plan.

1. If the worker has a net income less than 150 percent of the federal poverty level, there shall be no cost to the worker.

2. If the worker has a net income equal to or less than 200 percent of the federal poverty level, there shall be a buy-in premium of \$80 per month.

3. If the worker has a net income equal to or less than 250 percent of the federal poverty level, there shall be a buy-in premium of \$110 per month.

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 29:2399 (November 2003).

Implementation of this Rule shall be contingent upon approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

David W. Hood  
Secretary

0311#089

**RULE**

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

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

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

**Title 48**

**PUBLIC HEALTH? GENERAL**

**Part I. General Administration**

**Subpart 3. Licensing**

**Chapter 93. Hospitals**

**Subchapter A. General Provisions**

**§9301. Purpose**

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

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

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

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

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2399 (November 2003).

### **§9302. Definitions**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:2400 (November 2003).

### **§9303. Definitions**

A. The following definitions of selected terminology are used in connection with Chapter 93.

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

*Administrator?* (see *Chief Executive Officer*).

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

*Approved?* acceptable to the *authority having jurisdiction*.

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

*Certified Nurse Midwife?* an advanced practice registered nurse as defined by R.S. 37:913.

*Certified Registered Nurse Anesthetist?* an advanced practice registered nurse as defined by R.S. 37:913.

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

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

*Clinical Nurse Specialist?* an advanced practice registered nurse as defined by R.S. 37:913.

*Department?* Louisiana Department of Health and Hospitals.

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

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

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

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

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

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

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

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

Note: Facilities under 10 beds shall not be licensed as a hospital and shall not care for patients overnight unless authorized to do so under another state law.

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

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

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

*Licensed Independent Practitioner?* a person who is *approved* by his board for independent practice and who is *approved* by the medical staff and credentialed and *approved* by the Governing Board.

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

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

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

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

*Minor Alteration?* repair or replacement of building materials and equipment with materials and equipment of a similar type that does not diminish the level of construction beyond that which existed prior to the alteration. This does not include any alteration to the "functionality" or original design of the construction. (For example, normal

maintenance, re-roofing, painting, wallpapering, asbestos removal, and changes to the electrical and mechanical systems.)

*Monolithic Ceiling Construction?* a continuous membrane ceiling composed of plaster or gypsum wallboard, but not moveable or "lay-in" ceiling tiles.

*Neonatal?* newborn immediately succeeding birth and continuing through the first 28 days of life.

*New Construction?* any of the following started after March 1, 1995:

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

*Nurse Practitioner?* an advanced practice registered nurse as defined by R.S. 37:913.

*Nurses Call System?* a system that audibly transmits calls electronically from its place of origin (the patient's bed) to the place of receipt (the nurses' station).

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

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

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

*Organ?* a human kidney, liver, heart, lung or pancreas.

*Radiologist?* a doctor of medicine or osteopathy who is qualified by education and experience in radiology.

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

*Registered Nurse?* any person licensed to practice nursing by the Louisiana State Board of Nursing.

*Unit Definition?* a licensed patient room.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2400 (November 2003).

### **§9305. Licensing Process**

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

1. Any person, organization or corporation desiring to operate a hospital shall make application to the Department of Health and Hospitals (DHH) on forms prescribed by the department. Such forms may be obtained from: Hospital Program Manager, Department of Health and Hospitals, Health Standards Section (HSS), Post Office Box 3767, Baton Rouge, LA 70821.

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

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

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

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

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

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

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

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

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

#### **B. Issuance of a License**

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

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

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

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

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

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

C. Licensing Renewal. Licenses must be renewed at least annually. The renewal packet shall be sent by the Department to the hospital 45 days prior to the expiration of its license. The packet shall contain all forms required for renewal of the license. A hospital seeking renewal of its license shall:

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

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

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

E. Bed Increases

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

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

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

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

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

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

F. Eliminating and/or Relocating Beds

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

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

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

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

G. Adding or Eliminating Services

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

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

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

H. Adding Off-Site Campuses

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

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

b. submit the required nonrefundable licensing fees by certified check or money order.

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

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

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

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

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

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

L. Facility within a Facility

1. If more than one health care provider occupies the same building, premises or physical location, all treatment facilities and administrative offices for each health care provider shall be clearly separated from each other by a clearly delineated and recognizable boundary.

a. Treatment facilities shall include, but not be limited to consumer beds, wings and operating rooms.

b. Administrative offices shall include, but not be limited to record rooms and personnel offices.

c. There shall be clearly identifiable and distinguishable signs.

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

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

4. The provisions and requirements of §9305.L are in addition to and not excluding any other statutes, laws and/or rules that regulate hospitals, as set forth in R.S. 40:2007.

M. Change of Ownership

1. Definition. *Change of Ownership (CHOW)*—the sale or transfer whether by purchase, lease, gift or otherwise of a hospital by a person/corporation of controlling interest that results in a change of ownership or control of 30 percent or greater of either the voting rights or assets of a hospital or that results in the acquiring person/corporation holding a 50 percent or greater interest in the ownership or control of the

hospital. Examples of actions which constitute a change of ownership (R.S. 40:2115.11 et seq.).

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

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

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

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

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

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

#### 1. Submission of Plans

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

b. New Hospitals. No new hospital shall hereafter be licensed without the prior written approval of, and unless in accordance with plans and specifications approved in advance by the DHH, Division of Engineering and Architectural Services and the Office of State Fire Marshal. This includes any change in hospital type (e.g., acute care hospital to psychiatric hospital) or the establishment of a hospital in any healthcare facility or former healthcare facility. The applicant must furnish one complete set of plans and specifications to the Division of Engineering and Architectural Services and one complete set of plans and specifications to the Office of State Fire Marshal, together with fees and other information as required. Plans and specifications shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer and shall include scaled architectural plans stamped by an architect. The review and approval of plans and

specifications shall be made in accordance with the publication entitled *Guidelines for Construction and Equipment of Hospital and Medical Facilities*, Current Edition, published by the American Institute of Architects Press and the *Standard Plumbing Code*.

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

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

#### 2. Approval of Plans

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

b. In the event that submitted materials do not appear to satisfactorily comply with the *Guidelines for Construction and Equipment of Hospital and Medical Facilities*, Current Edition, and the *Standard Plumbing Code*, the Division of Engineering and Architectural Services shall furnish a letter to the party submitting the plans which shall list the particular items in question and request further explanation and/or confirmation of necessary modifications.

#### 3. Waivers

a. The secretary of the department may, within his sole discretion, grant waivers to building and construction guidelines. The facility must submit a waiver request in writing to the Division of Engineering and Architectural

Services. The facility shall demonstrate how patient safety and the quality of care offered is not compromised by the waiver. The facility must demonstrate their ability to completely fulfill all other requirements of the service. The Department will make a written determination of the request. Waivers are not transferable in an ownership change and are subject to review or revocation upon any change in circumstances related to the waiver.

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

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

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 16:971 (November 1990), LR 21:177 (February 1995), LR 29:2401 (November 2003).

### **§9307. Hospital Closure**

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

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

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

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

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

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

d. the effective date of closure.

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2404 (November 2003).

### **§9309. Exceptions**

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

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

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2404 (November 2003).

### **§9311. Enforcement**

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2404 (November 2003).

### **§9313. Staff Orientation, Training, Education and Evaluation**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:2404 (November 2003).

### **§9315. Emergency Services**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:2404 (November 2003).

## Subchapter B. Hospital Organization and Services

### §9317. Governing Body

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

B. The governing body shall:

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

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

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

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

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

1. The off-site campus is subject to the bylaws and operating decisions of the provider's governing body.

2. The provider has final responsibility for administrative decisions, final approval for personnel actions and final approval for medical staff appointments at the off-site campus.

3. The off-site campus functions as a department of the provider.

4. The off-site campus is included under the accreditation of the provider, if the provider is accredited by a national accrediting body, and the accrediting body recognizes the off-site campus as part of the provider.

5. The off-site campus director is under the day-to-day supervision of the provider, as evidenced by:

a. patients treated at the off-site campus are considered patients of the provider and shall have full access to all appropriate provider services;

b. the off-site campus is held out to the public as part of the hospital, i.e., patients know they are entering the provider and will be billed accordingly;

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

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

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

G. If emergency services are not provided at the hospital, the governing body shall assure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment and transfer as appropriate.

1. These policies and procedures shall address at a minimum the following:

a. needed emergency equipment and drugs to include but not limited to, suction, oxygen and ambu bag;

b. competence of staff appropriate to the approved use of emergency equipment and drugs;

c. determining when an emergency exists;

d. rendering life saving first aid;

e. making appropriate referrals to hospitals that are capable of providing needed services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2405 (November 2003).

### §9319. Patient Rights and Privacy

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

1. every patient, or his/her designated representative, shall whenever possible, be informed of the patient's rights and responsibilities in advance of furnishing or discontinuing patient care;

2. the right to have a family member, chosen representative and/or his or her own physician notified promptly of admission to the hospital;

3. the right to receive treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay or source of payment;

4. the right to be treated with consideration, respect and recognition of their individuality, including the need for privacy in treatment;

5. the right to be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient. These people shall identify themselves by introduction and/or by wearing a name tag;

6. the right to receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital's health care personnel;

7. the right to participate in the development and implementation of his/her plan of care;

8. every patient or his or her representative (as allowed by state law) has the right to make informed decisions regarding his or her care;

9. the patient's rights include being informed of his/her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the

provision of treatment or services deemed medically unnecessary or inappropriate;

10. the right to be included in experimental research only when he or she gives informed, written consent to such participation, or when a guardian provides such consent for an incompetent patient in accordance with appropriate laws and regulations. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices;

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

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

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

14. the right to have his/her medical records, including all computerized medical information, kept confidential;

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

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

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

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

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

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

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

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

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

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2405 (November 2003).

### **§9321. Medical Staff**

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

1. The medical executive committee shall:

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

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

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

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

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

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

g. define the required functions of the medical staff to include:

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

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

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

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

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

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

6. There shall be a single chief medical officer who reports directly to the governing body and who is

responsible for all medical staff activities of all the offsite facilities operating under the license of the hospital.

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

a. all medical staff members have privileges at all off-site campuses;

b. all medical staff committees are responsible for their respective areas of responsibility at all off-site campuses of the hospital; and

c. the medical director of the off-site campus (if the off-site campus has a medical director) maintains a day-to-day reporting relationship to the chief medical officer or other similar official of the provider.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2406 (November 2003).

### **§9323. Administration**

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

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

1. a master's degree and at least three years of full-time experience in progressively responsible management positions in healthcare;

2. a baccalaureate degree and at least five years of full-time experience in progressively responsible management positions in healthcare; or

3. at least 10 years of full-time experience in hospital administration;

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

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

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

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

F. The hospital shall have policies and procedures and require all personnel to immediately report any signs or

symptoms of a communicable disease or personal illness to their supervisor or administrator as appropriate for possible reassignment or other appropriate action to prevent the disease or illness from spreading to other patients or personnel.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2407 (November 2003).

### **§9325. Staff Orientation, Training, Education and Evaluation**

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

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

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

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

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

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2407 (November 2003).

### **§9327. Emergency Services**

A. If emergency services are provided, the emergency services shall be on a 24-hour/seven-day basis in an emergency care area. The hospital shall have at least 1 physician available to the emergency care area within 30 minutes through a medical call roster.

B. Organization

1. Emergency services shall have written policies and procedures which:

a. define and describe the scope of services offered;

b. assures the integration of emergency services with other hospital services, delineating when the hospital shall divert emergency patients, the criteria for the diversion, and the notification of local emergency medical services and hospitals of the diversion; and

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

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

available at the hospital for inpatients shall be available to patients presenting with emergency medical conditions.

3. The emergency service area shall be supplied with:
  - a. basic trauma equipment and drugs;
  - b. suction and oxygen equipment; and
  - c. cardiopulmonary resuscitation equipment.

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

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

#### E. Personnel

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

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

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

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

G Trauma Center. In addition to the requirements above, all hospitals that request official designation by the Department as a "Trauma Center" must meet the requirements provided under state law (R.S. 40:2171).

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2407 (November 2003).

### §9329. After Life Care

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

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2408 (November 2003).

### §9331. Organ or Tissue Donation

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

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

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

D. No request shall be required when the requesting person has actual notice of contrary intention by the decedent or those persons described in this regulation according to the priority stated therein, or reason to believe that an anatomical gift is contrary to the decedent's religious beliefs.

E. Upon approval of the donation, the OPO or retrieval organization shall be notified and shall cooperate in the procurement of the anatomical gift. When a request is made, the person making the request shall complete a certificate of

request for an anatomical gift on a form approved by the Department of Health and Hospitals.

F. The certificate shall include the following:

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

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

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

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

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

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

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2408 (November 2003).

### **§9333. Specialty Units**

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

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

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

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2409 (November 2003).

### **§9335. Emergency Preparedness**

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

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

1. identification of potential hazards that could necessitate an evacuation, including internal and external disasters such as a natural disaster, acts of bio-terrorism, weapons of mass destruction, labor work stoppage, or industrial or nuclear accidents;

2. emergency procedures for evacuation of the hospital;

3. comprehensive measures for receiving and managing care for a large influx of emergency patients. At a minimum, these measures shall include the following roles:

- a. the emergency department/services;
- b. surgical suite; and
- c. patient care units;

4. comprehensive plans for receiving patients who are being relocated from another facility due to a disaster. This plan shall include at least an estimate of the number and type of patients the facility would accommodate;

5. procedures in the case of interruption of utility services in a way that affects the health and safety of patients;

6. identification of the facility and an alternate facility to which evacuated patients would be relocated;

7. the estimated number of patients and staff that would require relocation in the event of an evacuation;

8. the system or procedure to ensure that medical charts accompany patients in the event of a patient evacuation and that supplies, equipment, records and medications would be transported as part of an evacuation; and

9. the roles and responsibilities of staff members in implementing the disaster plan.

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

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

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

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

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

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

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

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

K. The hospital shall have a policy for the provision of emergency sources of critical utilities such as electricity, natural gas, water and fuel during any period in which the normal supply is temporarily disrupted.

L. The hospital's plan shall be developed in coordination with the local/parish office of emergency preparedness, utilizing community wide resources.

M. A hospital may temporarily exceed its licensed capacity in emergency situations, such as natural disasters or disease related emergencies. Such hospitals shall notify DHH in writing of the situation within 24 hours or as soon as practical thereafter.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2409 (November 2003).

### **§9337. Smoking Prohibition**

A. Smoking shall be prohibited in all areas of the hospital that are heated and air-conditioned. At the discretion of the hospital's governing body, smoking may be permitted in patient rooms, but only:

1. upon the consent of the patient's primary treating physician;

2. with the consent of all patients in the room;

3. in accordance with all standards established by the Joint Commission on Accreditation of Health Care Organizations and all other applicable state and federal laws.

B. Notwithstanding the provisions of the above, the hospital's governing body may designate a well-ventilated area for smokers. Additionally, the governing body of a psychiatric hospital shall establish policies to reasonably accommodate inpatients that smoke.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2410 (November 2003).

### **§9339. Safety**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:2410 (November 2003).

### **§9341. Personnel**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:2410 (November 2003).

### **Subchapter C. Nursing Services**

#### **§9343. Organization and Staffing**

A. There shall be an organized nursing service that provides 24-hour nursing services. The nursing services shall be under the direction and supervision of a registered nurse licensed to practice in Louisiana, employed full time, 40 hours per week. There shall be a similarly qualified registered nurse to act in the absence of the director of nursing services.

B. Written nursing policies and procedures shall define and describe the patient care provided. There shall be a written procedure to ensure that all licensed nurses providing care in the hospital have a valid and current Louisiana license to practice, prior to providing any care.

C. Nursing services are either furnished or supervised and evaluated by a registered nurse.

D. There shall be at least one registered nurse on duty at all times, assigned to each inpatient nurse's station.

E. A registered nurse shall assign the nursing service staff for each patient in the hospital. Staffing shall be planned in accordance with the nursing needs of the patients, as demonstrated by a specific assessment process, specialized qualifications and competence of the nursing staff available.

F. The nursing staff shall be assigned clinical and/or management responsibilities according to education, experience and assessment of current competency and applicable laws.

G. There shall be at least two hospital employees, one of whom shall be a registered nurse, physically present in the hospital when there is one or more hospitalized patients.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2410 (November 2003).

#### **§9345. Delivery of Services**

A. A registered nurse shall perform an initial assessment of the patient upon admission and identify problems for each patient. The registered nurse may delegate part(s) of the data collection to other nursing personnel, however the registered nurse shall by signature validate the assessment.

B. A nursing plan of care shall be developed based on identified nursing diagnoses and/or patient care needs and patient care standards, implemented in accordance with the Louisiana Nurse Practice Act, and shall be consistent with the plan of all other health care disciplines.

C. Isolation precautions shall be instituted when appropriate to prevent the spread of communicable diseases within the hospital.

D. All drugs and biologicals shall be administered in accordance with the orders of the practitioner(s) responsible for the patient's care and accepted standards of practice.

E. Blood transfusions and intravenous medications shall be handled, labeled and administered according to state law and approved medical staff and nursing service policies and procedures.

F. Blood and blood products shall be refrigerated separately from food, beverages and laboratory specimens.

G. An appropriate patient consent form shall be signed prior to blood transfusion administration.

H. There shall be policies and procedures for reporting transfusion reactions, adverse drug reactions and errors in the administration of drugs. It shall include immediate oral reporting to the treating physician, a written report to the director of pharmacy and the appropriate hospital committee, and an appropriate entry in the patient's record.

I. Safety policies and procedures shall be established for the care of patients, who because of their condition, are not responsible for their acts.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2410 (November 2003).

#### **§9347. Equipment and Records**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:2411 (November 2003).

### **Subchapter D. Pharmaceutical Services**

#### **§9349. General Provisions**

A. The hospital shall provide pharmaceutical services that meet the needs of the patients. The hospital shall have a pharmacy directed by a registered pharmacist or a drug storage area supervised by a registered pharmacist. The hospital pharmacy shall have a permit, issued by the Louisiana Board of Pharmacy, allowing the ordering, storage, dispensing and delivering of legend prescription orders. The hospital shall have a current controlled dangerous substance (CDS) license to dispense controlled substances to patients in the hospital.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2411 (November 2003).

#### **§9351. Organization and Staffing**

A. Pharmaceutical services shall be directed by a registered pharmacist, licensed to practice in Louisiana on either a full-time, part-time or consulting basis. The director of pharmacy shall be responsible for the procurement, storage, dispensing, supervision and management of all legend and non-legend drugs for the hospital, and shall maintain complete and accurate records of all drug transactions by the pharmacy. There shall be an adequate number of personnel to ensure quality services, including emergency services, 24 hours per day, seven days per week.

A pharmacist shall be on call after hours, whenever the pharmacy does not provide 24-hour service.

B. Hospital pharmacies that are not staffed on a 24-hour basis shall have an adequate security detection device.

C. Hospital pharmacies that are not open after regular working hours shall make drugs available for the staff by use of a night drug cabinet. The hospital pharmacy shall maintain an inventory and a list of these drugs, which are approved by the pharmacy director and the appropriate hospital committee.

D. Each off-site campus shall have a site specific controlled dangerous substance (CDS) license if they will be dispensing controlled dangerous substances.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2411 (November 2003).

#### **§9353. Delivery of Services**

A. All compounding, packaging, and dispensing of drugs, biologicals, legend and controlled substances shall be accomplished in accordance with Louisiana law and Board of Pharmacy regulations and be performed by or under the direct supervision of a registered pharmacist currently licensed to practice in Louisiana.

B. Dispensing of prescription legend or controlled substance drugs direct to the public or patient by vending machines is prohibited.

C. Current and accurate records shall be maintained on the receipt, distribution and dispensing of all scheduled drugs in such a manner as to facilitate complete accounting for the handling of these controlled substances. An annual inventory, at the same time each year, shall be conducted for all schedule I, II, III, IV and V drugs.

D. A hospital outpatient pharmacy shall maintain all records and inventory separate and apart from that of the inpatient pharmacy, and shall require a separate pharmacy permit to operate.

E. Medications are to be dispensed only upon written orders, electromechanical facsimile, or oral orders from a physician or other legally authorized prescriber, and be taken by a qualified professional.

F. All inpatient drug containers shall be labeled to show at least the patient's full name, room number, the chemical or generic drug's name, strength, quantity and date dispensed unless a unit dose system is utilized. Appropriate accessory and cautionary statements as well as the expiration date shall be included. Floor stock containers shall contain the name and strength of the drug, lot and control number or equivalent, and the expiration date. In unit dose systems, each single unit dose package shall contain the name and strength of the drug, lot and control number or equivalent, and expiration date. Outpatient drug containers shall be labeled to show at least the patient's full name, the prescriber's name, the chemical or generic drug's name, directions, name of the pharmacy and pharmacist, prescription number, and appropriate accessory and cautionary statements. Outdated, mislabeled or otherwise unusable drugs and biologicals shall be separated from useable stock, shall not be available for patient or other use

and shall be returned to an authorized agency for credit or destroyed according to current state or federal laws as applicable.

G. Drugs and biologicals not specifically prescribed as to time or number of doses shall automatically be stopped after a reasonable time that is predetermined by the medical staff.

H. The director of pharmacy shall develop and implement a procedure that in the event of a drug recall, all employees involved with the procurement, storage, prescribing, dispensing and administering of recalled drugs in the facility will be notified to return these drugs to the pharmacy for proper disposition.

I. Drug administration errors, adverse drug reactions, and incompatibilities shall be immediately reported to the attending physician, pharmacist and, if appropriate, to the hospital-wide quality assessment and improvement program. An entry shall be made in the patient's record.

J. Abuses and losses of controlled substances shall be reported to the individual responsible for pharmaceutical services, the chief executive officer, the Louisiana Board of Pharmacy, and to the Regional Drug Enforcement Administration (DEA) office, as appropriate.

K. Information relating to drug interactions, drug therapy, side effects, toxicology, dosage, indications for use and routes of administration shall be available to the staff.

L. A formulary system shall be established by the appropriate hospital committee to assure quality pharmaceuticals at reasonable costs, subject only to the restrictions of R.S. 37:1226.1 and LAC 46:LIII.1109.B.6.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2411 (November 2003).

### **§9355. Environment**

A. All drugs and biologicals shall be kept in a locked, well illuminated clean medicine cupboard, closet, cabinet, or room under proper temperature controls and accessible only to individuals authorized to administer or dispense drugs. A list of authorized individuals shall be developed in cooperation with the medical, nursing, administrative and pharmaceutical staff. Compartments appropriately marked shall be provided for the storage of poisons and external use drugs and biologicals, separate from internal and injectable medications.

B. All controlled substances shall be kept separately from other non-controlled substances in a locked cabinet or compartment. Exceptions may be made, if listed in the pharmacy policy and procedures manual and deemed necessary by the director of pharmacy, to allow some abusable nonscheduled drugs to be maintained in the same locked compartment.

C. Drugs and biologicals that require refrigeration shall be stored separately from food, beverages, blood and laboratory specimens.

D. The area within the pharmacy used for the compounding of sterile parenteral preparations shall be separate and apart, shall meet the requirements of the Board of Pharmacy regulation §2541 and be designed and equipped to facilitate controlled aseptic conditions.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2412 (November 2003).

### **§9357. Organization and Staffing**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:2412 (November 2003).

### **§9359. Content**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:2412 (November 2003).

## **Subchapter E. Radiologic Services**

### **§9361. General Provisions**

A. The hospital shall maintain, or have available through written contract, radiologic services according to the needs of the patients. If therapeutic services are also provided, they, as well as the diagnostic services, shall meet professionally approved standards for safety and personnel qualifications. The hospital shall comply with periodic inspections by the Department of Environmental Quality, Radiation Protection Division and shall promptly correct any identified hazards.

B. Radiologic services shall be supervised by a qualified radiologist on either a full-time, part-time or consulting basis.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2412 (November 2003).

### **§9363. Safety**

A. The radiologic services, particularly ionizing radiology, shall adopt written policies and procedures to provide for the safety and health of patients and hospital personnel. The policies and procedures shall be available to all staff in the radiology department. At a minimum, the policies and procedures shall cover the following:

1. shielding for patients, personnel and facilities;
2. storage, use and disposal of radioactive materials;
3. periodic inspection of equipment and handling of identified hazards;
4. periodic checks by exposure meters or test badges on radiation workers;
5. radiologic services provided on the orders of practitioners with clinical privileges or other practitioners authorized by the medical staff and the governing body to order the service; and
6. managing medical emergencies in the radiologic department.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2413 (November 2003).

#### **§9365. Personnel**

A. A qualified full-time, part-time, or consulting radiologist must supervise the ionizing radiology services and must interpret only those radiologic tests that are determined by the medical staff to require a radiologist's specialized knowledge. The radiologist shall have clinical privileges delineated by the medical staff.

B. Only personnel who are registered and/or licensed in the appropriate radiologic technology modality or category by the Louisiana State Radiologic Technology Board of Examiners and designated as qualified by the medical staff may use the radiologic equipment and administer procedures under the direction of a physician.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2413 (November 2003).

#### **§9367. Records**

A. Radiologic reports shall be signed by the practitioner who reads and interprets them.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, LR 13:246 (April 1987), amended LR 21:177 (February 1995), LR 29:2413 (November 2003).

#### **§9369. Clinical Plan**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2413 (November 2003).

### **Subchapter F. Laboratory Services**

#### **§9371. Organization and Staffing**

A. The hospital shall provide laboratory services or make contractual arrangements with a laboratory certified in accordance with the Clinical Laboratory Improvement Amendments (CLIA) of 1988 to perform services commensurate with patient needs as determined by the medical staff on a 24-hour basis. Laboratory services shall be directed by an individual who meets appropriate qualifications of a director and is credentialed by the medical staff.

B. There shall be sufficient licensed qualified clinical laboratory scientists with documented training and experience to supervise the testing and sufficient numbers of licensed clinical laboratory scientists and supportive technical staff to perform the tests required of the clinical laboratory services.

C. The hospital shall have policies and procedures that address the administration of potentially HIV infectious blood or blood products, and the notification of patient, legal representative or relative within a specified time frame.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health

Services Financing LR 21:177 (February 1995), amended LR 29:2413 (November 2003).

#### **§9373. Equipment and Records**

A. There shall be sufficient supplies, equipment and space to perform the required volume of work with optimal accuracy, precision, efficiency, timeliness and safety.

B. The laboratory shall ensure that satisfactory provisions are maintained for an instrumentation preventive maintenance program, an acceptable quality control program and an approved proficiency testing program covering all types of analysis performed by the laboratory services. Records and reports shall be maintained, retrievable, and as appropriate, filed in the patient's medical record.

C. The hospital shall make adequate provisions for the immediate pathological examination of tissue specimens by a pathologist.

D. The hospital shall make provisions for the procurement, storage and transfusion of blood and blood products.

E. The administration of blood shall be monitored to detect any adverse reaction as soon as it occurs. Prompt investigation of the cause of an adverse reaction shall be instituted. The results of all tests performed in the evaluation of an actual or suspected blood transfusion reaction shall be a permanent part of the patient's medical record.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2413 (November 2003).

#### **§9375. General Provisions**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2413 (November 2003).

### **Subchapter G. Food and Dietetic Services**

#### **§9377. General Provisions**

A. There shall be an organized dietary service that provides nutritional care to patients. All hospital contracts or arrangements for off-site food preparation shall be with a provider who is licensed by the department's healthcare division or operating under the authority of the federal government.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2413 (November 2003).

#### **§9379. Organization and Staffing**

A. Food and dietetic services shall be under the supervision of a registered dietitian, licensed to practice in Louisiana, who is employed either full time, part time or on a consulting basis. If the registered dietitian is not full time, there shall be a full time dietary manager.

B. The dietary manager shall:

1. be a qualified dietitian; or
2. be a graduate of a dietetic technician program, correspondence program or otherwise approved by the American Dietetics Association; or

3. have successfully completed a course of study, by correspondence or classroom, which meets the eligibility requirements for certification by the Dietary Manager's Association; or

4. have successfully completed a training course at a state approved school, vocational or university, which includes course work in foods and food service, supervision and diet therapy. Documentation of an eight-hour course of formalized instruction in diet therapy conducted by the employing facility's qualified dietitian is permissible if the course meets only the foods, food service and supervision requirements.

a. Exception. Hospitals with 25 or fewer beds that do not have on site food preparation for patient meals and contract for food services, another full-time employee, i.e., RN or LPN, will be allowed to carry out the responsibilities of the dietary manager. The RN or LPN must be qualified by training and experience and employed full time. The director of nursing shall not hold this position.

C. The registered dietitian shall be responsible for assuring that quality nutritional care is provided to patients. This shall be accomplished by providing and supervising the nutritional aspects of patient care including nutritional screening, nutritional assessments of patients at nutritional risk, patient education related to nutritional intake and diet therapy, and recording information in the medical record regarding the nutritional status and care of the patient and the patient's response to the therapeutic diet.

D. The hospital shall employ sufficient support personnel, competent in their respective duties, to carry out the function of the dietary service.

E. For hospitals that provide dietary services in accordance with §9377 above, a registered dietician shall be employed or under contract to assure proper dietary services are being provided in accordance with §9379.B.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2413 (November 2003).

### **§9381. Menus and Therapeutic Diets**

A. Menus shall be prepared in advance, meet the nutritional needs of the patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, or as modified in accordance with the orders of the practitioner(s) responsible for the care of the patient, and followed as planned.

B. Therapeutic diets shall be prescribed by the practitioner(s) responsible for the care of the patient. Each patient's diet shall be documented in the patient's medical record. There shall be a procedure for the accurate transmittal of dietary orders to the dietary service and for informing the dietary service when the patient does not receive the ordered diet or is unable to consume the diet.

C. There shall be a current therapeutic diet manual, which shall be the guide used for ordering and serving diets. The manual shall be approved by the dietitian and medical staff and be readily available to all medical, nursing and food service personnel.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2414 (November 2003).

### **§9383. Sanitary Conditions**

A. Food shall be in good condition, free from spoilage, filth, or other contamination and shall be safe for human consumption. All food shall be procured from sources that comply with all laws and regulations related to food and food labeling. The use of food in hermetically sealed containers that was not prepared in a food processing establishment is prohibited.

B. All food shall be stored, prepared, distributed and served under sanitary conditions to prevent food borne illness. This includes keeping all readily perishable food and drink at or below 41°F, except when being prepared and served. Refrigerator temperatures shall be maintained at 41°F or below, freezers at 0°F or below.

C. Hot foods shall leave the kitchen or steam table at or above 140°F, and cold foods at or below 41°F. In-room delivery temperatures shall be maintained at 120°F or above for hot foods and 50°F or below for cold items, except for milk which shall be stored at 41°F. Food shall be transported to the patients' rooms in a manner that protects it from contamination, while maintaining required temperatures.

D. All equipment and utensils used in the preparation and serving of food shall be properly cleansed, sanitized and stored. This includes maintaining a water temperature in dish washing machines at 140°F during the wash cycle (or according to the manufacturer's specifications or instructions) and 180°F for the final rinse. Low temperature machines shall maintain a water temperature of 120°F with 50 parts per million (ppm) of hypochlorite (household bleach) on dish surfaces. For manual washing in a 3 compartment sink, a wash water temperature of 75°F with 50 ppm of hypochlorite or equivalent, or 12.5 ppm of iodine; or a hot water immersion at 170°F for at least 30 seconds shall be maintained. An approved lavatory shall be convenient and equipped with hot and cold water tempered by means of a mixing valve or combination faucet for dietary services staff use. Any self-closing, slow-closing, or metering faucet shall be designed to provide a flow of water for at least 15 seconds without the need to reactivate the faucet. Effective with the promulgation of these requirements, an additional lavatory shall be provided in the dishwasher area in newly constructed hospitals or in existing hospitals undergoing major dietary alterations.

E. Dietary staff shall not store personal items within the food preparation and storage areas.

F. Dietary staff shall use good hygienic practices. Staff with communicable diseases or infected skin lesions shall not have contact with food, if that contact will transmit the disease.

G. Toxic items such as insecticides, detergents, polishes and the like shall be properly stored, labeled and used.

H. Garbage and refuse shall be kept in durable, easily cleanable, insect and rodent-proof containers that do not leak and do not absorb liquids. Containers used in food preparation and utensil washing areas shall be kept covered after they are filled.

I. The physical environment in which all food preparation takes place shall be kept clean and in good repair.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2414 (November 2003).

### **§9385. Equipment**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2415 (November 2003).

## **Subchapter H. Medical Record Services**

### **§9387. Organization and Staffing**

A. There shall be a medical records department that has administrative responsibility for maintaining medical records for every person evaluated or treated as an inpatient, outpatient or emergency patient. Medical records for patients at off-site campuses shall be integrated into the unified records system of the provider.

B. Medical records shall be under the supervision of a medical records practitioner (i.e., registered record administrator or accredited record technician) on either a full-time, part-time or consulting basis.

C. Medical records shall be legibly and accurately written in ink, dated and signed by the recording person or, if a computerized medical records system is used, authenticated, complete, properly filed and retained, and accessible.

D. If a facsimile communications system (fax) is used, the hospital shall take precautions when thermal paper is used to ensure that a legible copy is retained as long as the medical record is retained.

E. Written orders signed by a member of the medical staff shall be required for all medications and treatments administered to patients. There shall be a reliable method for personal identification of each patient. The medical staff bylaws shall include specifications for orders for the care or treatment of patients which are given to the hospital verbally or transmitted to the hospital electronically, whether by telephone, facsimile transmission or otherwise. The bylaws may grant the medical staff up to ten days following the date an order is transmitted verbally or electronically to provide the signature or countersignature for such order.

F. If rubber stamp signatures are authorized for physician use, the administrative office shall have on file a signed statement from the medical staff member whose stamp is involved that ensures that he/she is the only one who has the stamp and uses it. The delegation of their use by others is prohibited.

G. If electronic signatures are used, the hospital shall develop a procedure to assure the confidentiality of each electronic signature and to prohibit the improper or unauthorized use of any computer generated signature.

H. There shall be adequate medical record personnel to ensure prompt completion, filing and retrieval of records.

I. The hospital shall have a system of coding and indexing medical records. The system shall allow for timely

retrieval by diagnosis and procedure, in order to support quality assessment and improvement evaluations.

J. The hospital shall ensure that all medical records are completed within 30 days following discharge.

K. A patient or his/her personal representative shall be given reasonable access to the information contained in his/her hospital record. The hospital shall, upon request in writing signed and dated by either the patient or personal representative initiating the request, furnish a copy of the hospital record as soon as practicable, not to exceed 15 days following the receipt of the request and written authorization and upon payment of the reasonable cost of reproduction in accordance with Louisiana R.S. 40:1299.96. However, the hospital may deny the patient access if a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person.

L. A hospital record may be kept in any written, photographic, microfilm, or other similar method or may be kept by any magnetic, electronic, optical or similar form of data compilation which is approved for such use by the department. No magnetic, electronic, optical or similar method shall be approved unless it provides reasonable safeguards against erasure or alteration.

M. A hospital may at its discretion, cause any hospital record or part to be microfilmed, or similarly reproduced, in order to accomplish efficient storage and preservation of hospital records.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2415 (November 2003).

### **§9389. Content**

A. The medical record shall contain the following minimum data:

1. unique patient identification data;
2. admission and discharge dates;
3. complete history and physical examination, in accordance with medical staff policies and procedures;
4. provisional admitting diagnosis and final diagnosis;
5. medical staff orders;
6. progress notes;
7. nursing documentation and care plans;
8. record of all medical care or treatments; and
9. discharge summary.

B. The medical record shall contain the following when applicable:

1. clinical laboratory, pathological, nuclear medicine, radiological and/or diagnostic reports;
2. consultation reports;
3. pre-anesthesia note, anesthesia record, and post-anesthesia notes;
4. operative reports;
5. obstetrical records, including:
  - a. record of mother's labor, delivery, and postpartum period;
  - b. separate infant record containing date and time of birth, condition at birth, sex, weight at birth if condition permits weighing, and condition of infant at time of discharge;

- c. autopsy reports; and/or
- d. any other reports pertinent to the patient's care.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2415 (November 2003).

### **§9391. Registers and Reports**

A. The hospital shall have the following registers and reports, where applicable, which may be computer generated:

- 1. patients' register;
- 2. emergency room register;
- 3. birth register;
- 4. delivery room register;
- 5. operating room register;
- 6. death register;
- 7. analysis of hospital service via the quality assessment and improvement program, based on patient statistics; and
- 8. daily census report of admissions, births, discharges and deaths.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2416 (November 2003).

### **§9393. Confidentiality**

A. The hospital shall ensure the confidentiality of patient records, including information in a computerized medical record system, in accordance with the HIPAA Privacy Regulations (Title 45, Part 164, Subpart E of the Code of Federal Regulations) and any Louisiana state laws and regulations which provide a more stringent standard of confidentiality than the HIPAA Privacy Regulations. Information from or copies of records may be released only to authorized individuals, and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records shall not be released outside the hospital unless under court order or subpoena or in order to safeguard the record in the event of a physical plant emergency or natural disaster. Psychiatric medical records shall be segregated to ensure confidentiality.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2416 (November 2003).

### **§9395. Retention**

A. Hospital records shall be retained by the hospital in their original, microfilmed or similarly reproduced form for a minimum period of 10 years from the date a patient is discharged.

B. Graphic matter, images, x-ray films, nuclear medicine reports and like matter that were necessary to produce a diagnostic or therapeutic report shall be retained, preserved and properly stored by the hospital in their original, microfilmed or similarly reproduced form for a minimum period of three years from the date a patient is discharged. (Note: Medicare and/or Medicaid participating hospitals must maintain copies of reports and printouts, films, scans

and other image records for at least five years). Such graphic matter, images, x-ray film and like matter shall be retained for longer periods when requested in writing by any one of the following:

- 1. an attending or consulting physician of the patient;
- 2. the patient or someone acting legally in his/her behalf;
- 3. legal counsel for a party having an interest affected by the patient's medical records.

C. A hospital that is closing shall notify the department in writing at least 30 days prior to cessation of operation for approval of their plan for the disposition of patients' medical records. The plan shall contain provisions that comply with state laws on the storage, maintenance, access and confidentiality of the closed hospital's patient medical records. It shall consist of an appointed custodian who shall provide physical and environmental security that protects against fire, water, intrusion, unauthorized access, loss and destruction. The plan shall also provide public notice on access in the newspaper, with the largest circulation, in close proximity of the closing hospital.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2416 (November 2003).

### **§9397. Waste and Hazardous Materials Management**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2416 (November 2003).

## **Subchapter I. Quality Assessment and Improvement**

### **§9399. General Provisions**

A. The governing body shall ensure that there is an effective, written, ongoing, hospital-wide program designed to assess and improve the quality of patient care.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2416 (November 2003).

### **§9401. Clinical Plan**

A. There is a written plan for assessing and improving quality that describes the objectives, organization, scope and mechanisms for overseeing the effectiveness of monitoring, evaluation, and improvement activities. All organized services related to patient care, including services furnished by a contractor, shall be evaluated. Nosocomial infections and medication therapy shall be evaluated. All medical and surgical services and other invasive procedures performed in the hospital shall be evaluated as they relate to appropriateness of diagnosis and treatment. The services provided by each practitioner with hospital privileges shall be periodically evaluated to determine whether they are of an acceptable level of quality and appropriateness.

B. Each department or service of the hospital shall address:

- 1. patient care problems;
- 2. cause of problems;

3. documented corrective actions; and
4. monitoring or follow-up to determine effectiveness of corrective actions taken.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2416 (November 2003).

#### **§9403. Implementation**

A. Each department or service of the hospital, through its governing body, shall take and document appropriate remedial action to address deficiencies found through the quality assessment and improvement program. The hospital shall document the outcome of all remedial actions.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2417 (November 2003).

#### **§9405. Patient Care Services**

A. The hospital shall have an on-going plan, consistent with available community and hospital resources, to provide or make available social work, psychological and educational services to meet the medically related needs of its patients.

B. The hospital shall also have an effective, on-going discharge planning program that facilitates the provision of follow-up care. Each patient's record shall be annotated with a note regarding the nature of post hospital care arrangements. Discharge planning shall be initiated in a timely manner. Patients, along with necessary medical information (e.g., the patient's functional capacity, nursing and other care requirements, discharge summary, referral forms) shall be transferred or referred to appropriate facilities, agencies or outpatient services, as needed, for follow-up or ancillary care.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2417 (November 2003).

#### **§9407. Post-Operative Area**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2417 (November 2003).

### **Subchapter J. Physical Environment**

#### **§9409. General Provisions**

A. The hospital shall be constructed, arranged and maintained to ensure the safety and well being of the patient.

B. Hospitals with specialty units such as psychiatric or rehabilitative units must also comply with the physical environment requirements as expressed within those particular chapters.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health

Services Financing LR 21:177 (February 1995), amended LR 29:2417 (November 2003).

#### **§9411. Buildings**

A. The buildings shall reflect good housekeeping and shall by means of an effective pest control program, be free of insects and rodents.

B. The hospital shall maintain hospital-wide ventilation, lighting and temperature controls.

C. There shall be a provision of emergency sources of critical utilities such as electricity, natural gas, water and fuel during any period in which the normal supply is temporarily disrupted.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2417 (November 2003).

#### **§9413. Nursing Units**

A. A nurses' station equipped with a telephone and a nurse call system shall be provided in a suitable location on each nursing unit.

B. An adequate and properly equipped utility space or area shall be provided on each nursing unit for the preparation, cleaning and storage of nursing supplies and equipment used on the nursing unit. This utility space shall be so arranged as to provide for separation of clean and soiled supplies and equipment.

1. Grab bars properly located and securely mounted shall be provided at patient bathing facilities and toilet bowl with accessories.

2. A lavatory basin shall be provided in or convenient to every toilet bowl with accessories.

3. Paper towels in a satisfactory dispenser or some other acceptable type of single use towel and a satisfactory receptacle for used towels shall be provided at all lavatories.

C. Areas for the isolation of patients with communicable diseases may be established on a temporary basis as the need arises. A private room or a corridor wing may be used provided appropriate isolation techniques are enforced, including identifying signs to warn and restrict the public.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2417 (November 2003).

#### **§9415. Patient Rooms**

A. Except as provided for in intensive care units, all patient rooms shall be outside rooms with a window area of clear glass of not less than 12 square feet.

B. In hospitals constructed prior to November 20, 1990 single rooms shall contain at least 80 square feet and multi-bed rooms shall contain at least 70 square feet per bed. In hospitals constructed subsequent to November 20, 1990 single rooms must contain at least 100 square feet and multi-bed rooms shall contain at least 80 square feet per bed, exclusive of fixed cabinets, fixtures, and equipment, in accordance with *Guidelines for Construction and Equipment of Hospital and Medical Facilities*, 1987 Edition. In hospitals constructed subsequent to March 1, 1995, single rooms must contain at least 120 square feet and multi-bed rooms shall contain at least 100 square feet per bed,

exclusive of fixed cabinets, fixtures, and equipment, in accordance with *Guidelines for Construction and Equipment of Hospitals and Medical Facilities, Current Edition*. Any patient room shall not contain more than four beds. Rooms shall have at least a 7 1/2 foot ceiling height over the required area.

C. There shall be at least 3 feet between beds.

D. Rooms shall be arranged so as to permit the movement of a wheeled stretcher to the side of each bed.

E. There shall be sufficient and satisfactory separate storage space for clothing, toilet articles and other personal belongings of patients.

F. Every patient room shall have a lavatory. This lavatory is not necessary in rooms with an adjoining toilet or bathroom that has a lavatory. In new construction, lavatory requirements will be directed by *Guidelines for Construction and Equipment of Hospitals and Medical Facilities Current Edition*.

G. There shall be at least one toilet bowl with accessories, lavatory basin and bathing facility reserved for patient use on each patient floor and additional toilets, lavatories, and bathing facilities to adequately meet the needs of employees, professional personnel and patients on each nursing unit.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2417 (November 2003).

#### **§9417. Patient Room Furnishings**

A. A hospital type bed with suitable mattress, pillow and necessary coverings shall be provided for each patient. There shall be a bedside stand, chair, and wardrobe, locker, or closet suitable for hanging full-length garments and storing personal effects for each patient.

B. A nurses call system, within easy reach of each bed, shall be provided. The call system shall also be provided in each patient toilet and bathing area.

C. Each bed in multi-bed rooms shall have approved ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains. A properly designed lamp or over-bed light, which can be operated by the patient, shall be provided at each bed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2418 (November 2003).

#### **§9419. Equipment**

A. Equipment shall be clean and in good repair for the safety and well-being of the patients.

B. Therapeutic, diagnostic and other patient care equipment shall be maintained and serviced in accordance with the manufacturer's recommendations.

C. All patients, when appropriate due to diagnosis, shall be provided with patient care items such as a bedpan, washbasin, emesis basin, drinking glass and soap dish. These supplies and equipment shall be properly cleaned and in appropriate cases shall be sterilized between use for different patients if disposable items are not used.

D. Methods for cleaning, sanitizing, handling and storing of all supplies and equipment shall be such as to prevent the transmission of infection through their use.

E. After discharge of a patient, the bed, mattress, cover, bedside furniture, and equipment shall be properly cleaned. Mattresses, blankets and pillows assigned to patients shall be in a sanitary condition. The mattress, blankets and pillows used for a patient with an infection shall be sanitized in an acceptable manner before they are assigned to another patient.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2418 (November 2003).

#### **§9421. Facilities**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2418 (November 2003).

#### **Subchapter K. Infection Control**

##### **§9423. Organization and Policies**

A. The hospital shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases.

B. There shall be an effective infection control program for the prevention, control, investigation and reporting of communicable disease and infections. The infection control program shall meet or exceed the latest criteria established by the following:

1. Centers for Disease Control;
2. Occupational Safety and Health Administration; and
3. *Sanitary Code* of the state of Louisiana.

C. A person or persons qualified by education and experience and competent in infection control practices shall be designated as infection control officer(s). This individual(s) shall be responsible for the development and implementation of a hospital-wide infection control program.

D. The infection control officer(s) shall develop, with approval of the medical director and governing body, policies and procedures for identifying, reporting, investigating, preventing and controlling infections and communicable diseases of patients and hospital personnel. The infection control officer(s) shall maintain a log of incidents related to infections and communicable diseases.

E. Employees with symptoms of illness that have the potential of being communicable (i.e. diarrhea, skin lesions, respiratory symptoms) shall be either evaluated by hospital staff or restricted from patient care activities during the infectious stage.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2418 (November 2003).

#### **§9425. Responsibilities**

A. The chief executive officer or administrator, the medical staff and the director of nursing services shall ensure that the hospital-wide quality assessment and improvement program and training programs address problems identified by the infection control officer(s). They shall be responsible for the implementation of successful corrective action plans in affected problem areas. Infection control activities or programs conducted or instituted in different departments of the hospital shall have the approval of the infection control officer(s).

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2419 (November 2003).

#### **§9427. Laundry Services**

A. A supply of clean linen, sufficient to meet the requirements of the patients, shall be provided by a laundry service either in-house, contracted with another healthcare facility or in accordance with an outside commercial laundry service. All linens shall be handled, cleaned, sanitized, stored and transported in such a way as to prevent infection.

B. Clean linen shall be delivered in such a way as to minimize microbial contamination from surface contact or airborne deposition. Soiled linen shall be collected in such a manner as to minimize microbial dissemination into the environment. All linen shall be laundered between patient use.

C. Contaminated laundry shall be specially handled according to the hospital's written protocol, which is approved by the infection control officer(s). If laundry chutes exist, linen shall be bagged and the chutes shall empty into an enclosed collection room.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2419 (November 2003).

#### **§9429. Central Supply**

A. Space shall be provided for the preparation, storage, handling and distribution of sterile supplies and other patient care items. Functional design shall provide for the separation of soiled and contaminated supplies from those that are clean and sterile. All central supply departments shall adhere to strict traffic control in their departments. Air circulation systems in central supply shall be negative pressure in decontamination and ethylene oxide areas and positive pressure in all clean areas.

B. Hand washing facilities shall be provided in all work areas. There shall be written policies and procedures for the decontamination and sterilization of supplies and equipment, shelf life of all stored sterile items and reuse of disposable items in accordance with the latest criteria established by the Centers for Disease Control.

C. All steam sterilizing equipment shall have live bacteriological spore monitoring performed at least weekly and with each load containing an implantable device. If tests are positive, a system shall be in place to recall supplies.

D. All ethylene oxide sterilizing equipment shall have live bacteriological spore monitoring performed with each load. There shall be ventilation of the room used for this sterilization to the outside atmosphere and there shall be a system in place to monitor trace gases of ethylene oxide at least monthly.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2419 (November 2003).

#### **§9431. Isolation**

A. The hospital shall have appropriate facilities and procedures for infection control and the isolation of patients as necessary.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2419 (November 2003).

#### **§9433. Waste and Hazardous Materials Management**

A. The hospital shall have a written and implemented waste management program that identifies and controls wastes and hazardous materials. The program shall comply with all applicable laws and regulations governing wastes and hazardous materials.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2419 (November 2003).

#### **§9435. Organization**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2419 (November 2003).

### **Subchapter L. Surgical Services (Optional)**

#### **§9437. General Provisions**

A. Surgical services are provided. The services shall be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered, the services shall be consistent in quality with inpatient care in accordance with the complexity of services offered.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2419 (November 2003).

#### **§9439. Organization and Staffing**

A. Surgical services shall be under the medical direction of a qualified physician who is a member of the medical staff and appointed by the governing body.

B. Surgical privileges shall be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical services shall maintain a roster of practitioners specifying the surgical privileges of each practitioner.

C. The surgical suite shall be supervised by a registered nurse experienced and competent in the management of surgical services.

D. A qualified registered nurse shall perform circulating duties for surgical procedures performed. In accordance with the needs of patients and the complexity of services performed, licensed practical nurses and operating room technicians may assist in circulatory duties under the supervision of a registered nurse who is immediately available to respond to emergencies. Licensed practical nurses and operating room technicians may perform scrub functions under the supervision of a registered nurse.

E. The operating room register shall be complete and up-to-date. It shall include at least the following:

1. patient's name;
2. patient's hospital identification number;
3. date of the operation;
4. inclusive or total time of the operation;
5. name of the surgeon and any assistant(s);
6. name of nursing personnel (scrub and circulating);
7. type of anesthesia used;
8. name of the person administering the anesthesia;

and

9. operation performed.

F. An operative report describing techniques, findings, and tissue removed or altered shall be written or dictated immediately following surgery and signed by the surgeon. It shall include at least:

1. the name and hospital identification number of the patient;
2. date of surgery;
3. name of the surgeon and assistant(s);
4. pre-operative and post-operative diagnoses;
5. name of the specific surgical procedure(s) performed;
6. type of anesthesia administered;
7. complications, if any;
8. a description of techniques, findings, and the tissues removed or altered; and
9. prosthetic devices or implants used, if any.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2419 (November 2003).

#### §9441. Delivery of Service

A. There shall be a complete history and physical work-up in the chart of every patient prior to surgery, except in emergency surgery. If the history and physical has been dictated, but not yet recorded in the patient's chart, there shall be a statement to that effect and an admission note in the chart by the practitioner who admitted the patient.

B. A properly executed informed consent form for the procedure must be in the patient's chart before surgery, except in emergencies. The consent form shall contain at least the following:

1. name of the patient;
2. hospital and patient identification number;
3. name of the procedure(s) or operation;
4. the reasonably foreseeable risks and benefits involved;
5. name of the practitioner(s);

6. signature of the patient or legal guardian;
7. date and time the consent is obtained; and
8. signature and professional designation of the person witnessing the consent.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2420 (November 2003).

#### §9443. Surgery Suite and Equipment

A. The surgical suite shall be appropriately equipped and consist of a clear floor area to accommodate the equipment and personnel required, allowing for aseptic technique.

B. The surgical suite(s) shall be located in a segregated area out of the line of traffic of visitors and personnel from other departments and arranged so as to prevent traffic through them.

C. There shall be scrub-up facilities in the surgical suite providing hot and cold running water and equipped with knee, foot or elbow faucet controls.

D. There shall be a provision for washing instruments and equipment, which are to be cleaned within the surgical suite. If an autoclave is present, the same operating requirements referenced in Subchapter K, Infection Control shall be implemented.

E. There shall be policies and procedures, approved by the Infection Control Committee that addresses terminal cleaning of the operating room as well as cleaning of the room between surgical cases.

F. The emergency equipment in the surgical suite shall include:

1. a communication system that connects each operating room with a control center;
2. cardiac monitor;
3. resuscitator;
4. defibrillator;
5. aspirator; and
6. tracheotomy set.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2420 (November 2003).

#### §9445. Post-Operative Area

A. There shall be a post-operative care area (recovery room) which is a separate area of the hospital, unless provisions are made for close observation of the patient until they have regained consciousness (e.g., direct observation by an RN in the patient's room). Access shall be limited to authorized personnel. There shall be policies and procedures which specify transfer requirements to and from the post-operative area.

B. There shall be at least two health care personnel, one of which is a registered nurse, present whenever there is a patient. There shall be emergency equipment and monitoring equipment in the immediate area of the post-operative area. The equipment shall be commensurate with the surgical procedure and the medical requirements of the patient. That equipment shall include, but not be limited to, the following:

1. EKG/ECG monitor;
2. pulse oxymeter monitor;

3. temperature monitoring equipment;
4. equipment to administer oxygen;
5. equipment necessary to monitor vital signs.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2420 (November 2003).

#### **§9447. Facilities**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2421 (November 2003).

### **Subchapter M. Anesthesia Services (Optional)**

#### **§9449. General Provisions**

A. If anesthesia services are provided, which is mandatory when surgical or obstetric services are provided, they must be provided in a well organized manner under the direction of a qualified doctor of medicine or osteopathy.

B. The standards in this Chapter apply to services for all patients who:

1. receive general, spinal, or other major regional anesthesia; or
2. undergo surgery or other invasive procedures when receiving general, spinal, or other major regional anesthesia and/or intravenous, intramuscular, or inhalation sedation/analgesia, including conscious sedation, that, in the manner used in the hospital, may result in the loss of the patient's protective reflexes.

C. Invasive procedures include, but are not limited to, percutaneous aspirations and biopsies, cardiac and vascular catheterization, and endoscopies.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2421 (November 2003).

#### **§9451. Organization and Staffing**

A. Anesthesia services shall be administered by practitioners with appropriate clinical privileges obtained through a mechanism that assures that each practitioner provide only those services for which they have been licensed, trained and deemed to be competent to administer anesthesia within the scope of their practice. Those practitioners include:

1. a qualified anesthesiologist;
2. a doctor of medicine or osteopathy;
3. a dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under state law;
4. a certified registered nurse anesthetist (CRNA) licensed by the Louisiana State Board of Nursing who is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed as defined in the medical staff bylaws; or
5. a bona fide student enrolled in a school of nurse anesthesia accredited by the Council on Accreditation of Nurse Anesthesia educational programs whose graduates are acceptable for certification by a nationally recognized certifying body may administer anesthesia as related to such

course of study under the direct supervision of a certified registered nurse anesthetist or an anesthesiologist.

B. The individual administering the anesthesia shall be present throughout its administration and attending the patient until the patient is under the care of post-anesthesia staff.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2421 (November 2003).

#### **§9453. Delivery of Service**

A. Policies on anesthesia procedures must include the delineation of pre-anesthesia and post-anesthesia responsibilities. As a minimum, they shall address:

1. the qualifications, responsibilities and supervision required of all personnel who administer anesthesia;
2. patient consent for anesthesia;
3. infection control measures;
4. safety practices in all anesthetizing areas;
5. protocol for supportive life functions, e.g., cardiac and respiratory emergencies;
6. reporting requirements;
7. documentation requirements;
8. inspection and maintenance reports on all supplies and equipment used in anesthesia; and
9. trace gas reports.

B. The policies must also ensure that the following are provided for each patient:

1. a pre-anesthesia evaluation performed and recorded within 48 hours prior to surgery by an individual qualified to administer anesthesia;
2. a reevaluation of each patient immediately prior to induction of anesthesia;
3. an intra-operative anesthesia record that records monitoring of the patient during anesthesia and documentation of at least the following:
  - a. prior to induction of the anesthesia, all anesthesia drugs and equipment to be used have been checked and are immediately available and are determined to be functional by the practitioner who is to administer the anesthetic;
  - b. dosages and total dosages of all drugs and agents used;
  - c. type and amount of all fluid administered, including blood and blood products;
  - d. technique(s) used;
  - e. unusual events during the anesthesia period;
  - f. the status of the patient at the conclusion of anesthesia;
  - g. a post-anesthesia follow-up report written within 48 hours after surgery on inpatients and prior to discharge for patients undergoing one-day/same-day surgery by the individual who administers the anesthesia or another fully qualified practitioner within the anesthesia section; and
  - h. a post-anesthesia evaluation on outpatients for proper anesthesia recovery performed in accordance with policies and procedures approved by the medical staff.

C. The anesthesia policy and procedure manual shall ensure that the following are provided for each patient undergoing:

1. general anesthesia:

a. the use of an anesthesia machine that provides the availability and use of safety devices including, but not limited to, an oxygen analyzer, pressure and disconnect alarm, pin-index safety system, gas-scavenging system, and oxygen pressure interlock system;

b. continuous monitoring of the patient's temperature and vital signs, as well as the continuous use of an EKG/ECG, pulse oximeter monitor, end tidal carbon dioxide volume monitor, and peripheral nerve stimulator monitor;

2. regional anesthesia (major nerve blocks):

a. all equipment listed in the above list for general anesthesia shall be immediately available and in the operating room where the procedure is being performed; and

b. continuous monitoring of the patient's vital signs, and temperature, as well as the continuous use of an EKG/ECG, and pulse oximeter monitor; and

c. monitored by the practitioner who administered the regional anesthetic or individuals identified as a practitioner listed in §9451.A;

3. local anesthesia (infiltration or topical). There shall be:

a. continuous monitoring of the patient's vital signs and temperature as well as the continuous use of an EKG/ECG, and pulse oximeter monitor; and

b. monitoring by the practitioner who administered the local anesthetic or a practitioner listed within §9451.A.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2421 (November 2003).

#### **§9455. General Provisions**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2422 (November 2003).

### **Subchapter N. Nuclear Medicine Services (Optional)**

#### **§9457. General Provisions**

A. If the hospital provides nuclear medicine services or contracts for the services, those services must meet the needs of the patients in accordance with acceptable standards of practice and be provided in a safe and effective manner.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2422 (November 2003).

#### **§9459. Organization and Staffing**

A. The organization of the nuclear medicine services shall be appropriate to the scope and complexity of the services offered. There shall be a director who is a doctor of medicine or osteopathy qualified in nuclear medicine and named in the Department of Environmental Quality, Radiation Protection Division radioactive material license as authorized to use radioactive materials in humans.

B. Nuclear medicine services shall be ordered only by a practitioner whose scope of federal or state licensing and defined staff privileges allow such referrals.

C. The performance of nuclear medicine diagnostic procedures and the administration of radioactive material to humans may be accomplished only by the licensed physician practitioner or by the licensed nuclear medicine technologist.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2422 (November 2003).

#### **§9461. Delivery of Service**

A. Radioactive materials shall be prepared, labeled, used, transported, stored and disposed of in accordance with acceptable standards of practice.

B. In-house preparation of radiopharmaceuticals shall be by, or under the supervision of an appropriately trained registered pharmacist or a doctor of medicine or osteopathy whose use of radioactive materials is authorized in the facility's Department of Environmental Quality, Radiation Protection Division radioactive material license.

C. There shall be proper storage and disposal of radioactive materials. If clinical laboratory tests are performed in the nuclear medicine service, the service shall meet the requirements for clinical laboratories with respect to management, adequacy of facilities, proficiency testing and quality control.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2422 (November 2003).

#### **§9463. Facilities**

A. Equipment and supplies shall be appropriate for the types of nuclear medicine services offered and shall be maintained for safe and efficient performance.

B. The equipment shall be maintained in safe operating condition, and inspected, tested, and calibrated at least annually by qualified personnel. The nuclear medicine service shall have and follow a preventive maintenance schedule.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2422 (November 2003).

#### **§9465. Records**

A. The hospital shall maintain signed and dated reports of nuclear medicine interpretations, consultations and procedures. The hospital shall maintain copies of nuclear medicine reports in accordance with the retention requirement specified in Subchapter H, Medical Record Services.

B. The practitioner approved by the medical staff and authorized by the facility's Department of Environmental Quality, Radiation Protection Division radioactive material license to interpret diagnostic procedures shall sign and date the interpretations of these tests.

C. The hospital shall maintain records of the receipt and disposition of radiopharmaceuticals.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2422 (November 2003).

#### **§9467. Obstetrical Unit Functions**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2423 (November 2003).

#### **Subchapter O. Outpatient Services (Optional)**

##### **§9469. General Provisions and Organization**

A. If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.

B. Outpatient services shall be appropriately organized, integrated with, and provided in accordance with the standards applicable to the same service provided by the hospital on an inpatient basis. There shall be established methods of communication as well as established procedures to assure integration with inpatient services that provide continuity of care. When outpatients are admitted, pertinent information from the outpatient record shall be in the inpatient record.

C. Any room designated for procedures or treatment involving conscious sedation shall have policies and procedures established by the medical staff to insure quality of care and safety of patients. Such guidelines shall include at a minimum:

1. pre-procedure preparation;
2. patient monitoring;
3. discharge criteria; and
4. staff competency requirements.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2423 (November 2003).

##### **§9471. Personnel**

A. The hospital shall assign an individual to be responsible for the outpatient services. There shall be appropriate professional and non-professional personnel available.

B. There must be a registered nurse on the observation unit as long as there are patients admitted to the unit.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2423 (November 2003).

##### **§9473. Facilities**

A. All outpatient facilities shall be accessible to and usable by handicapped employees, staff, visitors and patients. Where appropriate, there shall be at least:

1. a receptionist desk;
2. waiting space;
3. an examination room equipped with a lavatory and nurse call system;
4. public toilet facilities;
5. public telephone; and

6. drinking fountain.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2423 (November 2003).

##### **§9475. Neonatal Unit Functions**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2423 (November 2003).

#### **Subchapter P. Rehabilitation Services (Optional)**

##### **§9477. General Provisions**

A. If the hospital provides a range of rehabilitation services, including but not limited to physical therapy, occupational therapy, audiology or speech pathology services, the services shall be organized, operated and staffed in accordance with the provisions of this Subchapter P to ensure the health and safety of patients.

B. A rehabilitation unit or facility is defined as a designated unit or hospital that primarily provides physiological rehabilitation services to inpatients and/or outpatients.

C. For rehabilitation services that have multiple geographic locations, each geographical site shall meet the requirements in §9483.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2423 (November 2003).

##### **§9479. Organization and Staffing**

A. The organization of services shall be appropriate to the scope of the services offered. The rehabilitation service shall employ and define the leadership structure in accordance with the facility administration. The medical director of rehabilitation services shall:

1. be a doctor of medicine or osteopathy;
2. be licensed to practice medicine or surgery in accordance with state law;
3. have completed a one year hospital internship; and
4. have had at least two years of training or experience, within the last five years, in the medical management of patients requiring rehabilitation services.

##### **B. Medical Director**

1. It is expected that the experience and training of the medical director of rehabilitation services will be sufficient to provide the expertise to perform all of the functions within the service.

2. The medical director of rehabilitation services will be responsible to ensure that the objectives of each of the therapeutic disciplines of the rehabilitation program are efficiently conducted within the stated mission of the program and in accordance with current standards of rehabilitation medicine.

C. Physical therapy, occupational therapy, psychology/neuropsychology, speech therapy and audiology services shall be provided by staff that meet the qualifications in accordance with Louisiana law. All

rehabilitation staff shall be duly licensed to practice in the areas in which they provide service.

D. A rehabilitation unit in a general hospital shall employ a full-time registered nurse as director of rehabilitation nursing services who is not shared with any other hospital department and who has three years clinical nursing experience, one of which shall be in providing rehabilitative nursing care. The unit shall provide 24-hour registered nurse coverage with an adequate number of licensed nurses and rehabilitative workers to provide the nursing care necessary under each patient's active treatment program.

E. In a rehabilitation hospital, the director of nursing services shall be a full-time registered nurse who has three years clinical nursing experience, one of which shall be in providing rehabilitative nursing care. In addition to the director of nursing services, the hospital shall provide 24-hour registered nurse coverage with an adequate number of licensed nurses and rehabilitative workers to provide the nursing care necessary under each patient's active treatment program.

F. If provided, psychological services shall be provided by or supervised by a psychologist licensed by the Louisiana State Board of Examiners of Psychologists.

G. Social services shall be provided by a licensed clinical social worker and shall meet the needs of the patients.

H. If the hospital provides a range of rehabilitation services, the services must define criteria for admission to the inpatient rehabilitation program and discharge from the inpatient program.

I. There shall be an interdisciplinary team which should include, but not be limited to:

1. a registered nurse with rehabilitation experience on each shift;
2. restorative nursing assistants and/or certified nursing aides;
3. a physical therapist;
4. an occupational therapist;
5. a psychologist/neuropsychologist;
6. a physician experienced in rehabilitation medicine;
7. a social worker;
8. a speech-language pathologist.

J. The program should provide or make arrangements for:

1. audiology services;
2. driver assessment;
3. driver education;
4. medical nutrition therapy;
5. orthotic services;
6. prosthetic services;
7. rehabilitation resources (independent centers);
8. vocational rehabilitation;
9. durable medical equipment;
10. specialty consultants;
11. other services consistent with the criteria for admission.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2423 (November 2003).

#### **§9481. Delivery of Services**

A. Rehabilitation services shall be furnished in accordance with a written plan of treatment based upon an assessment performed by the qualified professional. The written plan of treatment shall be established prior to the beginning of treatment. The plan of treatment shall consist of at least the treatment goals, type, amount, frequency and duration of services.

B. Rehabilitation services shall be given in accordance with the orders of practitioners who are authorized by the medical staff to order the services. The orders shall be incorporated in the patient's medical record.

C. The patient's progress shall be documented on a timely and regular basis in accordance with written policies and procedures.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2424 (November 2003).

#### **§9483. Facilities? Physical Space**

A. Space and equipment shall be appropriate for the types of rehabilitation services offered and shall be maintained for safe and efficient performance and in accordance with the Rehabilitation Chapter and General Hospital Chapter of the *AIA Guidelines for Design and Construction of Hospital and Health Care Facilities*, 2001 (or most recent edition).

B. The Activities of Daily Living (ADL) room is in addition to the licensed bed capacity.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2424 (November 2003).

#### **§9485. Pediatric Intensive Care Units**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2424 (November 2003).

#### **Subchapter Q. Respiratory Care Services (Mandatory)**

##### **§9487. General Provisions**

A. The hospital shall provide respiratory care services. The services shall meet the needs of the patients in accordance with acceptable standards of practice.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2424 (November 2003).

##### **§9489. Organization and Staffing**

A. The organization of the respiratory care services shall be appropriate to the scope and complexity of the services offered. There shall be a director of the service who shall have the administrative authority and responsibility for implementing the hospital's policies. The director shall be a doctor of medicine or osteopathy with the knowledge, experience and capabilities to supervise and administer the

services properly. The director may serve on either a full-time or part-time basis.

B. There shall be adequate numbers of respiratory therapists, respiratory therapy technicians and other personnel who meet the qualifications specified by the medical staff and approved by the governing body, consistent with Louisiana law.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2424 (November 2003).

#### **§9491. Delivery of Services**

A. Respiratory care services shall be delivered in accordance with medical staff directives and incorporated in the patient's medical record. The order shall specify the type, frequency and duration of treatment, and as appropriate, the type and dose of medication, type of diluent, and the oxygen concentration. All respiratory care services provided shall be documented in the patient's medical record, including the type of therapy, date and time of administration, effects of therapy, and any adverse reactions.

B. Personnel qualified to perform specific procedures and the amount of supervision required for personnel to carry out specific procedures shall be designated in writing.

C. If blood gases or other clinical laboratory tests are performed in the respiratory care unit, the unit shall meet the requirement for clinical laboratories with respect to management, adequacy of facilities, proficiency testing and quality control as set forth in Subchapter F of these requirements.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing IR 21:177 (February 1995), amended LR 29:2425 (November 2003).

#### **§9493. Staffing**

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:2424 (November 2003).

### **Subchapter R. Psychiatric Services (Optional)**

#### **§9495. General Provisions**

A. These requirements are applicable to those hospitals which are primarily engaged in providing psychiatric services for the diagnosis and treatment of mentally ill persons or have organized a physically and functionally distinct part unit within the hospital to provide these services. Pediatric and adolescent psychiatric units shall be physically separated from adult psychiatric units. Facilities without separate pediatric and adolescent units shall have policies and procedures that prevent adult patients from comingling with pediatric and/or adolescent psychiatric patients.

B. For psychiatric services/facilities that have multiple geographic locations, each geographical site shall meet the requirements in §9497, §9499 and §9501.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2425 (November 2003).

#### **§9497. Facilities**

A. The layout, design of details, equipment and furnishings shall be such that patients shall be under close observation and shall not be afforded opportunities for hiding, escape or injury to themselves or others. The environment of the unit shall be characterized by a feeling of openness with emphasis on natural light and exterior views. Interior finishes, lighting and furnishings shall suggest a residential rather than an institutional setting while conforming with applicable fire safety codes. Security and safety devices shall not be presented in a manner to attract or challenge tampering by patients.

B. Windows or vents shall be arranged and located so that they can be opened from the inside to permit venting of combustion products and to permit occupants direct access to fresh air in emergencies. The operation of windows shall be restricted to inhibit possible escape or suicide. Where windows or vents require the use of tools or keys for operation, the tools or keys shall be either located on the same floor in a prominent location accessible to staff or carried by every staff member. With hospitals that have approved engineered smoke control systems, the windows may be fixed. Where glass fragments pose a hazard to certain patients, safety glazing and/or other appropriate security features shall be used. There shall be no curtain or venetian blind chords.

C. Where grab bars are provided, they shall be institutional type, shall not rotate within their fittings, be securely fastened with tamper-proof screw heads, and shall be free of any sharp or abrasive elements. If grab bars are mounted adjacent to a wall, the space between the wall and the grab bar shall be 1 1/2 inches.

D. Where towel racks, closet and shower curtain rods are provided, they shall be the breakaway type.

E. Plastic bags and/or trash can liners shall not be used in patient care areas.

F. Electrical receptacles shall be of the safety type or protected by 5-milliampere ground-fault-interrupters.

G. There shall be outdoor space for patient recreation.

H. Patient Rooms

1. A nurses call system is not required, but if it is included, provisions shall be made for easy removal, or for covering call button outlets. A hospital shall have written policies and procedures to address call where no electronic system is in place.

2. Bedpan-flushing devices may be omitted from patient room toilets in psychiatric nursing units.

3. Visual privacy (e.g., cubicle curtains) in multi-bed rooms is not required.

4. Free standing closets shall be secured to the wall.

5. Electric patient beds are not to be used.

I. Service Areas

1. A secured storage area controlled by staff shall be provided for patients' belongings that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters).

2. Drugs and biologicals shall be stored in locked compartments under proper temperature controls, and only authorized personnel shall have access to the keys.

3. Food service may be one or a combination of the following:

- a. a nourishment station;
- b. a kitchenette designed for patient use with staff control of heating and cooking devices;
- c. a kitchen service including a hand washing fixture, storage space, refrigerator, and facilities for meal preparation.

4. Storage space for stretchers and wheelchairs may be outside the psychiatric unit, provided that provisions are made for convenient access as needed for handicapped patients.

5. A separate charting area shall be provided with provisions for acoustical privacy. A viewing window to permit observation of patient areas by the charting nurse or physician may be used if the arrangement is such that patient files cannot be read from outside the charting space.

6. At least two separate social spaces, one appropriate for noisy activities and one for quiet activities shall be provided. The combined area shall be at least 40 square feet per patient with at least 120 square feet for each of the two spaces. This space may be shared by dining activities.

7. Space for group therapy shall be provided. This may be combined with the quiet space noted above when the unit accommodates not more than 12 patients, and when at least 225 square feet of enclosed private space is available for group therapy activities.

8. An automatic washer and dryer shall be provided for patient laundry.

9. Room(s) for examination and treatment with a minimum area of 120 square feet shall be provided within or in close proximity to the unit.

10. Separate consultation room(s) with minimum floor space of 100 square feet each, provided at a room-to-bed ratio of one consultation room for each 12 psychiatric beds shall be provided within the unit for interviews with patients and their families. The room(s) shall be designed for acoustical and visual privacy and constructed to achieve a noise reduction of at least 45 decibels.

11. Psychiatric hospitals or units shall provide 15 square feet of separate space per patient for occupational therapy, with a minimum total area of at least 200 square feet, whichever is greater. This space shall include provision for hand washing, work counter(s), storage and displays. Occupational therapy areas may serve more than one nursing unit. When the psychiatric nursing unit(s) contain fewer than 12 beds, the occupational therapy functions may be performed within the noisy activities area, if at least an additional 10 square feet per patient served is included.

12. A conference and treatment planning room for use by the psychiatric unit shall be provided. This room may be combined with the charting room.

#### J. Seclusion Treatment Room

1. There shall be at least one seclusion room for up to 24 beds or a major fraction thereof. It is intended for short-term occupancy by violent or suicidal patients and provides for patients requiring security and protection. The room(s) shall be either located for direct nursing staff supervision or observed through the use of electronic monitoring equipment.

2. If electronic monitoring equipment is used, it shall be connected to the hospital's emergency electrical source.

3. Each room shall be for single occupancy and contain at least 60 square feet. It shall be constructed to prevent patient hiding, escape, injury or suicide.

4. Where restraint beds are required by the functional program, 80 square feet shall be required.

5. If a facility has more than one psychiatric unit, located at the same geographical address, the number of seclusion rooms shall be determined by the total number of psychiatric beds at that location. However, if there are psychiatric units located at multiple and different geographical addresses, there shall be a seclusion room that meets these requirements at each off-site campus that offers inpatient psychiatric services.

6. Special fixtures and hardware for electrical circuits shall be used.

7. The minimum ceiling height shall be 9 feet.

8. Doors shall be 3 feet 8 inches wide, and shall permit staff observation of the patient while also maintaining provisions for patient privacy.

9. Seclusion rooms shall be accessed by an anteroom or vestibule which also provides direct access to a toilet room.

K. Ceiling construction in psychiatric patient rooms and seclusion room(s) shall be monolithic or tamper proof.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:2425 (November 2003).

#### §9499. Supplies and Equipment

A. Restraint equipment shall be immediately available and accessible to staff.

B. Recreational supplies and therapy equipment shall be available and in locked storage.

C. Locked storage areas shall be available for safekeeping of patient luggage and contraband items.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2426 (November 2003).

#### §9501. Staffing

A. The hospital or unit shall provide qualified professional, technical and consultative personnel to evaluate patients, formulate written individualized comprehensive treatment plans, provide active treatment measures and engage in discharge planning.

B. The hospital or unit shall employ a clinical director, who meets the training and experience requirements for examination by the American Board of Psychiatry and Neurology, or the American Osteopathic Board of Neurology and Psychiatry. The clinical director shall monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.

C. The hospital or unit shall employ a full-time registered nurse as director of psychiatric nursing services, who is not shared with any other hospital department and who has:

1. a master's degree in psychiatric or mental health nursing; or

2. a master's degree in a related field such as psychology or nursing education and five years nursing

experience and three years providing nursing care to the mentally ill; or

3. a bachelor's, associate degree or diploma in nursing with documented evidence of educational programs focused on treating psychiatric patients, which has occurred at intervals sufficient enough to keep the nurse current on psychiatric nursing techniques. In addition, the nurse shall have at least five years of nursing experience, three years of which were providing nursing care to the mentally ill, or receive regular, documented supervision/consultation from a master's prepared psychiatric nurse.

D. In addition to the director of psychiatric nursing service, the hospital or unit shall provide 24-hour registered nurse coverage with an adequate number of licensed nurses and mental health workers to provide the nursing care necessary under each patient's active treatment program.

E. Psychological services shall be provided by or supervised by a psychologist licensed by the Louisiana State Board of Examiners of Psychologists.

F. Social services shall be provided by a director who is a licensed clinical social worker and is experienced in the social service needs of the mentally ill.

G. Therapeutic activities such as art leisure counseling, recreational therapy, etc., shall be provided by licensed or certified therapists, adequate in number to respond to the therapeutic activity needs of the patient population being served. A certified therapist is a person with a college degree who has obtained a certification as an activity therapist, recreational therapist, etc.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2426 (November 2003).

### **Subchapter S. Obstetrical and Newborn Services (Optional)**

#### **§9505. General Provisions**

A. These requirements are applicable to hospitals that provide obstetrical and newborn services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2427 (November 2003).

#### **§9507. Obstetrical Units**

A. There are four obstetrical level-of-care units established: Obstetrical Level I Unit; Obstetrical Level II Unit; Obstetrical Level III Unit; and Obstetrical Level III Regional Unit. If obstetrical services are provided, the hospital shall satisfy the basic Obstetrical Level I Unit requirements. Obstetrical services shall be provided in accordance with acceptable standards of practice.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2427 (November 2003).

#### **§9509. Obstetrical Unit Functions**

##### **A. Obstetrical Level I Unit**

1. Care and supervision for low risk pregnancies shall be provided.

2. A triage system shall exist for identification, stabilization and referral of high risk maternal and fetal conditions beyond the scope of care of a Level I Unit.

3. There shall be a transfer agreement with a hospital which has an Obstetrical Level III Unit and/or Obstetrical Level III Regional Unit.

4. The unit shall provide detection and care for unanticipated maternal-fetal problems encountered in labor.

5. The unit shall have the capability to perform cesarean delivery within 30 minutes of the decision to do so.

6. Blood and fresh frozen plasma for transfusion shall be immediately available.

7. Anesthesia, radiology, ultrasound, electronic fetal monitoring (along with personnel skilled in its use) and laboratory services shall be available on a 24-hour basis.

8. Postpartum care facilities shall be available.

9. There shall be resuscitation and stabilization capability of all inborn neonates.

10. A qualified physician or certified nurse midwife shall attend all deliveries.

##### **B. Obstetrical Level II Unit**

1. This unit shall meet all requirements of all Obstetrical Level I Unit services at a superior level.

2. There shall be management of high risk conditions appropriate for the level of medical, nursing support and technical expertise available.

3. The role of an Obstetrical Level II Unit is to provide excellent levels of care for most obstetric conditions in its population, but not to accept transports of obstetrical patients with a gestation age of less than 30 weeks or 1,250 grams if delivery is imminent and likely to result in the delivery of such infant.

4. Conditions which would result in the delivery of an infant weighing less than 1,250 grams or less than 30 weeks gestation shall be referred to a Level III or Level III Regional obstetrical unit unless the patient is too unstable to transport safely. Written cooperative agreements with Obstetrical Level III and/or Obstetrical III Regional Units for transfer of these patients shall exist for all Obstetrical Level II Units.

5. There shall be performance of all Level I unit services at a superior level.

6. The unit shall be able to manage maternal complications of a mild to moderate nature that do not surpass the capabilities of a well trained board-certified obstetrician/gynecologist.

7. The needed subspecialty expertise is predominantly neonatal although perinatal cases might be appropriate to co-manage with a perinatologist.

8. Ultrasound shall be available on labor and delivery 24 hours a day.

##### **C. Obstetrical Level III Unit**

1. The unit shall meet all Obstetrical Level I and II Unit services at a superior level.

2. There shall be provision of comprehensive perinatal care for high risk mothers both admitted and transferred. Pregnancies at highest risk shall be managed in these units. Pregnancies marked by extreme prematurity, need for fetal intervention, significant maternal illness (acute or chronic) shall be referred to an Obstetrical Level III or III Regional Unit.

3. Obstetric imaging capabilities to perform targeted ultrasound examinations in cases of known abnormalities shall be available.

4. Genetic counseling and diagnostics shall be provided as a comprehensive service.

5. Research and educational support to practitioners in the community shall be provided through organized outreach educational programs.

6. This unit shall provide for and coordinate maternal transport with Obstetrical Level I and II Units.

7. Cooperative transfer agreements with Obstetrical Level III Regional Units shall exist for the transport of mothers or fetuses requiring care unavailable in an Obstetrical Level III Unit or that are better coordinated at an Obstetrical Level III Regional Unit.

8. There shall be an initial evaluation of new high-risk technologies.

9. There shall be performance of all Level I and II Unit services at a superior level.

10. The unit shall provide care for the most premature labors.

11. The unit shall provide care for the most challenging of fetal conditions. Only those conditions requiring a medical team approach not available to the perinatologist in an Obstetrical Level III Unit shall be transported to an Obstetrical Level III Regional Unit.

12. The unit shall provide for the most challenging of maternal conditions. Only those conditions requiring an OB/ICU environment or specialty support unavailable in an Obstetrical Level III Unit shall be transported to an Obstetrical Level III Regional Unit.

13. Anesthesia services shall be in-house 24 hours per day.

D. Obstetrical Level III Regional Unit

1. The unit shall meet all requirements and performance of Level I, II and III NICU Unit services at a superior level.

2. There shall be a continuing commitment to maintain a depth and breadth of support specialties available in only the most sophisticated of medical centers.

3. These units shall provide for and coordinate maternal and neonatal transport with Level I, II and III NICU Units throughout the state.

4. Initial evaluation of new technologies shall be a goal of an Obstetrical Level III Regional Unit.

5. Hospitals with these units shall be recognized as a medical center of excellence, and a center of research, educational and consultative support to the medical community.

6. The unit shall have the ability to care for both mother and fetus in a comprehensive manner in an area dedicated to the care of the critically ill parturient.

7. An organized team dedicated to the care of the mother and of the fetus both in utero and after delivery shall be maintained. The team shall consist of, but is not limited to, specialist in the following areas: maternal fetal medicine, cardiology, neurology, neurosurgery and hematology. Additionally, sub-specialists to provide expertise in the care of the critically ill parturient shall be on staff in the following areas: adult critical care, cardiothoracic surgery, nephrology, pulmonary medicine, cardiology, endocrinology, urology, neurosurgery, infectious disease and gastroenterology. A nutritionist shall also be available in the care of these patients.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2427 (November 2003).

**§9511. Medical Staff**

A. Obstetrical Level I Unit

1. Obstetrical services shall be under the medical direction of a qualified physician who is a member of the medical staff with obstetric privileges and is appointed by the governing body. This physician has the responsibility of coordinating perinatal services with the pediatric medical director.

B. Obstetrical Level II Unit

1. The chief of obstetric services shall be a board certified/board eligible obstetrician with special interest and experience in maternal-fetal medicine. This obstetrician has the responsibility of coordinating perinatal services with the neonatologist in charge of the NICU.

2. Anesthesia personnel with credentials to administer obstetric anesthesia shall be readily available.

3. Policies regarding the availability of anesthesia for routine and emergency deliveries shall be developed. Specialized medical and surgical consultation shall be readily available by medical staff members.

4. A board certified radiologist and a board certified clinical pathologist shall be available 24 hours a day. Specialized medical and surgical consultation shall be readily available.

C. Obstetrical Level III Unit

1. The chief of the obstetrical unit providing maternal-fetal medicine services at a Level III Unit shall be a board certified or board eligible maternal-fetal medicine specialist or a board certified obstetrician with special interest and experience in maternal-fetal medicine who shall be designated as the chief to assure that appropriate care is provided by the primary attending physician for high risk maternal patients.

2. If there is no hospital based maternal-fetal medicine specialist, a strong consultative agreement shall exist through a formal transfer agreement with an Obstetrical Level III or Level III Regional Obstetrical Unit with a hospital based maternal-fetal medicine specialist. The agreement shall also provide for the review of outcomes and case management for all high risk obstetrical patients for educational purposes.

3. A board-certified anesthesiologist with special training or experience in maternal-fetal anesthesia shall be in charge of obstetric anesthesia services at a Level III Unit. Personnel with credentials to administer obstetric anesthesia, which would include CRNAs, shall be in-house 24 hours a day. Personnel with credentials to administer neonatal and pediatric anesthesia shall be available as required. Medical and surgical consultation shall be readily available and on staff.

D. Obstetrical Level III Regional Unit

1. The medical staff as outlined in the Level III Unit classification shall be available and shall coordinate care with the subspecialties as listed within an Obstetrical Level III Regional Unit function.

2. The chief of the perinatal team at the Level III Regional Unit shall be a board-certified maternal-fetal specialist.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2428 (November 2003).

**§9513. Facilities**

A. Obstetrical patients shall not be placed in rooms with other types of patients.

B. At least one toilet and lavatory basin shall be provided for the use of obstetrical patients.

C. The arrangement of the rooms and areas used for obstetrical patients shall be such as to minimize traffic of patients, visitors and personnel from other departments and prevent traffic through the delivery room(s).

D. There shall be an isolation room provided with hand washing facilities for immediate segregation and isolation of a mother and/or baby with a known or suspected communicable disease.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2429 (November 2003).

**§9515. Newborn Units**

A. There are four neonatal level-of-care units established: Level I Neonatal Unit; Level II NICU Unit; Level III NICU Unit; and Level III Regional NICU Unit. If neonatal services are provided, the hospital shall satisfy the basic Neonatal Level I NICU Unit requirements. Neonatal services shall be provided in accordance with acceptable standards of practice.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2429 (November 2003).

**§9517. Neonatal Unit Functions**

A. Level I Neonatal Unit

1. The unit shall be able to evaluate the condition of healthy neonates and provide continuing care of these neonates until their discharge in compliance with state regulations regarding eye care, hearing screening and metabolic screening.

2. The unit shall stabilize unexpectedly small or sick neonates before transfer to a Level II, III or III Regional NICU Unit.

3. The unit shall maintain consultation and transfer agreements with a Level II, III and III Regional NICU Units, emphasizing maternal transport when possible.

4. There shall be resuscitation and stabilization of all inborn neonates.

5. There shall be a defined nursery area with limited access and security or rooming-in facilities.

6. Parent-neonate visitation/interaction shall be provided.

7. There shall be the capability of data collection and retrieval.

B. Level II NICU Unit

1. The unit shall meet all requirements and performance of all Level I Neonatal Unit services at a superior level.

2. There shall be management of small, sick neonates with a moderate degree of illness that are admitted or transferred.

3. There shall be neonatal ventilatory support, vital signs monitoring and fluid infusion in the defined area of the nursery.

4. Neonates born in a Level II NICU Unit with a birth weight of less than 1,000 grams shall be transferred to a Level III or Level III Regional NICU Unit once they have been stabilized if they require prolonged ventilatory support or have life threatening diseases or surgical complications requiring a higher level of care.

5. Neonates with a birth weight in excess of 1,000 grams who require prolonged ventilation therapy shall be cared for in a Level II NICU Unit, provided such facility performs a minimum of 72 days of ventilator care annually. A day of ventilator care is defined as any period of time during a 24-hour period.

6. If a Level II NICU Unit performs less than 72 ventilator days per year, it shall transfer any neonate requiring prolonged (greater than 24 consecutive hours) ventilator therapy to a Level III or Level III Regional NICU Unit. Neonates requiring transfer to a Level III or Level III Regional NICU Unit may be returned to a Level II NICU Unit for convalescence.

C. Level III NICU Unit

1. The unit shall meet all requirements of the Level I Neonatal Unit and Level II NICU Unit services at a superior level.

2. There shall be provision of comprehensive care of high risk neonates of all categories admitted and transferred.

3. There shall be a neonatal transport agreement with Level III Regional Units and shall be involved in organized outreach educational programs.

4. There shall be one neonatologist for every 10 patients in intensive care (Level III NICU unit) area. If the neonatologist is not in-house, there shall be one licensed physician who has successfully completed the Neonatal Resuscitation Program (NRP), or one neonatal nurse practitioner in-house for Level III NICU unit patients who require intensive care. A five-year phase-in period shall be allowed in order for the hospital to recruit adequate staff to meet these requirements.

5. Obstetrics and neonatal diagnostic imaging, provided by obstetricians or radiologists who have special interest and competence in maternal and neonatal disease shall be available 24 hours a day.

6. There shall be a neonatologist or a licensed physician who has successfully completed the Neonatal Resuscitation Program (NRP), or a neonatal nurse practitioner in-house at all times.

D. Neonatal Level III Regional NICU Unit

1. The unit shall meet all requirements of the Level I Neonatal Unit and Level II and III NICU unit services at a superior level.

2. The unit shall have a transport team and provide for and coordinate a maternal and neonatal transport with Level I, Level II and Level III NICU's throughout the state.

3. The unit shall be recognized as a medical center of excellence, and a center of research, educational and consultative support to the medical community.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2429 (November 2003).

### §9519. Medical Staff

A. Level I Neonatal Unit. The unit's medical director and/or department chief shall be a board-eligible or board-certified pediatrician; or a board-eligible or board-certified family practitioner on staff.

B. Level II NICU Unit. A board-certified pediatrician of a Level II NICU unit with subspecialty certification in neonatal medicine shall be the medical director and/or department chief. In existing units consideration shall be given to waiving this requirement for board-certified pediatricians with a minimum of five years experience in neonatal care who are currently serving as medical directors of Level II NICU units. The request for waiver shall be made in writing to the Office of the Secretary.

C. Level III NICU Unit. The medical director and/or department chief of a Level III NICU unit shall be a board-certified pediatrician with subspecialty certification in neonatal medicine. The following exceptions are recognized.

1. Board eligible neonatologists shall achieve board certification within five years of completion of fellowship training.

2. In existing units, consideration shall be given to waiving this requirement for neonatologists who are currently medical directors and/or department chiefs of Level III NICUs. The request for waiver shall be made in writing to the Office of the Secretary/Bureau of Health Services Financing. This exception applies only to the individual at the hospital where the medical director and/or department chief position is held. The physician can not relocate to another hospital nor can the hospital replace the medical director and/or department chief for whom the exception was granted and retain the exception.

3. There shall be one neonatologist for every 10 patients in the intensive care Level III NICU unit area. If the neonatologist is not in-house, there shall be one licensed physician (who has successfully completed the neonatal resuscitation program (NRP)), or one neonatal nurse practitioner in-house for Level III NICU unit patients who require intensive care. A five-year phase-in period shall be allowed in order for the hospital to recruit adequate staff to meet these requirements. A Level III NICU unit shall have a neonatologist, or a licensed physician (who has successfully completed the neonatal resuscitation program (NRP)), or a neonatal nurse practitioner in-house at all times.

4. Medical and surgical consultation shall be readily available and pediatric sub-specialists may be used in consultation with a transfer agreement with a Level III Regional NICU unit.

#### D. Level III Regional NICU Unit

1. The medical director and/or department chief shall be a board-certified neonatologist.

2. The unit shall have the following subspecialties on staff and clinical services available to provide consultation and care in a timely manner:

- a. pediatric surgery;
- b. pediatric cardiology;
- c. pediatric neurology;
- d. pediatric hematology;
- e. genetics;
- f. pediatric nephrology;
- g. endocrinology;
- h. pediatric gastroenterology;

- i. pediatric infectious disease;
- j. pediatric pulmonary medicine;
- k. cardiovascular surgery;
- l. neurosurgery;
- m. orthopedic surgery;
- n. pediatric urologic surgery;
- o. pediatric ophthalmology;
- p. pediatric ENT surgery;
- q. pediatric nutritionist;
- r. pediatric PT/OT;
- s. neonatal social services;
- t. bioethics committee.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2430 (November 2003).

### §9521. Staffing

A. Level I Neonatal Unit. A registered nurse manager dedicated for the neonatal care area shall be available to all units. The registered nurse manager shall have specific training and experience in neonatal care. The registered nurse manager shall participate in the development of written policies and procedures for the neonatal care areas, coordinate staff education and budget preparation with the medical director. The nurse manager shall name qualified substitutes to fulfill his or her duties during their absences. Nurse to patient ratios will vary with patient needs; however, the range for Level I shall be 1:8.

B. Level II NICU Unit. A registered nurse manager dedicated for the neonatal care area shall be available to all units. The registered nurse manager shall have specific training and experience in the development of written policies and procedures for the neonatal care areas and shall coordinate staff education and budget preparation with the medical director. The nurse manager shall name qualified substitutes to fulfill his or her duties during their absences. Nurse to patient ratios will vary with patient needs; however, the range for Level II shall be 1:3-4.

C. Level III NICU Unit. A registered nurse manager dedicated for the neonatal care area shall be available to all units. The nurse manager shall have specific training and experience in the development of written policies and procedures for the neonatal care areas and shall coordinate staff education and budget preparation with the medical director. The nurse manager shall name qualified substitutes to fulfill his or her duties during their absences. Nurse-to-patient ratios will vary with patient needs, however, the range for Level III NICU unit shall be 1:2-3.

D. Level III Regional NICU Unit. A registered nurse manager dedicated for the neonatal care area shall be available to all units. The nurse manager shall have specific training and experience in neonatal intensive care. The nurse manager shall participate in the development of written policies and procedures for the neonatal care areas and shall coordinate staff education and budget preparation with the medical director. The nurse manager shall name qualified substitutes to fulfill his or her duties during their absences. Nurse to patient ratios will vary with patient needs, however, the range for Level III regional unit shall be 1:1-2.

E. The following support personnel shall be available to the perinatal care service of Level II, III and III Regional NICU units:

1. at least one full-time medical social worker who has experience with the socioeconomic and psychosocial problems of high-risk mothers and fetuses, sick neonates, and their families (additional medical social workers may be required if the patient load is heavy);

2. at least one occupational or physical therapist with neonatal expertise;

3. at least one registered dietitian/nutritionist who has special training in perinatal nutrition and can plan diets that meet the special needs of high-risk mothers and neonates;

4. qualified personnel for support services such as laboratory studies, radiologic studies and ultrasound examinations (these personnel shall be readily available 24 hours a day); and

5. respiratory therapists or nurses with special training who can supervise the assisted ventilations of neonates with cardiopulmonary disease (optimally, one therapist is needed for each four neonates who are receiving assisted ventilation).

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2430 (November 2003).

#### **Subchapter T. Pediatric Services (Optional)**

##### **§9525. General Provisions**

A. Pediatric services shall be under the medical direction of a qualified physician who is a member of the medical staff with pediatric privileges and appointed by the governing body. Hospitals admitting children shall have proper facilities for their care apart from adult patients and the newborn. Children under 14 years of age shall not be placed in rooms with adult patients.

B. In hospitals with a separate designated pediatric unit in existence prior to March 1, 1995, the maximum number of beds permitted in each pediatric room shall be eight and shall meet the same spatial standards as specified in Subchapter J of these requirements. In hospitals with a separate designated pediatric unit subsequent to March 1, 1995, the maximum number of beds permitted in each pediatric room shall be four and shall meet the same spatial standards as specified in Subchapter J of these requirements. Patient rooms containing cribs shall provide at least 60 square feet minimum clear floor area for each crib, with no more than six cribs in each room. Provisions for hygiene, toilets, sleeping and personal belongings shall be included where the program indicates that parents are allowed to remain with pediatric patients. Equipment and supplies shall be readily available and appropriate for pediatric services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2431 (November 2003).

##### **§9527. Personnel**

A. Every registered nurse who works in the pediatric unit shall be trained in an emergency pediatric nursing course that includes training in pediatric trauma and pediatric advanced life support and that has been conducted pursuant to guidelines established by the Louisiana State Board of Nursing.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2431 (November 2003).

##### **§9529. Pediatric Intensive Care Units**

A. There are two levels of pediatric care units: Level I; and Level II. If pediatric intensive care services are provided, the hospital shall satisfy the Level II PICU requirements.

B. Levels I and II units shall have a PICU Committee established as a standing committee of the hospital. It shall be composed of at least physicians, nurses, respiratory therapists and other disciplines as appropriate to the specific hospital unit. The committee shall participate in the delineation of privileges for all personnel (both MD and non-MD) within the unit. Policies and procedures shall be established by the medical director and the registered nurse manager in collaboration with the committee and with approval of the medical staff and the governing body. These written policies and procedures shall include, but not be limited to, safety procedures infection control, visitation, admission and discharge criteria, patient monitoring and record keeping, equipment preventive maintenance and repair.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2431 (November 2003).

##### **§9531. Facilities**

A. The Levels I and II shall be distinct, separate units within the hospital. There shall be clean and soiled utility rooms, isolation room capabilities, medication and a conference area available on the units.

B. Level I units shall be located in the Category 1 facility as defined by the American Academy of Pediatrics.

C. The Emergency Department (ED) shall have a separate covered entrance. Two or more areas within the ED shall have the capacity and equipment to resuscitate any pediatric patient with any medical, surgical or traumatic illness within facilities with Level I units. Hospitals with Level II units only need one such area. The emergency room shall be staffed 24 hours a day in facilities with either Level I of II units.

D. There shall be an operating suite with one room available within 30 minutes and a second room within 45 minutes, 24 hours a day. Hospitals with Level I units must have the capability of providing cardiopulmonary bypass, pediatric bronchoscopy and radiography.

E. Clinical Laboratories

1. Clinical laboratories shall have microspecimen capability and the capability to perform clotting studies with one-hour turn around. There must also be the capability to perform:

- a. complete blood cell count;
- b. differential count;
- c. platelet count;
- d. urinalysis;
- e. electrolytes;
- f. blood urea nitrogen;
- g. creatinine;
- h. glucose calcium;
- i. prothrombin time;

- j. partial thromboplastin time; and
- k. cerebrospinal fluid cell counts.

2. Preparation of gram stains and bacteriologic cultures shall be available 24 hours per day. Blood gas values must be available within 15 minutes. Results of drug screening and levels of serum ammonia, serum and urine osmolarity, phosphorus and magnesium shall be available within three hours for Level I units.

F. There must be a blood bank able to provide all blood components 24 hours a day in both Levels I and II. Cross matching shall allow for transfusions within one hour unless some unusual antibody is encountered.

G. Hospitals with Level I units must have radiology services capable of radiography, fluoroscopy, computerized tomography scanning, ultrasonography and nuclear scanning angiography.

H. Diagnostic cardiac and neurologic studies shall be available to both Levels I and II unit facilities.

I. A catheterization laboratory or angiography suite must be present in facilities with Level I units.

J. Level I units shall have the capability to provide hemodialysis 24 hours a day.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2432 (November 2003).

#### **§9533. Patient Rooms**

A. The head of each bed and/or crib shall be rapidly accessible for emergency airway management.

B. Electrical power, oxygen, medical compressed air and vacuum outlets shall be available at each bed/crib.

C. There shall be walls or curtains available at each bedside to provide for full visual privacy.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2432 (November 2003).

#### **§9535. Medical Staff**

A. The medical director in Level I units shall be:

1. board certified in pediatrics and board certified or in the process of board certification in pediatric critical care medicine (certification must be completed within five years);

2. board certified in anesthesiology with practice limited to infants and children with special qualifications (as defined by the American Board of Anesthesiology) in critical care medicine; or

3. board certified in pediatric care medicine (as defined by the American Board of Surgery). A Level II medical director shall meet the same criteria of Level I except the board certification in Pediatric Critical Medicine is not required. The medical director shall name a qualified alternate to serve in his or her absence.

B. In existing units, consideration will be given to waiving this requirement for board certified pediatricians with a minimum of five years experience in pediatric care who are currently serving as medical directors of Levels I and II units. The request for waiver shall be made in writing to the Office of the Secretary.

C. Levels I and II units must have at least one physician of at least the postgraduate year two assigned to the PICU in-house 24 hours per day.

D. Other physicians including the attending physician or designee shall be available within 30 minutes.

E. Level I units shall have on staff a pediatric anesthesiologist, surgeon, cardiothoracic surgeon, neurosurgeon, intensivist, cardiologist, neurologist, pulmonologist, hematologist/oncologist, endocrinologist, gastroenterologist, allergist or immunologist, as well as a radiologist, pathologist, and psychiatrist or psychologist. Level II units shall meet the above medical staffing requirements, except the cardiothoracic surgeon and the pediatric subspecialties. There shall be a five-year phase in period with regard to staffing requirements.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2432 (November 2003).

#### **§9537. Staffing**

A. Levels I and II shall have a unit manager dedicated to the unit who is a registered nurse with specific training and experience in pediatric critical care. The Level I manager shall be certified in critical-care nursing. The registered nurse manager shall name a qualified alternate to act in his/her absence.

1. The staff to patient ratio shall vary with the acuity of the patients; however, the minimum shall be 1:3.

2. There shall be an organized written orientation program as well as an ongoing in-service/continuing education program.

B. For the Level I units the respiratory therapy staff assigned to a unit shall be in-house 24 hours per day.

1. Biomedical technicians shall be available within one hour, 24 hours a day.

2. The unit clerk shall be readily available to the unit 24 hours a day.

3. A pharmacist and licensed radiographer shall be in-house 24 hours per day.

4. Social workers, physical therapists and nutritionists shall be assigned to the unit as applicable.

C. For Level II Units the respiratory therapist shall be in-house 24 hours a day.

1. The biomedical technician shall be available within one hour, 24 hours a day.

2. The pharmacist and radiologist shall be on call 24 hours a day.

3. Unit clerks, social workers, physical therapists and nutritionists shall be available as applicable.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2432 (November 2003).

#### **§9539. Supplies and Equipment**

A. There shall be lifesaving, therapeutic and monitoring equipment present in Level I and II units. There shall be a complete "code" or "crash" cart available on both Level I and II units. The cart contents available on Level I and II

units should include, but not be limited to, approved medications, a defibrillator/cardioverter, automated blood pressure apparatus devices. All equipment shall be of proper size for infants and children. Oxygen tanks are needed for transport and backup for both Levels I and II units.

B. There shall be additional equipment available to meet the needs of the patient population.

C. Level I units shall have the capability of ventilator support.

D. There shall be bedside monitoring in Level I and II PICUs with the capability for continuously monitoring heart rate and rhythm, respiratory rate, temperature and one hemodynamic pressure. Level I units shall also have the ability to monitor systemic arterial, central venous, pulmonary arterial and intracranial pressures. The monitors must have alarms with both high and low settings and they must also have both audible and visible capability. There shall be a maintenance and calibration schedule maintained for all monitoring devices.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2432 (November 2003).

#### §9541. Miscellaneous

A. PICUs shall be integrated with the regional EMS system as available. Rapid access to a poison control center is essential. Each PICU shall have or be affiliated with a transport system and team to assist other hospitals in arranging safe patient transport.

B. Each Level I PICU shall offer pediatric critical care education for EMS providers, emergency department and transport personnel as well as for the general public. The staff nurses and respiratory therapists must also have basic life support certification.

C. Level I PICUs offering a fellowship program in pediatric critical care will possess sufficient patient volume, teaching expertise, and research capability to support such a fellowship. Programs providing sub-specialty training in critical care must possess approval by the residency review committee of the Accreditation Council on Graduate Medical Education. Research is essential for improving our understanding of the pathophysiology affecting vital organ systems. Such knowledge is vital to improve patient care techniques and therapies and thereby decrease morbidity and mortality.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2433 (November 2003).

David W. Hood  
Secretary

0311#087

## RULE

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

#### Medicaid Estate Recovery Program

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

#### Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing repeals the October 20, 2001 Rule governing Medicaid Estate Recovery.

David W. Hood  
Secretary

0311#086

## RULE

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

#### Medical Transportation Program Emergency and Non-Emergency Ambulance Services Certification for Ambulance Services

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

#### Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing establishes the following criteria for the certification of emergency and non-emergency ambulance transportation services.

1. The medical certification form shall be used to document the recipient's condition at the time the ambulance services were ordered and to establish medical necessity for the ambulance services. The signature of the following licensed medical professionals who render medical care to the recipient shall be acceptable on the medical certification form:

- a. a physician;
- b. a registered nurse;
- c. the director of nursing at a nursing facility;
- d. a nurse practitioner;

- e. a physician assistant; or
- f. a clinical nurse specialist.

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.

David W. Hood  
Secretary

0311#084

**RULE**

**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 has promulgated the following Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

**Rule**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amended the reimbursement methodology for state operated intermediate care facilities for the mentally retarded (ICFs-MR) and establishes payments using a formula for establishing per diem rates at the Medicare Upper Payment Limit for these services.

A. Medicaid payments to state-owned and operated ICFs-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 ICFs-MR 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.

B. 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.

David W. Hood  
Secretary

0311#088

**RULE**

**Department of Insurance  
Office of the Commissioner**

**Regulation 33? Medicare Supplement  
Insurance Minimum Standards  
(LAC 37:XIII.Chapter 5)**

This regulation is authorized by R.S.22:2 and 22:224, and amends existing laws that pertain to the Medicare Supplement Insurance Minimum Standards. These standards are required to bring existing laws into compliance with the new federal standards created by the Benefits Improvement and Protection Act (hereinafter referred to as BIPA). The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act was enacted on December 21, 2000. The Department of Insurance is adopting the NAIC Model Regulation in order to implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act, which comply with Federal law. Additionally, technical corrections are grammatical in nature and adjustments were made to the Outline of Coverage Charts to address the current amounts mandated by the federal government.

The department is clarifying existing laws in reference to notice requirements, rate increase requirements, grievance procedures and premium requirements.

**Title 37**

**INSURANCE**

**Part XIII. Regulations**

**Chapter 5. Regulati on 33? Medicare Supplement  
Insurance Minimum Standards**

**§501. Purpose**

A. The purpose of this regulation is:

1. to provide for the reasonable standardization of coverage and simplification of terms and benefits of Medicare supplement policies;
2. to facilitate public understanding and comparison of such policies;
3. to eliminate provisions contained in such policies which may be misleading or confusing in connection with the purchase of such policies or with the settlement of claims; and
4. to provide for full disclosures in the sale of accident and sickness insurance coverages to persons eligible for Medicare.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1101 (June 1999), repromulgated LR 25:1481 (August 1999), repromulgated LR 29:2434 (November 2003).

**§502. Applicability and Scope**

A. Except as otherwise specifically provided in §§510, 540, 545, 560 and 585, this regulation shall apply to:

1. all Medicare supplement policies delivered or issued for delivery in this state on or after the effective date of this regulation; and
2. all certificates issued under group Medicare supplement policies which certificates have been delivered or issued for delivery in this state.

B. This regulation shall not apply to a policy or contract of one or more employers or labor organizations, or of the trustees of a fund established by one or more employers or labor organizations, or combination thereof, for employees or former employees, or a combination thereof, or for members or former members, or a combination thereof, of the labor organizations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1101 (June 1999), repromulgated LR 25:1481 (August 1999), LR 29:2434 (November 2003).

### §503. Definitions

A. For purpose of this regulation:

*Applicant?*

a. in the case of an individual Medicare supplement policy, the person who seeks to contract for insurance benefits; and

b. in the case of a group Medicare supplement policy, the proposed certificateholder.

*Bankruptcy?* when a Medicare+Choice organization that is not an issuer has filed, or has had filed against it, a petition for declaration of bankruptcy and has ceased doing business in the state.

*Certificate?* any certificate delivered or issued for delivery in this state under a group Medicare supplement policy.

*Certificate Form?* the form on which the certificate is delivered or issued for delivery by the issuer.

*Continuous Period of Creditable Coverage?* the period during which an individual was covered by creditable coverage, if during the period of the coverage the individual had no breaks in coverage greater than 63 days.

*Creditable Coverage?*

a. with respect to an individual, coverage of the individual provided under any of the following:

- i. a group health plan;
- ii. health insurance coverage;
- iii. Part A or Part B of Title XVIII of the Social Security Act (Medicare);
- iv. Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under section 1928;
- v. Chapter 55 of Title 10 United States Code (CHAMPUS);
- vi. a medical care program of the Indian Health Service or of tribal organization;
- vii. a State health benefits risk pool;
- viii. a health plan offered under chapter 89 of Title 5 United States Code (Federal Employees Health Benefits Program);
- ix. a public health plan as defined in federal regulation; and
- x. a health benefit plan under Section 5(e) of the Peace Corps Act [22 United States Code 2504(e)].

b. creditable coverage shall not include one or more, or any combination of, the following:

- i. coverage only for accident or disability income insurance, or any combination thereof;
  - ii. coverage issued as a supplement to liability insurance;
  - iii. liability insurance, including general liability insurance and automobile liability insurance;
  - iv. workers compensation or similar insurance;
  - v. automobile medical payment insurance;
  - vi. credit-only insurance;
  - vii. coverage for on-site medical clinics; and
  - viii. other similar insurance coverage, specified in federal regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.
- c. creditable coverage shall not include the following benefits if they are provided under a separate policy, certificate or contract of insurance or are otherwise not an integral part of the plan:
- i. limited scope dental or vision benefits;
  - ii. benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof; and
  - iii. such other similar, limited benefits as are specified in federal regulations;
- d. creditable coverage shall not include the following benefits if offered as independent, noncoordinated benefits:
- i. coverage only for a specified disease or illness; and
  - ii. hospital indemnity or other fixed indemnity insurance;
- e. creditable coverage shall not include the following if it is offered as a separate policy, certificate or contract of insurance:
- i. Medicare supplemental health insurance as defined under section 1882 (g)(1) of the Social Security Act;
  - ii. coverage supplemental to the coverage provided under chapter 55 of title 10, United States Code; and
  - iii. similar supplemental coverage provided to coverage under a group health plan.

*Employee Welfare Benefit Plan?* a plan, fund or program of employee benefits as defined in 29 U.S.C. Section 1002 (Employee Retirement Income Security Act).

*Insolvency?* inability to pay its obligations when they are due, or a condition when its admitted assets do not exceed its liabilities plus the greater of:

a. any capital and surplus required by law for its organization; and

b. the total par or stated value of its authorized and issued capital stock;

c. for purposes of this Subsection, liabilities shall include but not be limited to reserves required by statute, by general regulations of the Department of Insurance or by specific requirements imposed by the commissioner upon a subject company at the time of admission or subsequent thereto.

*Issuer?* includes insurance companies, fraternal benefit societies, health care service plans, health maintenance organizations, and any other entity authorized to deliver or issue for delivery in this state Medicare supplement policies or certificates.

*Medicare?* "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

*Medicare+Choice Plan?* a plan of coverage for health benefits under Medicare Part C as defined in Section 1859 found in Title IV, Subtitle A, Chapter 1 of P.L. 105-33, and includes:

- a. coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans;
- b. medical savings account plans coupled with a contribution into a Medicare+Choice medical savings account; and
- c. Medicare+Choice private fee-for-service plans.

*Medicare Supplement Policy?* a group or individual policy of health insurance or a subscriber contract of hospital and medical service associations or health maintenance organizations, other than a policy issued pursuant to a contract under Section 1876 of the federal Social Security Act (42 U.S.C. Section 1395 et. seq.) or an issued policy under a demonstration project specified in 42 U.S.C. §1395ss(g)(1), which is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare. Also, it includes those plans commonly known as health care prepayment plans (HCPPs).

*Policy Form?* the form on which the policy is delivered or issued for delivery by the issuer.

*Qualified Actuary?* an actuary who is a member of either the Society of Actuaries or the American Academy of Actuaries.

*Secretary?* the Secretary of the United States Department of Health and Human Services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 43 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1102 (June 1999), repromulgated LR 25:1481 (August 1999), LR 29:2435 (November 2003).

#### **§504. Policy Definitions and Terms**

A. No policy or certificate may be advertised, solicited or issued for delivery in this state as a Medicare supplement policy or certificate unless the policy or certificate contains definitions or terms, which conform to the requirements of this Section.

*Accident, Accidental Injury, or Accidental Means?* to employ "result" language and shall not include words, which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words or description or characterization.

a. The definition shall not be more restrictive than the following:

"Injury or injuries for which benefits are provided means accidental bodily injury sustained by the insured person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while insurance coverage is in force."

b. The definition may provide that injuries shall not include injuries for which benefits are provided or available under any workers' compensation, employer's liability or similar law, or motor vehicle no-fault plan, unless prohibited by law.

*Benefit Period or Medicare Benefit Period?* shall not be defined more restrictively than as defined in the Medicare program.

*Convalescent Nursing Home, Extended Care Facility, or Skilled Nursing Facility?* shall not be defined more restrictively than as defined in the Medicare program.

*Health Care Expenses?* expenses of health maintenance organizations associated with the delivery of health care services, which expenses are analogous to incurred losses of insurers. Expenses shall not include:

- a. home office and overhead costs;
- b. advertising costs;
- c. commissions and other acquisition costs;
- d. taxes;
- e. capital costs;
- f. administrative costs; and
- g. claims processing costs.

*Hospital?* may be defined in relation to its status, facilities and available services or to reflect its accreditation by the Joint Commission on Accreditation of Hospitals, but not more restrictively than as defined in the Medicare program.

*Medicare?* in the policy and certificate. Medicare may be substantially defined as "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended," or "Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof," or words of similar import.

*Medicare Eligible Expenses?* expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

*Physician?* shall not be defined more restrictively than as defined in the Medicare program.

*Sickness?* shall not be defined to be more restrictive than the following.

a. Sickness means illness or disease of an insured person which first manifests itself after the effective date of insurance and while the insurance is in force.

b. The definition may be further modified to exclude sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1102 (June 1999), repromulgated LR 25:1482 (August 1999), LR 29:2436 (November 2003).

#### **§505. Policy Provisions**

A. Except for permitted preexisting condition clauses as described in §510.A.1. and §515.A.1 of this regulation, no policy or certificate may be advertised, solicited or issued for delivery in this state as a Medicare supplement policy if the policy or certificate contains limitations or exclusions on coverage that are more restrictive than those of Medicare.

B. No Medicare supplement policy or certificate may use waivers to exclude, limit or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions.

C. No Medicare supplement policy or certificate in force in the state shall contain benefits, which duplicate benefits provided by Medicare.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1102 (June 1999), repromulgated LR 25:1483 (August 1999), LR 29:2436 (November 2003).

**§506. Premium Increase Requirements**

A. Every insurer issuing or renewing a Medicare Supplement policy shall notify the policyholder and each member of an association in writing at least 45 days before any premium increase.

B. Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate stating in substance that policyholder or certificateholder will be notified at least 45 days before any premium increase.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 29:2436 (November 2003).

**§507. Rate Increases Requirements**

A. Every insurer issuing a Medicare supplement policy shall not increase their premium rates during the initial 12 months of coverage and not more than once in any six-month period following the initial 12-month period for any policy, certificate, rider, or amendment issued in or for residents of the state, no matter the date of commencement or renewal of coverage. This Subsection does not affect increases in the premium amount due to the addition of a newly covered person or change in age or geographic location of an individual insured or policyholder or an increase in the policy benefit level.

B. Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate stating in substance that the premium rates will not increase during the initial 12-months of coverage and not more than once in any six-month period following the initial 12-month period. The notice may include that this requirement does not affect increases in the premium amount due to the addition of a newly covered person or change in age or geographic location of an individual insured or policyholder or an increase in the policy benefit level.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 29:2436 (November 2003).

**§508. Reserved.**

**§509. Reserved.**

**§510. Minimum Benefit Standards for Policies or Certificates Issued for Delivery Prior to July 20, 1992**

A. No policy or certificate may be advertised, solicited or issued for delivery in this state as a Medicare supplement policy or certificate unless it meets or exceeds the following minimum standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards.

1. General Standards. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this regulation.

a. A Medicare supplement policy or certificate shall not exclude or limit benefits for losses incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate shall not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage.

b. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

c. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.

d. A noncancellable, guaranteed renewable, or noncancellable and guaranteed renewable Medicare supplement policy shall not:

i. provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium; or

ii. be cancelled or nonrenewed by the issuer solely on the grounds of deterioration of health.

e.i. Except as authorized by the commissioner of this state, an issuer shall neither cancel nor nonrenew a Medicare supplement policy or certificate for any reason other than nonpayment of premium or material misrepresentation.

ii. If a group Medicare supplement insurance policy is terminated by the group policyholder and not replaced as provided in §510.A.1.e.iv, the issuer shall offer certificateholders an individual Medicare supplement policy. The issuer shall offer the certificateholder at least the following choices:

(a) an individual Medicare supplement policy currently offered by the issuer having comparable benefits to those contained in the terminated group Medicare supplement policy; and

(b) an individual Medicare supplement policy which provides only such benefits as are required to meet the minimum standards as defined in §515.A.2 of this regulation;

(c) Group contracts in force prior to the effective date of the Omnibus Budget Reconciliation Act (OBRA) of 1990 may have existing contractual obligations to continue benefits contained in the group contract. This Section is not intended to impair those obligations.

iii. If membership in a group is terminated, the issuer shall:

(a) offer the certificateholder the conversion opportunities described in §510.A.1.e.ii; or

(b) at the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

iv. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of

termination. Coverage under the new group policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

f. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or to payment of the maximum benefits.

## 2. Minimum Benefit Standards

a. Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

b. coverage for either all or none of the Medicare Part A inpatient hospital deductible amount;

c. coverage of Part A Medicare eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days;

d. upon exhaustion of all Medicare hospital inpatient coverage including the lifetime reserve days, coverage of 90 percent of all Medicare Part A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days;

e. coverage under Medicare Part A for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part B;

f. coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount equal to the Medicare Part B deductible (\$100);

g. effective January 1, 1990, coverage under Medicare Part B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations or already paid for under Part A, subject to the Medicare deductible amount.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1103 (June 1999), repromulgated LR 25:1483 (August 1999), amended LR 29:2437 (November 2003).

**§511. Reserved.**

**§512. Reserved.**

**§513. Reserved.**

**§514. Reserved.**

**§515. Benefit Standards for Policies or Certificates Issued or Delivered on or After July 20, 1992**

A. The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state on or after July 20, 1992. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate unless it complies with these benefit standards.

1. General Standards. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this regulation.

a. A Medicare supplement policy or certificate shall not exclude or limit benefits for losses incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate may not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage.

b. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

c. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.

d. No Medicare supplement policy or certificate shall provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium.

e. Each Medicare supplement policy shall be guaranteed renewable.

i. The issuer shall not cancel or nonrenew the policy solely on the ground of health status of the individual.

ii. The issuer shall not cancel or nonrenew the policy for any reason other than nonpayment of premium or material misrepresentation.

iii. If the Medicare supplement policy is terminated by the group policyholder and is not replaced as provided under §515.A.5.e.v, the issuer shall offer certificateholders an individual Medicare supplement policy which (at the option of the certificateholder):

(a). provides for continuation of the benefits contained in the group policy; or

(b). provides for benefits that otherwise meet the requirements of this Subsection.

iv. If an individual is a certificateholder in a group Medicare supplement policy and the individual terminates membership in the group, the issuer shall:

(a). offer the certificateholder the conversion opportunity described in §515.A.1.e.iii; or

(b). at the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

v. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

f. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous

total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits.

g.i. A Medicare supplement policy or certificate shall provide that benefits and premiums under the policy or certificate shall be suspended at the request of the policyholder or certificateholder for the period (not to exceed 24 months), or upon discovering thereof by the insurer in which the policyholder or certificateholder has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act, but only if the policyholder or certificateholder notifies the issuer of the policy or certificate within 90 days after the date the individual becomes entitled to assistance.

ii. If suspension occurs and if the policyholder or certificateholder loses entitlement to medical assistance, the policy or certificate shall be automatically reinstated (effective as of the date of termination of such entitlement) as of the termination of entitlement if the policyholder or certificateholder provides notice of loss of entitlement within 90 days after the date of loss and pays the premium attributable to the period, effective as of the date of termination of entitlement.

iii. Each Medicare supplement policy shall provide that benefits and premiums under the policy shall be suspended (for any period that may be provided by federal regulation) at the request of the policyholder if the policyholder is entitled to benefits under Section 226 (b) of the Social Security Act and is covered under a group health plan [as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act]. If suspension occurs and if the policyholder or certificateholder loses coverage under the group health plan, the policy shall be automatically reinstated (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.

iv. Reinstitution of coverage as described in Clauses g.ii and iii:

(a). shall not provide for any waiting period with respect to treatment of preexisting conditions;

(b). shall provide for coverage which is substantially equivalent to coverage in effect before the date of suspension; and

(c). shall provide for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have applied to the policyholder or certificateholder had the coverage not been suspended.

2. Standards for Basic (Core) Benefits Common to All Benefit Plans. Every issuer shall make available a policy or certificate including only the following basic core package of benefits to each prospective insured. An issuer may make available to prospective insureds any of the other Medicare Supplement Insurance Benefit Plans in addition to the basic core package, but not in lieu of it:

a. coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

b. coverage of Part A Medicare eligible expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;

c. upon exhaustion of the Medicare hospital inpatient coverage including the lifetime reserve days, coverage of the Medicare Part A eligible expenses for hospitalization paid at the diagnostic related group (DRG) day outlier per diem or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days;

d. coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;

e. coverage for the coinsurance amount (or, in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount) of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

3. Standards for Additional Benefits. The following additional benefits shall be included in Medicare Supplement Benefit Plans "B" through "J" only as provided by §520 of this regulation.

a. Medicare Part A Deductible? coverage for all of the Medicare Part A inpatient hospital deductible amount per benefit period.

b. Skilled Nursing Facility Care? coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post hospital skilled nursing facility care eligible under Medicare Part A.

c. Medicare Part B Deductible? coverage for all of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.

d. Eighty Percent of the Medicare Part B Excess Charges? coverage for 80 percent of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

e. One Hundred Percent of the Medicare Part B Excess Charges? coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

f. Basic Outpatient Prescription Drug Benefit? coverage for 50 percent of outpatient prescription drug charges, after a \$250 calendar year deductible, to a maximum of \$1,250 in benefits received by the insured per calendar year, to the extent not covered by Medicare.

g. Extended Outpatient Prescription Drug Benefit? coverage for 50 percent of outpatient prescription drug charges, after a \$250 calendar year deductible to a maximum of \$3,000 in benefits received by the insured per calendar year, to the extent not covered by Medicare.

h. Medically Necessary Emergency Care in a Foreign Country? coverage to the extent not covered by Medicare for 80 percent of the billed charges for Medicare-eligible expenses for medically necessary emergency

hospital, physician, and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000. For purposes of this benefit, emergency care shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

i. Preventive Medical Care Benefit? coverage for the following preventive health services:

i. an annual clinical preventive medical history and physical examination that may include tests and services from Subparagraph ii. and patient education to address preventive health care measures;

ii. any one or a combination of the following preventive screening tests or preventive services, the frequency of which is considered medically appropriate:

(a). digital rectal examination;

(b). dipstick urinalysis for hematuria, bacteriuria and proteinuria;

(c). pure tone (air only) hearing screening test, administered or ordered by a physician;

(d). serum cholesterol screening (every five years);

(e). thyroid function test;

(f). diabetes screening.

iii. tetanus and diphtheria booster (every 10 years);

iv. any other tests or preventive measures determined appropriate by the attending physician.

Reimbursement shall be for the actual charges up to 100 percent of the Medicare-approved amount for each service, as if Medicare were to cover the service as identified in American Medical Association Current Procedural Terminology (AMA CPT) codes, to a maximum of 120 annually under this benefit. This benefit shall not include payment for any procedure covered by Medicare.

j. At-Home Recovery Benefit? coverage for services to provide short term, at-home assistance with activities of daily living for those recovering from an illness, injury, or surgery.

i. For purposes of this benefit, the following definitions shall apply:

*Activities of Daily Living?* include, but are not limited to bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings.

*At-Home Recovery Visit?* the period of a visit required to provide at home recovery care, without limit on the duration of the visit, except each consecutive four hours in a twenty-four-hour period of services provided by a care provider is one visit.

ii. Coverage Requirements and Limitations

(a). At-home recovery services provided must be primarily services, which assist in activities of daily living.

(b). The insured's attending physician must certify that the specific type and frequency of at-home recovery services are necessary because of a condition for which a home care plan of treatment was approved by Medicare.

(c). Coverage is limited to:

(i). no more than the number and type of at-home recovery visits certified as necessary by the insured's attending physician. The total number of at-home

recovery visits shall not exceed the number of Medicare approved home health care visits under a Medicare approved home care plan of treatment;

(ii). the actual charges for each visit up to a maximum reimbursement of \$40 per visit;

(iii). one thousand six hundred dollars per calendar year;

(iv). seven visits in any one week;

(v). care furnished on a visiting basis in the insured's home;

(vi). services provided by a care provider as defined in this Section;

(vii). at-home recovery visits while the insured is covered under the policy or certificate and not otherwise excluded;

(viii). at-home recovery visits received during the period the insured is receiving Medicare approved home care services or no more than eight weeks after the service date of the last Medicare approved home health care visit.

iii. Coverage is excluded for:

(a). home care visits paid for by Medicare or other government programs; and

(b). care provided by family members, unpaid volunteers, or providers who are not care providers.

*Care Provider?* a duly qualified or licensed home health aide or homemaker, personal care aide or nurse provided through a licensed home health care agency or referred by a licensed referral agency or licensed nurses registry.

*Home?* any place used by the insured as a place of residence, provided that such place would qualify as a residence for home health care services covered by Medicare. A hospital or skilled nursing facility shall not be considered the insured's place of residence.

*New or Innovative Benefits?* an issuer may, with the prior approval of the commissioner, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner which is consistent with the goal of simplification of Medicare supplement policies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1104 (June 1999), repromulgated LR 25:1484 (August 1999), amended LR 29:2438 (November 2003).

**§516. Reserved.**

**§517. Reserved.**

**§518. Reserved.**

**§519. Reserved.**

**§520. Standard Medicare Supplement Benefit Plans**

A. An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic core benefits, as defined in §515.A.2. of this regulation.

B. No groups, packages or combinations of Medicare supplement benefits other than those listed in this Section shall be offered for sale in this state, except as may be

permitted in §515.A.3 *New and Innovative Benefits* and in §525 of this regulation.

C. Benefit plans shall be uniform in structure, language, designation and format to the standard benefit plans "A" through "J" listed in this Subsection and conform to the definitions in §503 of this regulation. Each benefit shall be structured in accordance with the format provided in §§515.A.2 and 515.A.3 and list the benefits in the order shown in this Subsection. For purposes of this Section, "structure, language, and format" means style, arrangement and overall content of a benefit.

D. An issuer may use, in addition to the benefit plan designations required in Subsection C, other designations to the extent permitted by law.

E. Make-up of Benefit Plans

1. Standardized Medicare supplement benefit plan "A" shall be limited to the basic (core) benefits common to all benefit plans, as defined in §515.A.2 of this regulation.

2. Standardized Medicare supplement benefit plan "B" shall include only the following: The core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible as defined in §515.A.3 Medicare Part A Deductible.

3. Standardized Medicare supplement benefit plan "C" shall include only the following: The core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible and medically necessary emergency care in a foreign country, as defined in §515.A.3. Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible and Medically Necessary Emergency Care in a Foreign Country, respectively.

4. Standardized Medicare supplement benefit plan "D" shall include only the following: The core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in a foreign country, and the at-home recovery benefit as defined in §515.A.3. Medicare Part A Deductible, Skilled Nursing Facility Care, Medically Necessary Emergency Care in a Foreign Country, and At-Home Recovery Benefit, respectively.

5. Standardized Medicare supplement benefit plan "E" shall include only the following: The core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in a foreign country, and preventive medical care as defined in §515.A.3. Medicare Part A Deductible, Skilled Nursing Facility Care, Medically Necessary Emergency Care in a Foreign Country, and Preventive Medical Care Benefit, respectively.

6. Standardized Medical supplement benefit plan "F" shall include only the following: The core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible, the skilled nursing facility care, the Part B deductible, 100 percent of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country, as defined in §515.A.3 Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible, One Hundred Percent of the Medicare Part B Excess Charges, and Medically Necessary Emergency Care in a Foreign Country, respectively.

7. Standardized Medicare supplement benefit high deductible plan "F" shall include only the following: 100 percent of covered expenses following the payment of the annual high deductible plan "F" deductible. The covered expenses include the core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible, skilled nursing facility care, the Medicare Part B deductible, 100 percent of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in §515.A.3 Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible, 100 Percent of the Medicare Part B Excess Charges, and Medically Necessary Emergency Care in a Foreign Country respectively. The annual high deductible plan "F" deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement plan "F" policy, and shall be in addition to any other specific benefit deductibles. The annual high deductible Plan "F" deductible shall be \$1500 for 1998 and 1999, and shall be based on the calendar year. It shall be adjusted annually thereafter by the secretary to reflect the change in the Consumer Price Index for all urban consumers for the 12-month period ending with August of the preceding year, and rounded to the nearest multiple of \$10.

8. Standardized Medicare supplement benefit plan "G" shall include only the following: The core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible, skilled nursing facility care, 80 percent of the Medicare Part B excess charges, medically necessary emergency care in a foreign country, and the at-home recovery benefit as defined in §515.A.3 Medicare Part A Deductible, Skilled Nursing Facility Care, Eighty Percent of the Medicare Part B Excess Charges, Medically Necessary Emergency Care in a Foreign Country, respectively.

9. Standardized Medicare supplement benefit plan "H" shall consist of only the following: The core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible, skilled nursing facility care, basic outpatient prescription drug benefit, and medically necessary emergency care in a foreign country, as defined in §515.A.3 Medicare Part A Deductible, Skilled Nursing Facility Care, Basic Outpatient Prescription Drug Benefit and Medically Necessary Emergency Care in a Foreign Country, respectively.

10. Standardized Medicare supplement benefit plan "I" shall consist of only the following: The core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible, skilled nursing facility care, 100 percent of the Medicare Part B excess charges, basic outpatient prescription drug benefit, medically necessary emergency care in a foreign country and at-home recovery benefit as defined in §515.A.3 Medicare Part A Deductible, Skilled Nursing Facility Care, 100 Percent of the Medicare Part B Excess Charges, Basic Outpatient Prescription Drug Benefit, Medically Necessary Care in a Foreign Country and At-Home Recovery Benefit, respectively.

11. Standardized Medicare supplement benefit plan "J" shall consist of only the following: The core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part

B deductible, 100 percent of the Medicare Part B excess charges, extended prescription drug benefit, medically necessary emergency care in a foreign country, preventive medical care and at-home recovery benefit as defined in §515.A.3 Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible, 100 Percent of the Medicare Part B Excess Charges, Extended Outpatient Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country, Preventive Medical Care Benefit and At-Home Recovery Benefit, respectively.

12. Standardized Medicare supplement benefit high deductible plan "J" shall consist of only the following: 100 percent of covered expenses following the payment of the annual high deductible plan "J" deductible. The covered expenses include the core benefit as defined in §515.A.2 of this regulation, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, 100 percent of the Medicare Part B excess charges, extended outpatient prescription drug benefit, medically necessary emergency care in a foreign country, preventive medical care benefit and at-home recovery benefit as defined in §515.A.3. Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible, 100 Percent of the Medicare Part B Excess Charges, Extended Outpatient Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country, Preventive Medical Care Benefit and At-Home Recovery Benefit, respectively. The annual high deductible plan "J" deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement plan "J" policy, and shall be in addition to any other specific benefit deductibles. The annual deductible shall be \$1500 for 1998 and 1999, and shall be based on a calendar year. It shall be adjusted annually thereafter by the secretary to reflect the change in the Consumer Price Index for all urban consumers for the 12-month period ending with August of the preceding year, and rounded to the nearest multiple of \$10.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1106 (June 1999), repromulgated LR 25:1487 (August 1999), LR 29:2440 (November 2003).

§521. **Reserved.**

§522. **Reserved.**

§523. **Reserved.**

§524. **Reserved.**

§525. **Medicare Select Policies and Certificates**

A.1. This Section shall apply to Medicare select policies and certificates, as defined in this Section.

2. No policy or certificate may be advertised as a Medicare select policy or certificate unless it meets the requirements of this Section.

B. For the purposes of this Section:

*Complaint?* any dissatisfaction expressed by an individual concerning a Medicare select issuer or its network providers.

*Grievance?* dissatisfaction expressed in writing by an individual insured under a Medicare select policy or certificate with the administration, claims practices, or provision of services concerning a Medicare select issuer or its network providers.

*Medicare Select Issuer?* an issuer offering, or seeking to offer, a Medicare select policy or certificate.

*Medicare Select Policy* or *Medicare Select Certificate?* respectively a Medicare supplement policy or certificate that contains restricted network provisions.

*Network Provider?* a provider of health care, or a group of providers of health care, which has entered into a written agreement with the issuer to provide benefits insured under a Medicare select policy.

*Restricted Network Provision?* any provision, which conditions the payment of benefits, in whole or in part, on the use of network providers.

*Service Area?* the geographic area approved by the commissioner within which an issuer is authorized to offer a Medicare select policy.

C. The commissioner may authorize an issuer to offer a Medicare select policy or certificate, pursuant to this Section and Section 4358 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 if the commissioner finds that the issuer has satisfied all of the requirements of this regulation.

D. A Medicare select issuer shall not issue a Medicare select policy or certificate in this state until its plan of operation has been approved by the commissioner.

E. A Medicare select issuer shall file a proposed plan of operation with the commissioner in a format prescribed by the commissioner. The plan of operation shall contain at least the following information:

1. evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that:

a. services can be provided by network providers with reasonable promptness with respect to geographic location, hours of operation and after-hour care. The hours of operation and availability of after-hour care shall reflect usual practice in the local area. Geographic availability shall reflect the usual travel times within the community;

b. the number of network providers in the service area is sufficient, with respect to current and expected policyholders, either:

i. to deliver adequately all services that are subject to a restricted network provision; or

ii. to make appropriate referrals;

c. there are written agreements with network providers describing specific responsibilities;

d. emergency care is available 24 hours per day and seven days per week;

e. in the case of covered services that are subject to a restricted network provision and are provided on a prepaid basis, there are written agreements with network providers prohibiting the providers from billing or otherwise seeking reimbursement from or recourse against any individual insured under a Medicare select policy or certificate. This Paragraph shall not apply to supplemental charges or coinsurance amounts as stated in the Medicare select policy or certificate;

2. a statement or map providing a clear description of the service area;

3. a description of the grievance procedure to be utilized;

4. a description of the quality assurance program, including:

- a. the formal organizational structure;
- b. the written criteria for selection, retention and removal of network providers; and
- c. the procedures for evaluating quality of care provided by network providers, and the process to initiate corrective action when warranted;

5. a list and description, by specialty, of the network providers;

6. copies of the written information proposed to be used by the issuer to comply with §525.I;

7. any other information requested by the commissioner.

F.1. A Medicare select issuer shall file any proposed changes to the plan of operation, except for changes to the list of network providers, with the commissioner prior to implementing the changes. Changes shall be considered approved by the commissioner after 30 days unless specifically disapproved.

2. An updated list of network providers shall be filed with the commissioner at least quarterly.

G A Medicare select policy or certificate shall not restrict payment for covered services provided by non-network providers if:

1. the services are for symptoms requiring emergency care or are immediately required for an unforeseen illness, injury or a condition; and

2. it is not reasonable to obtain such services through a network provider.

H. A Medicare select policy or certificate shall provide payment for full coverage under the policy for covered services that are not available through network providers.

I. A Medicare select issuer shall make full and fair disclosure, in writing, of the provisions, restrictions, and limitations of the Medicare select policy or certificate to each applicant. This disclosure shall include at least the following:

1. an outline of coverage sufficient to permit the applicant to compare the coverage and premiums of the Medicare select policy or certificate with:

- a. other Medicare supplement policies or certificates offered by the issuer; and
- b. other Medicare select policies or certificates;

2. a description (including address, phone number and hours of operation) of the network providers, including primary care physicians, specialty physicians, hospitals and other providers;

3. a description of the restricted network provisions, including payments for coinsurance and deductibles when providers other than network providers are utilized;

4. a description of coverage for emergency and urgently needed care and other out-of-service area coverage;

5. a description of limitations on referrals to restricted network providers and to other providers;

6. a description of the policyholder's rights to purchase any other Medicare supplement policy or certificate otherwise offered by the issuer;

7. a description of the Medicare select issuer's quality assurance program and grievance procedure.

J. Prior to the sale of a Medicare select policy or certificate, a Medicare select issuer shall obtain from the applicant a signed and dated form stating that the applicant has received the information provided pursuant to

Subsection I of this Section and that the applicant understands the restrictions of the Medicare select policy or certificate.

K. A Medicare select issuer shall have and use procedures for hearing complaints and resolving written grievances from the subscribers. The procedures shall be aimed at mutual agreement for settlement and may include non-binding arbitration procedures.

1. The grievance procedure shall be described in the policy and certificates and in the outline of coverage.

2. At the time the policy or certificate is issued, the issuer shall provide detailed information to the policyholder describing how a grievance may be registered with the issuer.

3. Grievances shall be considered in a timely manner and shall be transmitted to appropriate decision-makers who have authority to fully investigate the issue and take corrective action.

4. If a grievance is found to be valid, corrective action shall be taken promptly.

5. All concerned parties shall be notified about the results of a grievance.

6. The issuer shall report no later than each March 31st to the commissioner regarding its grievance procedure. The report shall be in a format prescribed by the commissioner and shall contain the number of grievances filed in the past year and a summary of the subject, nature and resolution of such grievances.

L. At the time of initial purchase, a Medicare select issuer shall make available to each applicant for a Medicare select policy or certificate the opportunity to purchase any Medicare supplement policy or certificate otherwise offered by the issuer.

M.1. At the request of an individual insured under a Medicare select policy or certificate, a Medicare select issuer shall make available to the individual insured the opportunity to purchase a Medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies or certificates available without requiring evidence of insurability after the Medicare select policy or certificate has been in force for six months.

2. For the purposes of this Subsection, a Medicare supplement policy or certificate will be considered to have comparable or lesser benefits unless it contains one or more significant benefits not included in the Medicare select policy or certificate being replaced. For the purposes of this Paragraph, a significant benefit means coverage for the Medicare Part A deductible, coverage for prescription drugs, coverage for at-home recovery services or coverage for Part B excess charges.

N. Medicare select policies and certificates shall provide for continuation of coverage in the event the secretary of Health and Human Services determines that Medicare select policies and certificates issued pursuant to this Section should be discontinued due to either the failure of the Medicare Select Program to be reauthorized under law or its substantial amendment.

1. Each Medicare select issuer shall make available to each individual insured under a Medicare select policy or certificate the opportunity to purchase any Medicare

supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make the policies and certificates available without requiring evidence of insurability.

2. For the purposes of this Subsection, a Medicare supplement policy or certificate will be considered to have comparable or lesser benefits unless it contains one or more significant benefits not included in the Medicare select policy or certificate being replaced. For the purposes of this Paragraph, a significant benefit means coverage for the Medicare Part A deductible, coverage for prescription drugs, coverage for at-home recovery services or coverage for Part B excess charges.

O. A Medicare select issuer shall comply with reasonable requests for data made by state or federal agencies, including the United States Department of Health and Human Services, for the purpose of evaluating the Medicare Select Program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1108 (June 1999), repromulgated LR 25:1488 (August 1999), amended LR 29:2441 (November 2003).

**§526. Reserved.**

**§527. Reserved.**

**§528. Reserved.**

**§529. Reserved.**

**§530. Open Enrollment**

A. An issuer shall not deny or condition the issuance or effectiveness of any Medicare supplement policy or certificate available for sale in this state, nor discriminate in the pricing of a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application for a policy or certificate that is submitted prior to or during the six month period beginning with the first day of the first month in which an individual is enrolled for benefits under Medicare Part B. Each Medicare supplement policy and certificate currently available from an insurer shall be made available to all applicants who qualify under this Subsection without regard to age.

B.1. If an applicant qualifies under Subsection A and submits an application during the time period referenced in Subsection A and, as of the date of application, has had a continuous period of creditable coverage of at least six months, the issuer shall not exclude benefits based on a preexisting condition.

2. If the applicant qualifies under Subsection A and submits an application during the time period referenced in Subsection A and, as of the date of application, has had a continuous period of creditable coverage that is less than six months, the issuer shall reduce the period of any preexisting condition exclusion by the aggregate of the period of creditable coverage applicable to the applicant as of the enrollment date. The secretary shall specify the manner of the reduction under this Subsection.

C. Except as provided in Subsection B and §590, Subsection A shall not be construed as preventing the exclusion of benefits under a policy, during the first six months, based on a preexisting condition for which the policyholder or certificateholder received treatment or was

otherwise diagnosed during the six months before the coverage became effective.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1110 (June 1999), repromulgated LR 25:1490 (August 1999), LR 29:2444 (November 2003).

**§531. Reserved.**

**§532. Reserved.**

**§533. Reserved.**

**§534. Reserved.**

**§535. Guaranteed Issue for Eligible Persons**

A. Guaranteed Issue

1. Eligible persons are those individuals described in Subsection B who seek to enroll under the policy during the period specified in Subsection C, and who submit evidence of the date of termination or disenrollment with the application for a Medicare supplement policy.

2. With respect to eligible persons, an issuer shall not deny or condition the issuance or effectiveness of a Medicare supplement policy described in Subsection E that is offered and is available for issuance to new enrollees by the issuer, shall not discriminate in the pricing of such a Medicare supplement policy because of health status, claims experience, receipt of health care, or medical condition, and shall not impose an exclusion of benefits based on a preexisting condition under such a Medicare supplement policy.

B. Eligible Persons. An eligible person is an individual described in any of the following Paragraphs.

1. The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare; and the plan terminates, or the plan ceases to provide some or all such supplemental health benefits to the individual; or the individual is enrolled under an employee welfare benefit plan that is primary to Medicare and the plan terminates or the plan ceases to provide some or all health benefits to the individual or the individual leaves the plan.

2. The individual is enrolled with a Medicare+Choice organization under a Medicare+Choice plan under Part C of Medicare, and any of the following circumstances apply, or the individual is 65 years of age or older and is enrolled with a Program of All-Inclusive Care for the Elderly (PACE) provider under Section 1894 of the Social Security Act, and there are circumstances similar to those described below that would permit discontinuance of the individual's enrollment with such provider if such individual were enrolled in a Medicare + Choice plan.

a. The certification of the organization or plan has been terminated, or the organization has terminated or otherwise discontinued providing the plan in the area in which the individual resides.

b. The individual is no longer eligible to elect the plan because of a change in the individual's place of residence or other change in circumstances specified by the secretary, but not including termination of the individual's enrollment on the basis described in Section 1851(g)(3)(B) of the federal Social Security Act (where the individual has not paid premiums on a timely basis or has engaged in disruptive behavior as specified in standards under section

1856), or the plan is terminated for all individuals within a residence area.

c. The individual demonstrates, in accordance with guidelines established by the secretary, that:

i. the organization offering the plan substantially violated a material provision of the organization's contract under this Part in relation to the individual, including the failure to provide an enrollee on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide such covered care in accordance with applicable quality standards; or

ii. the organization, or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to the individual; or

d. The individual meets such other exceptional conditions as the secretary may provide.

3.a. The individual is enrolled with:

i. an eligible organization under a contract under Section 1876 of the Social Security Act (Medicare cost);

ii. a similar organization operating under demonstration project authority, effective for periods before April 1, 1999;

iii. an organization under an agreement under Section 1833(a)(1)(A) of the Social Security Act (health care prepayment plan); or

iv. an organization under a Medicare select policy; and

b. the enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under §535.B.2.

4. The individual is enrolled under a Medicare supplement policy and the enrollment ceases because:

a.i. of the insolvency of the issuer or bankruptcy of the nonissuer organization; or

ii. of other involuntary termination of coverage or enrollment under the policy;

b. the issuer of the policy substantially violated a material provision of the policy; or

c. the issuer, or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to the individual;

5.a. The individual was enrolled under a Medicare supplement policy and terminates enrollment and subsequently enrolls, for the first time, with any Medicare+Choice organization under a Medicare+Choice plan under Part C of Medicare, any eligible organization under a contract under Section 1876 of the Social Security Act (Medicare cost), any similar organization operating under demonstration project authority, any PACE provider under Section 1894 of the Social Security Act, or a Medicare select policy; and

b. the subsequent enrollment under Subparagraph a is terminated by the enrollee during any period within the first 12 months of such subsequent enrollment [during which the enrollee is permitted to terminate such subsequent enrollment under Section 1851(e) of the federal Social Security Act]; or

6. the individual, upon first becoming enrolled for benefits under Medicare Part B, enrolls in a Medicare+Choice plan under Part C of Medicare, or with a PACE provider under Section 1894 of the Social Security

Act, and disenrolls from the plan by not later 12 months after the effective date of enrollment.

#### C. Guaranteed Issue Time Periods

1. In the case of an individual described in Paragraph B.1, the guaranteed issue period begins on the date the individual receives a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of such a termination or cessation) and ends 63 days after the date of the applicable notice;

2. in the case of an individual described in Paragraphs B.2, 3, 5 or 6 whose enrollment is terminated involuntarily, the guaranteed issue period begins on the date that the individual receives a notice of termination and ends 63 days after the date the applicable coverage is terminated;

3. in the case of an individual described in Subparagraph B.4.a, the guaranteed issue period begins on the earlier of:

a. the date that the individual receives a notice of termination, a notice of the issuer's bankruptcy or insolvency, or other such similar notice if any; and

b. the date that the applicable coverage is terminated, and ends on the date that is 63 days after the date the coverage is terminated;

4. in the case of an individual described in Paragraphs B.2, 4.b, 4.c, 5 or 6 who disenrolls voluntarily, the guaranteed issue period begins on the date that is 60 days before the effective date of the disenrollment and ends on the date that is 63 days after the effective date; and

5. in the case of an individual described in Subsection B but not described in the preceding provisions of this Subsection, the guaranteed issue period begins on the effective date of disenrollment and ends on the date that is 63 days after the effective date.

#### D. Extended Medigap Access for Interrupted Trial Periods

1. In the case of an individual described in Paragraph B.5 (or deemed to be so described, pursuant to this Paragraph) whose enrollment with an organization or provider described in Paragraph B.5.a is involuntarily terminated within the first 12 months of enrollment, and who, without an intervening enrollment, enrolls with another such organization or provider, the subsequent enrollment shall be deemed to be an initial enrollment described in Section 12B(5);

2. in the case of an individual described in Paragraph B.6 (or deemed to be so described, pursuant to this Paragraph) who enrollment with a plan or in a program described in Paragraph B.6 is involuntarily terminated within the first 12 months of enrollment, and who, without an intervening enrollment, enrolls in another such plan or program, the subsequent enrollment shall be deemed to be an initial enrollment described in Section 12B(6); and

3. for purposes of Paragraphs B.5 and 6, no enrollment of an individual with an organization or provider described in Subparagraph B.5.a, or with a plan or in a program described in Paragraph B.6, may be deemed to be an initial enrollment under this Paragraph after the two-year period beginning on the date on which the individual first enrolled with such an organization, provider, plan or program.

E. Products to Which Eligible Persons are Entitled. The Medicare supplement policy to which eligible persons are entitled under:

1. Section 535.B.1.2.3 and 4 is a Medicare supplement policy which has a benefit package classified as Plan A, B, C, or F offered by any issuer;

2. Section 535.B.5 is the same Medicare supplement policy in which the individual was most recently previously enrolled, if available from the same issuer, or, if not so available, a policy described in §535.C.1;

3. Section 535.B.6 shall include any Medicare supplement policy available by any issuer.

F. Notification Provisions

1. At the time of an event described in Subsection B of this Section because of which an individual loses coverage or benefits due to the termination of a contract or agreement, policy, or plan, the organization that terminates the contract or agreement, the issuer terminating the policy, or the administrator of the plan being terminated, respectively, shall notify the individual of his or her rights under this Section, and of the obligations of issuers of Medicare supplement policies under Subsection A. Such notice shall be communicated contemporaneously with the notification of termination.

2. At the time of an event described in Subsection B of this Section because of which an individual ceases enrollment under a contract or agreement, policy, or plan, the organization that offers the contract or agreement, regardless of the basis for the cessation of enrollment, the issuer offering the policy, or the administrator of the plan, respectively, shall notify the individual of his or her rights under this Section, and of the obligations of issuers of Medicare supplement policies under §535.A. Such notice shall be communicated within 10 working days of the issuer receiving notification of disenrollment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1110 (June 1999), repromulgated LR 25:1490 (August 1999), amended LR 29:2444 (November 2003).

**§536. Reserved.**

**§537. Reserved.**

**§538. Reserved.**

**§539. Reserved.**

**§540. Standards for Claims Payment**

A. An issuer shall comply with section 1882(c)(3) of the Social Security Act (as enacted by section 4081(b)(2)(C) of the Omnibus Budget Reconciliation Act of 1987 (OBRA) 1987, Pub. L. No. 100-203) by:

1. accepting a notice from a Medicare carrier on dually assigned claims submitted by participating physicians and suppliers as a claim for benefits in place of any other claim form otherwise required and making a payment determination on the basis of the information contained in that notice;

2. notifying the participating physician or supplier and the beneficiary of the payment determination;

3. paying the participating physician or supplier directly;

4. furnishing, at the time of enrollment, each enrollee with a card listing the policy name, number, and a central

mailing address to which notices from a Medicare carrier may be sent;

5. paying user fees for claim notices that are transmitted electronically or otherwise; and

6. providing to the Secretary of Health and Human Services, at least annually, a central mailing address to which all claims may be sent by Medicare carriers.

B. Compliance with the requirements set forth in Subsection A above shall be certified on the Medicare supplement insurance experience reporting form.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1111 (June 1999), repromulgated LR 25:1491 (August 1999), LR 29:2446 (November 2003).

**§541. Reserved.**

**§542. Reserved.**

**§543. Reserved.**

**§544. Reserved.**

**§545. Loss Ratio Standards and Refund or Credit of Premium**

A. Loss Ratio Standards

1.a. A Medicare supplement policy form or certificate form shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificateholders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form:

i. at least 75 percent of the aggregate amount of premiums earned in the case of group policies; or

ii. at least 65 percent of the aggregate amount of premiums earned in the case of individual policies.

b. Calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health maintenance organization on a service rather than reimbursement basis and earned premiums for the period and in accordance with accepted actuarial principles and practices.

2. All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this Section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.

3. For purposes of applying Paragraph A.1 of this Section and §550.C.3 only, policies issued as a result of solicitations of individuals through the mails or by mass media advertising (including both print and broadcast advertising) shall be deemed to be individual policies.

4. For policies issued prior to January 20, 1991, expected claims in relation to premiums shall meet:

a. the originally filed anticipated loss ratio when combined with the actual experience since inception;

b. the appropriate loss ratio requirement from §545.A.1.a.i. and ii. when combined with actual experience beginning with January 1, 1998 to date; and

c. the appropriate loss ratio requirement from §545.A.1.a.i. and ii. over the entire future period for which the rates are computed to provide coverage.

#### B. Refund or Credit Calculation

1. An issuer shall collect and file with the commissioner by May 31 of each year the data contained in the applicable reporting form contained in Appendix A for each type in a standard Medicare supplement benefit plan.

2. If, on the basis of the experience as reported, the benchmark ratio since inception (ratio 1) exceeds the adjusted experience ratio since inception (ratio 3), then a refund or credit calculation is required. The refund calculation shall be done on a statewide basis for each type in a standard Medicare supplement benefit plan. For purposes of the refund or credit calculation, experience on policies issued within the reporting year shall be excluded.

3. For the purposes of this Section, policies or certificates issued prior to January 20, 1991, the issuer shall make the refund or credit calculation separately for all individual policies (including all group policies subject to an individual loss ratio standard when issued) combined and all other group policies combined for experience after January 1, 1998. The first report shall be due by May 31, 2000.

4. A refund or credit shall be made only when the benchmark loss ratio exceeds the adjusted experience loss ratio and the amount to be refunded or credited exceeds a *de minimis* level. The refund shall include interest from the end of the calendar year to the date of the refund or credit at a rate specified by the Secretary of Health and Human Services, but in no event shall it be less than the average rate of interest for 13-week treasury notes. A refund or credit against premiums due shall be made by September 30 following the experience year upon which the refund or credit is based.

C. Filing of Rates and Rating Schedules. All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this Section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.

1. Each Medicare supplement policy or certificate form shall be accompanied, upon submission for approval, by an original and one copy of an actuarial memorandum. The memorandum shall be prepared, signed and dated by a qualified actuary in accordance with generally accepted actuarial principles and practices. The filing shall contain at least the information listed in the following Subparagraphs:

- a. the form number that the actuarial memorandum addresses;
- b. a brief description of benefits provided;
- c. a schedule of rates to be used;
- d. a certification that the anticipated lifetime loss ratio is at least 65 percent (for individual coverage) or at least 75 percent (for group coverage);
- e. a table of anticipated loss ratio experience for each year from issue over a reasonable number of years;
- f. a certification that the premiums are reasonable in relation to the benefits provided; and
- g. the entire filing shall be provided in duplicate;

h. any additional information requested by the commissioner.

2. Subsequent rate adjustments filings, except for those rates filed solely due to a change in the Part A calendar year deductible, shall also provide an original and one copy of an actuarial memorandum, prepared, signed and dated by a qualified actuary, in accordance with generally accepted actuarial principles and practices. The filing shall contain at least the following:

- a. the form number addressed by the actuarial memorandum;
- b. a brief description of benefits provided;
- c. a schedule of rates before and after the rate change;
- d. a statement of the reason and basis for the rate change;
- e. a demonstration and certification by the qualified actuary showing that the past plus future expected experience after the rate change will result in an aggregate loss ratio equal to, or greater than, the required minimum aggregate loss ratio:
  - i. this rate change and demonstration shall be based on the experience of the named form in Louisiana only, if that experience is credible;
  - ii. the rate change and demonstration shall be based on experience of the named form nationwide, if the named form is used nationwide and the Louisiana experience is not credible, but the nationwide experience is credible;
- f. for policies or certificates in force less than three years, a demonstration shall be included to show that the third-year loss ratio is expected to be equal to, or greater than, the applicable percentage;
- g. a certification by the qualified actuary that the resulting premiums are reasonable in relation to the benefits provided;
- h. the entire filing shall be provided in duplicate;
- i. any additional information requested by the commissioner.

3.a. An issuer of Medicare supplement policies and certificates issued before or after the effective date of Regulation 33 (Revised, 1992) in this state shall file annually no later than December 31 its rates for the upcoming calendar year. Also, supporting documentation including ratios of incurred losses to earned premiums by policy duration shall be submitted for approval by the commissioner. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.

b. The filing for purposes of this Subsection shall contain all Medicare supplement plans issued by the issuer and shall not include rate adjustments. An actuarial memorandum shall be prepared, signed and dated by a qualified actuary in accordance with generally accepted actuarial principles and practices. The filing shall contain at least the following:

- i. the form number for each plan;
- ii. plan type designation (for example: Plan A, Plan B, Pre-standardized);
- iii. the rates for each plan;
- iv. yearly loss ratios for each plan;
- v. lifetime expected loss ratios for each plan;
- vi. identify filing as "ANNUAL MEDICARE SUPPLEMENT FILING" on the face page of the memorandum;
- vii. the entire filing shall be provided in duplicate;
- viii. any additional information requested by the commissioner.

4. As soon as practicable, but prior to the effective date of enhancements in Medicare benefits, every issuer of Medicare supplement policies or certificates in this state shall file with the commissioner, in accordance with the applicable filing procedures of this state:

a. appropriate premium adjustments necessary to produce loss ratios as anticipated for the current premium for the applicable policies or certificates. The supporting documents necessary to justify the adjustment shall accompany the filing;

b. an issuer shall make premium adjustments necessary to produce an expected loss ratio under the policy or certificate to conform to minimum loss ratio standards for Medicare supplement policies and which are expected to result in a loss ratio at least as great as that originally anticipated in the rates used to produce current premiums by the issuer for the Medicare supplement policies or certificates. No premium adjustment which would modify the loss ratio experience under the policy other than the adjustments described herein shall be made with respect to a policy at any time other than upon its renewal date or anniversary date;

c. if an issuer fails to make premium adjustments acceptable to the commissioner, the commissioner may order premium adjustments, refunds or premium credits deemed necessary to achieve the loss ratio required by this Section.

5. Any appropriate riders, endorsements or policy forms needed to accomplish the Medicare supplement policy or certificate modifications necessary to eliminate benefit duplications with Medicare. The riders, endorsements or policy forms shall provide a clear description of the Medicare supplement benefits provided by the policy or certificate.

D. Public Hearings. The commissioner may conduct a public hearing to gather information concerning a request by an issuer for an increase in a rate for a policy form or certificate form issued before or after the effective date of Regulation 33 as revised July 20, 1992 if the experience of the form for the previous reporting period is not in compliance with the applicable loss ratio standard. The determination of compliance is made without consideration of any refund or credit for the reporting period. Public notice of the hearing shall be furnished in a manner deemed appropriate by the commissioner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1112 (June 1999), repromulgated LR 25:1492 (August 1999), amended LR 29:2447 (November 2003).

§546. Reserved.

§547. Reserved.

§548. Reserved.

§549. Reserved.

§550. **Filing and Approval of Policies and Certificates and Premium Rates**

A. An issuer shall not deliver or issue for delivery a policy or certificate to a resident of this state unless the policy form or certificate form has been filed with and approved by the commissioner in accordance with filing requirements and procedures prescribed by the commissioner.

B. An issuer shall not use or change premium rates for a Medicare supplement policy or certificate unless the rates, rating schedule and supporting documentation have been filed with and approved by the commissioner in accordance with the filing requirements and procedures prescribed by the commissioner.

C.1. Except as provided in Paragraph C.2 of this Subsection, an issuer shall not file for approval more than one form of a policy or certificate of each type for each standard Medicare supplement benefit plan.

2. An issuer may offer, with the approval of the commissioner, up to four additional policy forms or certificate forms of the same type for the same standard Medicare supplement benefit plan, one for each of the following cases:

- a. the inclusion of new or innovative benefits;
- b. the addition of either direct response or agent marketing methods;
- c. the addition of either guaranteed issue or underwritten coverage;
- d. the offering of coverage to individuals eligible for Medicare by reason of disability.

3. For the purposes of this Section, a "type" means an individual policy, a group policy, an individual Medicare select policy, or a group Medicare select policy.

D.1. Except as provided in Subparagraph D.1.a, an issuer shall continue to make available for purchase any policy form or certificate form issued after the effective date of this regulation that has been approved by the commissioner. A policy form or certificate form shall not be considered to be available for purchase unless the issuer has actively offered it for sale in the previous 12 months.

a. An issuer may discontinue the availability of a policy form or certificate form if the issuer provides to the commissioner, in writing, its decision at least 30 days prior to discontinuing the availability of the form of the policy or certificate. After receipt of the notice by the commissioner, the issuer shall no longer offer for sale the policy form or certificate form in this state.

b. An issuer that discontinues the availability of a policy form or certificate form pursuant to Subclause (a) shall not file for approval a new policy form or certificate form of the same type for the same standard Medicare supplement benefit plan as the discontinued form for a period of five years after the issuer provides notice to the commissioner of the discontinuance. The period of discontinuance may be reduced if the commissioner determines that a shorter period is appropriate.

2. The sale or other transfer of Medicare supplement business to another issuer shall be considered a discontinuance for the purposes of this Subsection.

3. A change in the rating structure or methodology shall be considered a discontinuance under Paragraph D.1 unless the issuer complies with the following requirements.

a. The issuer provides an actuarial memorandum, in a form and manner prescribed by the commissioner, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates.

b. The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change. The commissioner may approve a change to the differential, which is in the public interest.

E.1. Except as provided in Paragraph E.2, the experience of all policy forms or certificate forms of the same type in a standard Medicare supplement benefit plan shall be combined for purposes of the refund or credit calculation prescribed in §545 of this regulation.

2. Forms assumed under an assumption reinsurance agreement shall not be combined with the experience of other forms for purposes of the refund or credit calculation.

F.1. An issuer that fails to implement an approved rate increase within six months after the approval date shall be prohibited from implementing such increase on future dates. The issuer shall notify the commissioner when any approved rate increase has not been implemented.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1113 (June 1999), repromulgated LR 25:1494 (August 1999), amended LR 29:2448 (November 2003).

**§551. Reserved.**

**§552. Reserved.**

**§553. Reserved.**

**§554. Reserved.**

**§555. Permitted Compensation Arrangements**

A. An issuer or other entity may provide commission or other compensation to an agent or other representative for the sale of a Medicare supplement policy or certificate only if the first year commission or other first year compensation is no more than 200 percent of the commission or other compensation paid for selling or servicing the policy or certificate in the second year or period.

B. The commission or other compensation provided in subsequent (renewal) years must be the same as that provided in the second year or period and must be provided for no fewer than five renewal years.

C. No issuer or other entity shall provide compensation to its agents or other producers, and no agent or producer shall receive compensation greater than the renewal compensation payable by the replacing issuer on renewal policies or certificates if an existing policy or certificate is replaced.

D. For purposes of this Section, "compensation" includes pecuniary or non-pecuniary remuneration of any kind relating to the sale or renewal of the policy or certificate including, but not limited to, bonuses, gifts, prizes, awards and finders fees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1114 (June 1999), repromulgated LR 25:1494 (August 1999), LR 29:2449 (November 2003).

**§556. Reserved.**

**§557. Reserved.**

**§558. Reserved.**

**§559. Reserved.**

**§560. Required Disclosure Provisions**

A. General Rules

1. Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of the provision shall be consistent with the type of contract issued. The provision shall be appropriately captioned and shall appear on the first page of the policy, and shall include any reservation by the issuer of the right to change premiums and any automatic renewal premium increases based on the policyholder's age.

2. Except for riders or endorsements by which the issuer effectuates a request made in writing by the insured, exercises a specifically reserved right under a Medicare supplement policy, or is required to reduce or eliminate benefits to avoid duplication of Medicare benefits, all riders or endorsements added to a Medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require a signed acceptance by the insured. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term shall be agreed to, in writing, signed by the insured, unless the benefits are required by the minimum standards for Medicare supplement policies, or if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy.

3. Medicare supplement policies or certificates shall not provide for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import.

4. If a Medicare supplement policy or certificate contains any limitations with respect to preexisting conditions, such limitations shall appear as a separate paragraph of the policy and be labeled as "Preexisting Condition Limitations."

5. Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within 30 days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the insured person is not satisfied for any reason.

6.a. Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis to persons eligible for Medicare shall provide to those applicants a Guide to Health Insurance for People with Medicare in the form developed jointly by the National Association of Insurance Commissioners and the Health

Care Financing Administration and in a type size no smaller than 12 point type. Delivery of the guide shall be made whether or not the policies or certificates are advertised, solicited, or issued as Medicare supplement policies or certificates, as defined in this regulation. Except in the case of direct response issuers, delivery of the guide shall be made to the applicant at the time of application, and acknowledgement of receipt of the guide shall be obtained by the issuer. Direct response issuers shall deliver the guide to the applicant upon request but not later than at the time the policy is delivered.

b. For the purposes of this Section, *form* means the language, format, type size, type proportional spacing, bold character, and line spacing.

**B. Notice Requirements.**

1. As soon as practicable, but no later than 30 days prior to the annual effective date of any Medicare benefit changes, an issuer shall notify its policyholders and certificateholders of modifications it has made to Medicare supplement insurance policies or certificates in a format acceptable to the commissioner. The notice shall:

a. include a description of revisions to the Medicare program and a description of each modification made to the coverage provided under the Medicare supplement policy or certificate; and

b. inform each policyholder or certificateholder as to when any premium adjustment is to be made due to changes in Medicare.

2. The notice of benefit modifications and any premium adjustments shall be in outline form and in clear and simple terms so as to facilitate comprehension.

3. The notices shall not contain or be accompanied by any solicitation.

**C. Outline of Coverage Requirements for Medicare Supplement Policies**

1. Issuers shall provide an outline of coverage to all applicants at the time application is presented to the prospective applicant and, except for direct response policies, shall obtain an acknowledgement of receipt of the outline from the applicant; and

2. if an outline of coverage is provided at the time of application and the Medicare supplement policy or certificate is issued on a basis which would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate shall accompany the policy or certificate when it is delivered and contain the following statement, in no less than 12 point type, immediately above the company name: "NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued."

3.a. The outline of coverage provided to applicants pursuant to this Section consists of four parts:

- i. a cover page;
- ii. premium information;
- iii. disclosure pages; and
- iv. charts displaying the features of all benefit plans available by the issuer.

b. The outline of coverage shall be in the language and format prescribed below in no less than 12 point type. All plans A-J shall be shown on the cover page, and each Medicare supplement policy and certificate currently available by an issuer shall be prominently identified. Premium information for plans that are available shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are available to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.

4. The following items shall be included in the outline of coverage in the order prescribed below.

**[COMPANY NAME]**

Outline of Medicare Supplement Coverage-Cover Page:

Benefit Plan(s) \_\_\_\_\_ [insert letter(s) of plan(s) available from the issuer]

Medicare supplement insurance can be sold in only 10 standard plans plus two high deductible plans. This chart shows the benefits included in each plan. Every company must make available Plan A. Some plans may not be available in your state.

**BASIC BENEFITS** : Included in all plans.

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (Generally, 20% of Medicare-approved expenses), or, in the case of hospital outpatient department services under a prospective payment system, applicable copayments.

Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance								
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible					Part B Deductible	Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)			Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency								
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	At-Home Recovery
							Basic Drugs (\$1,250 Limit)	Basic Drugs (\$1,250 Limit)	Basic Drugs (\$1,250 Limit)	Extended Drugs (\$3,000 Limit)	Extended Drugs (\$3,000 Limit)
				Preventive Care						Preventive Care	Preventive Care

\*Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same or offer the same benefits as Plan F and J after one has paid a calendar year [\$1650] deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses are [\$1650]. Out -of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but does not include, in Plan J, the plan's separate prescription drug deductible or, in Plans F and J, the plan's separate foreign travel emergency deductible.

**PREMIUM INFORMATION [Boldface Type]**

We [insert issuer's name] can only raise your premium if we raise the premium for all policies like yours in this State. [If the premium is based on the increasing age of the insured, include information specifying when premiums will change.]

**DISCLOSURES [Boldface Type]**

Use this outline to compare benefits and premiums among policies.

**READ YOUR POLICY VERY CAREFULLY [Boldface Type]**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

**RIGHT TO RETURN POLICY [Boldface Type]**

If you find that you are not satisfied with your policy, you may return it to [insert issuer's address]. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

**POLICY REPLACEMENT [Boldface Type]**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

**NOTICE [Boldface Type]**

This policy may not fully cover all of your medical costs.

[for agents:]

Neither [insert company's name] nor its agents are connected with Medicare.

[for direct response:]

[insert company's name] is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult The Medicare Handbook for more details.

**COMPLETE ANSWERS ARE VERY IMPORTANT [Boldface Type]**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

[Include for each plan prominently identified in the cover page, a chart showing the services, Medicare payments, plan payments and insured payments for each plan, using the same language, in the same order, using uniform layout and format as shown in the charts below. No more than four plans may be shown on one chart. For purposes of illustration, charts for each plan are included in this regulation. An issuer may use additional benefit plan designations on these charts pursuant to §520.D of this regulation.] [Include an explanation of any innovative benefits on the cover page and in the chart, in a manner approved by the commissioner.]

**Plan A**  
**Medicare (Part A) --Hospital Services--Per Benefit Period**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[840] All but \$[210] a day All but \$[420] a day \$0 \$0	\$0 \$[210] a day \$[420] a day 100% of Medicare Eligible Expenses \$0	\$[840](Part A Deductible) \$0 \$0 \$0 All Costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[ 105.00] a day \$0	\$0 \$0 \$0	\$0 Up to \$[105.00] a day All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out - patient drugs and inpatient respite care	\$0	Balance

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan A  
Medicare (Part B)--Medical Services--Per Calendar Year**

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Medical Expenses--</b> In Or Out Of The Hospital And Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally, 80%	Generally, 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>Blood</b> First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>Clinical Laboratory Services--</b> Blood Tests For Diagnostic Services	100%	\$0	\$0

**Parts A and B**

<b>Home Health Care</b> Medicare Approved Services --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**Plan B**  
**Medicare (Part A) --Hospital Services--Per Benefit Period**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies  First 60 days 61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[840] All but \$[210] a day  All but \$[420] a day  \$0  \$0	\$[840](Part A Deductible) \$[210] a day  \$[420] a day  100% of Medicare Eligible Expenses  \$0	\$0 \$0  \$0  \$0  All Costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[105.00] a day \$0	\$0 \$0 \$0	\$0 Up to \$[105.00] a day All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out - patient drugs and inpatient respite care	\$0	Balance

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan B**  
**Medicare (Part B) --Medical Services--Per Calendar Year**

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses--</b> In Or Out Of The Hospital And Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0  Generally, 80%  \$0	\$0  Generally, 20%  \$0	\$100(Part B Deductible)  \$0  All Costs
<b>Blood</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100(Part B Deductible) \$0
<b>Clinical Laboratory Services--</b> Blood Tests For Diagnostic Services	100%	\$0	\$0

**Parts A and B**

<b>Home Health Care</b> Medicare Approved Services --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100%  \$0  80%	\$0  \$0  20%	\$0  \$100(Part B Deductible)  \$0
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**Plan C**  
**Medicare (Part A) --Hospital Services--Per Benefit Period**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[840] All but \$[210] a day  All but \$[420] a day  \$0 \$0	\$[840](Part A Deductible) \$[210] a day  \$[420] a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0 All Costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[105.00] a day \$0	\$0 Up to \$[105.00] a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan C**  
**Medicare (Part B) --Medical Services--Per Calendar Year**

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Medical Expenses--</b> In Or Out Of The Hospital And Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	 \$0 Generally, 80% \$0	 \$100(Part B Deductible) Generally, 20% \$0	 \$0 \$0 All Costs
<b>Blood</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All Costs \$100(Part B Deductible) 20%	 \$0 \$0 \$0
<b>Clinical Laboratory Services--</b> Blood Tests For Diagnostic Services	100%	\$0	\$0

**Parts A and B**

<b>Home Health Care</b> Medicare Approved Services --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 \$100(Part B Deductible) 20%	 \$0 \$0 \$0
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**Other Benefits--Not Covered By Medicare**

<b>Foreign Travel--</b> Not Covered By Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum
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**Plan D**  
**Medicare (Part A) --Hospital Services--Per Benefit Period**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[ 840] All but \$[210] a day  All but \$[420] a day  \$0 \$0	\$[840](Part A Deductible) \$[210] a day  \$[420] a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0 All Costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[105.00] a day \$0	\$0 Up to \$[105.00] a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan D**  
**Medicare (Part B) --Medical Services--Per Calendar Year**

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses--</b> In Or Out Of The Hospital And Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 Generally, 80% \$0	\$0 Generally, 20% \$0	\$100(Part B Deductible) \$0 All Costs
<b>Blood</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100(Part B Deductible) \$0
<b>Clinical Laboratory Services--</b> Blood Tests For Diagnostic Services	100%	\$0	\$0

**Plan D (continued)  
Parts A and B**

Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care</b>			
Medicare Approved Services			
--Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100(Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>At-Home Recovery Services--Not Covered By Medicare</b>			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
--Benefit for each visit	\$0	Actual Charges to \$40 a visit	Balance
--Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week	
--Calendar year maximum	\$0	\$1,600	

**Other Benefits--Not Covered By Medicare**

<b>Foreign Travel--</b>			
Not Covered By Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

**Plan E  
Medicare (Part A) --Hospital Services--Per Benefit Period**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[840] All but \$[210] a day  All but \$[420] a day  \$0 \$0	\$[840](Part A Deductible) \$[210] a day  \$[420] a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0 All Costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[105.00] a day \$0	\$0 Up to \$[105.00] a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan E  
Medicare (Part B) --Medical Services--Per Calendar Year**

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses--</b> In Or Out Of The Hospital And Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 Generally, 80% \$0	\$0 Generally, 20% \$0	\$100(Part B Deductible) \$0 All Costs
<b>Blood</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100(Part B Deductible) \$0
<b>Clinical Laboratory Services--</b> Blood Tests For Diagnostic Services	100%	\$0	\$0

**Parts A and B**

<b>Home Health Care</b> Medicare Approved Services --Medically necessary skilled care services and medical supplies --Durable medical equipment	100%	\$0	\$0
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100(Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**Plan E (Continued)**  
**Other Benefits--Not Covered By Medicare**

Services	Medicare Pays	Plan Pays	You Pay
<b>Foreign Travel--</b> Not Covered By Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>***Preventive Medical Care Benefit--Not Covered By Medicare</b> Some annual physical and preventive tests and services such as: digital rectal exam, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare  First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All Costs

\*\*\*Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

**Plan F or High Deductible Plan F  
Medicare (Part A) --Hospital Services--Per Benefit Period**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year [\$1580] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are [\$1580]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

<b>Services</b>	<b>Medicare Pays</b>	<b>After You Pay \$1650 Deductible,** Plan Pays</b>	<b>In Addition To \$1650 Deductible,** You Pay</b>
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[840] All but \$[210] a day  All but \$[420] a day  \$0 \$0	\$[840](Part A Deductible) \$[210] a day  \$[420] a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  All Costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[105.00] a day \$0	\$0 Up to \$[105.00] a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

\*\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance on any difference between its billed charges and the amount Medicare would have paid.

**Plan F or High Deductible Plan F (Continued)  
Medicare (Part B) --Medical Services--Per Calendar Year**

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\*This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year [\$1650] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are [\$1650]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

Services	Medicare Pays	After You Pay \$1650 Deductible,** Plan Pays	In Addition To \$1650 Deductible,** You Pay
<b>Medical Expenses--</b> In Or Out Of The Hospital And Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts*	\$0	\$100(Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally, 80%	Generally, 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>Blood</b> First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$100(Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>Clinical Laboratory Services--</b> Blood Tests For Diagnostic Services	100%	\$0	\$0

**Parts A and B**

<b>Home Health Care</b> Medicare Approved Services --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$100 of Medicare Approved Amounts*	\$0	\$100(Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**Plan F or High Deductible Plan F (Continued)  
Other Benefits--Not Covered By Medicare**

Services	Medicare Pays	After You Pay \$1650 Deductible,** Plan Pays	In Addition To \$1650 Deductible,** You Pay
<b>Foreign Travel-- Not Covered By Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

**Plan G  
Medicare (Part A) --Hospital Services--Per Benefit Period**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and mis- cellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[840] All but \$[210] a day All but \$[420] a day \$0 \$0	\$[840](Part A Deductible) \$[210] a day \$[420] a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[105.00] a day \$0	\$0 Up to \$[105.00] a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out - patient drugs and inpatient respite care	\$0	Balance

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan G**  
**Medicare (Part B) --Medical Services--Per Calendar Year**

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses--</b> In Or Out Of The Hospital And Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100(Part B Deductible)
Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	Generally, 80%	Generally, 20%	\$0
	\$0	80%	20%
<b>Blood</b> First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100(Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>Clinical Laboratory Services--</b> Blood Tests For Diagnostic Services	100%	\$0	\$0

**Plan G (Continued)**  
**Parts A and B**

Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care</b> Medicare Approved Services --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100(Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>At-Home Recovery Services--Not Covered By Medicare</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			Balance
--Benefit for each visit	\$0	Actual Charges to \$40 a visit	
--Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week \$1,600	
--Calendar year maximum	\$0		

**Other Benefits--Not Covered By Medicare**

<b>Foreign Travel--</b> Not Covered By Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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**Plan H**

**Medicare (Part A) --Hospital Services--Per Benefit Period**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[840] All but \$[210] a day  All but \$[420] a day  \$0 \$0	\$[840](Part A Deductible) \$[210] a day  \$[420] a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0 All Costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[105.00] a day \$0	\$0 Up to \$[105.00] a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan H**

**Medicare (Part B) --Medical Services--Per Calendar Year**

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Medical Expenses--</b> In Or Out Of The Hospital And Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100(Part B Deductible)
Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	Generally, 80%	Generally, 20%	\$0
	\$0	\$0	All Costs
<b>Blood</b> First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100(Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>Clinical Laboratory Services--</b> Blood Tests For Diagnostic Services	100%	\$0	\$0

**Parts A and B**

<b>Home Health Care</b> Medicare Approved Services	100%	\$0	\$0
--Medically necessary skilled care services and medical supplies	\$0	\$0	\$100(Part B Deductible)
--Durable medical equipment	80%	20%	\$0
First \$100 of Medicare Approved Amounts*			
Remainder of Medicare Approved Amounts			

**Plan H (Continued)**

**Other Benefits--Not Covered By Medicare**

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Foreign Travel--</b> Not Covered By Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
<b>Basic Outpatient Prescription Drugs--Not Covered By Medicare</b> First \$250 each calendar year	\$0	\$0	\$250
Next \$2,500 each calendar year	\$0	50%--\$1,250 calendar year maximum benefit	50%
Over \$2,500 each calendar year	\$0	\$0	All Costs

**Plan I  
Medicare (Part A) --Hospital Services--Per Benefit Period**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[840] All but \$[210] a day  All but \$[420] a day  \$0 \$0	\$[840](Part A Deductible) \$[210] a day  \$[420] a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0 All Costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[105.00] a day \$0	\$0 Up to \$[105.00] a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan I  
Medicare (Part B) --Medical Services--Per Calendar Year**

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses--</b> In Or Out Of The Hospital And Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remain der of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0  Generally, 80% \$0	\$0  Generally, 20% 100%	\$100(Part B Deductible)  \$0 \$0
<b>Blood</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100(Part B Deductible) \$0

<b>Clinical Laboratory Services--</b> Blood Tests For Diagnostic Services	100%	\$0	\$0
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**Plan I (Continued)**  
**Parts A and B**

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> Medicare Approved Services --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100(Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>At-Home Recovery Services--Not Covered By Medicare</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
--Benefit for each visit	\$0	Actual Charges to \$40 a visit	Balance
--Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week	
--Calendar year maximum	\$0	\$1,600	

**Other Benefits--Not Covered By Medicare**

<b>Foreign Travel--</b> Not Covered By Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
<b>Basic Outpatient Prescription Drugs--Not Covered By Medicare</b> First \$250 each calendar year	\$0	\$0	\$250
Next \$2,500 each calendar year	\$0	50%--\$1,250 calendar year maximum benefit	50%
Over \$2,500 each calendar year	\$0	\$0	All Costs

**Plan J or High Deductible Plan J  
Medicare (Part A) --Hospital Services--Per Benefit Period**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*This high deductible plan pays the same or offers the same benefits as Plan J after one has paid a calendar year [\$1650] deductible. Benefits from high deductible Plan J will not begin until out-of-pocket expenses are [\$1650]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate prescription drug deductible or the plan's separate foreign travel emergency deductible.

<b>Services</b>	<b>Medicare Pays</b>	<b>After You Pay \$1650 Deductible, ** Plan Pays</b>	<b>In Addition To \$1650 Deductible, ** You Pay</b>
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[840] All but \$[210] a day  All but \$[420] a day  \$0 \$0	\$[840](Part A Deductible) \$[210] a day  \$[420] a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0 All Costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[105.00] a day \$0	\$0 Up to \$[105.00] a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for out-patient drugs and inpatient respite care	\$0	Balance

\*\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan J or High Deductible Plan J (Continued)**  
**Medicare (Part B) --Medical Services--Per Calendar Year**

\*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\*This high deductible plan pays the same or offers the same benefits as Plan J after one has paid a calendar year [\$1650] deductible. Benefits from high deductible Plan J will not begin until out-of-pocket expenses are [\$1650]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate prescription drug deductible or the plan's separate foreign travel emergency deductible.

<b>Services</b>	<b>Medicare Pays</b>	<b>After You Pay \$1650 Deductible, ** Plan Pays</b>	<b>In Addition To \$1650 Deductible, ** You Pay</b>
<b>Medical Expenses--</b> In Or Out Of The Hospital And Outpatient Hospital Treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0  Generally, 80% \$0	\$100(Part B Deductible)  Generally, 20% 100%	\$0  \$0 \$0
<b>Blood</b> First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$100(Part B Deductible) 20%	\$0 \$0 \$0
<b>Clinical Laboratory Services--</b> Blood Tests For Diagnostic Services	100%	\$0	\$0

**Parts A and B**

<b>Home Health Care</b> Medicare Approved Services --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100%   \$0 80%	\$0  \$100(Part B Deductible) 20%	\$0  \$0 \$0
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**Plan J or High Deductible Plan J (Continued)**  
**Medicare (Part B) - Medical Services - Per Calendar Year**  
**Parts A and B (Continued)**

Services	Medicare Pays	After You Pay \$1650 Deductible, ** Plan Pays	In Addition To \$1650 Deductible, ** You Pay
<b>Home Health Care(Cont'd)</b> <b>At-Home Recovery Services--Not Covered By Medicare</b> Home care certified by your doctor, for personal care beginning during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan --Benefit for each visit  --Number of visits covered (must be received within 8 weeks of last Medicare Approved visit) --Calendar year maximum	 \$0  \$0  \$0	 Actual Charges to \$40 a visit Up to the number of Medicare Approved visits, not to exceed 7 each week  \$1,600	 Balance

**Plan J or High Deductible Plan J (Continued)**  
**Parts A and B (Continued)**  
**Other Benefits--Not Covered By Medicare**

Services	Medicare Pays	After You Pay \$1650 Deductible, ** Plan Pays	In Addition To \$1650 Deductible, ** You Pay
<b>Foreign Travel-- Not Covered By Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum
<b>Extended Outpatient Prescription Drugs--Not Covered By Medicare</b> First \$250 each calendar year  Next \$6,000 each calendar year  Over \$6,000 each calendar year	 \$0  \$0  \$0	 \$0  50%--\$3,000 calendar year maximum benefit \$0	 \$250  50%  All Costs
<b>***Preventive Medical Care Benefit--Not Covered By Medicare</b> Some annual physical and preventive tests and services such as: digital rectal exam, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	 \$0 \$0	 \$120 \$0	 \$0 All Costs

\*\*\*Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

D. Notice Regarding Policies or Certificates which are not Medicare Supplement Policies

1. Any accident and sickness insurance policy or certificate, other than a Medicare supplement policy; a policy issued pursuant to a contract under Section 1876 of the Federal Social Security Act (42 U.S.C. §1395 et seq.), disability income policy; or other policy identified in §502.B of this regulation, issued for delivery in this state to persons eligible for Medicare shall notify insureds under the policy that the policy is not a Medicare supplement policy or certificate. The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy, or certificate delivered to insureds. The notice shall be in no less than 12 point type and shall contain the following language: "This [policy or certificate] is not a Medicare supplement [policy or contract]. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company."

2. Applications provided to persons eligible for Medicare for the health insurance policies or certificates described in Paragraph D.1 shall disclose, using the applicable statement in Appendix C, the extent to which the policy duplicates Medicare. The disclosure statement shall be provided as a part of, or together with, the application for the policy or certificate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1114 (June 1999), repromulgated LR 25:1495 (August 1999), amended LR 29:2449 (November 2003).

§561. Reserved.

§562. Reserved.

§563. Reserved.

§564. Reserved.

§565. Requirements for Application Forms and Replacement Coverage

A. Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant has another Medicare supplement or other health insurance policy or certificate in force or whether a Medicare supplement policy or certificate is intended to replace any other accident and sickness policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent containing such questions and statements may be used.

B. An application for a Medicare supplement policy shall not be combined with an application for any other type of insurance coverage. The application may not make reference to or include questions regarding other types of insurance coverage except for those questions specifically required under this Section.

1. [Statements]

a. You do not need more than one Medicare supplement policy.

b. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

c. You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.

d. The benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your policy will be reinstated if requested within 90 days of losing Medicaid eligibility.

e. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

2. [Questions]

a. To the best of your knowledge:

i. Do you have another Medicare supplement policy or certificate in force?

(a). If so, with which company?

(b). If so, do you intend to replace your current Medicare supplement policy with this policy [certificate]?

ii. Do you have any other health insurance coverage that provides benefits similar to this Medicare supplement policy?

(a). If so, with which company?

(b). What kind of policy?

iii. Are you covered for medical assistance through the state Medicaid program:

(a). As a Specified Low-Income Medicare Beneficiary (SLMB)?

(b). As a Qualified Medicare Beneficiary (QMB)?

(c). For other Medicaid medical benefits?

C. Agents shall list any other health insurance policies they have sold to the applicant:

1. list policies sold which are still in force;

2. list policies sold in the past five years, which are no longer in force.

D. In the case of a direct response issuer, a copy of the application or supplemental form, signed by the applicant, and acknowledged by the insurer, shall be returned to the applicant by the insurer upon delivery of the policy.

E. Upon determining that a sale will involve replacement of Medicare supplement coverage, any issuer, other than a direct response issuer, or its agent, shall furnish the applicant, prior to issuance or delivery of the Medicare supplement policy or certificate, a notice regarding replacement of Medicare supplement coverage. One copy of the notice, signed by the applicant and the agent, except where the coverage is sold without an agent, shall be provided to the applicant and an additional signed copy shall be retained by the issuer. A direct response issuer shall deliver to the applicant, at the time of the issuance of the policy, the notice regarding replacement of Medicare supplement coverage.

F. The notice required by Subsection D above for an issuer shall be provided in substantially the following form in no less than 12 point type:

**NOTICE TO APPLICANT REGARDING REPLACEMENT  
OF MEDICARE SUPPLEMENT INSURANCE**

[Insurance company's name and address]

**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.**

According to [your application] [information you have furnished], you intend to terminate existing Medicare supplement insurance and replace it with a policy to be issued by [Company Name] Insurance Company. Your new policy will provide 30 days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**STATEMENT TO APPLICANT BY ISSUER, AGENT [BROKER OR OTHER REPRESENTATIVE]:**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement coverage because you intend to terminate your existing Medicare supplement coverage. The replacement policy is being purchased for the following reason (check one):

- Additional benefits.
  - No change in benefit, but lower premiums.
  - Fewer benefits and lower premiums.
  - Other. (please specify)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

1. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) to the extent such time was spent (depleted) under the original policy.
3. If, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

\_\_\_\_\_  
(Signature of Agent, Broker or Other Representative)\*

[Typed Name and Address of Issuer, Agent or Broker]

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\*Signature not required for direct response sales.

G Paragraphs 1 and 2 of the replacement notice (applicable to preexisting conditions) may be deleted by an issuer if the replacement does not involve application of a new preexisting condition limitation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1130 (June 1999), repromulgated LR 25:1510 (August 1999), LR 29:2474 (November 2003).

**§566. Reserved.**

**§567. Reserved.**

**§568. Reserved.**

**§569. Reserved.**

**§570. Filing Requirements for Advertising**

A. An issuer shall provide a copy of any Medicare supplement advertisement intended for use in this state whether through written, radio or television medium to the commissioner of Insurance of this state for review and approval by the commissioner to the extent permitted under the Insurance Code, particularly under R.S. 22:1215.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1131 (June 1999), repromulgated LR 25:11512 (August 1999), LR 29:2476 (November 2003).

**§571. Reserved.**

**§572. Reserved.**

**§573. Reserved.**

**§574. Reserved.**

**§575. Standards for Marketing**

A. An issuer, directly or through its producers, shall:

1. establish marketing procedures to assure that any comparison of policies by its agents or other producers will be fair and accurate;

2. establish marketing procedures to assure excessive insurance is not sold or issued;

3. display prominently by type, stamp or other appropriate means, on the first page of the policy the following: "Notice to buyer: This policy may not cover all of your medical expenses;"

4. inquire and otherwise make every reasonable effort to identify whether a prospective applicant or enrollee for Medicare supplement insurance already has accident and sickness insurance and the types and amounts of any such insurance;

5. establish auditable procedures for verifying compliance with this Subsection A.

B. In addition to the practices prohibited in Louisiana Revised Statutes 22:1211 et seq. the following acts and practices are prohibited.

1. Twisting. Making any misleading representation or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing, or tending to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, or convert any insurance policy or to take out a policy of insurance with another insurer.

2. High pressure tactics. Employing any method of marketing having the effect of or tending to induce the purchase of insurance through force, fright, threat, whether

explicit or implied, or undue pressure to purchase or recommend the purchase of insurance.

3. Cold lead advertising. Making use directly or indirectly of any method of marketing which fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be made by an insurance agent or insurance company.

C. The terms Medicare Supplement, Medigap, Medicare Wrap-Around and words of similar import shall not be used unless the policy is issued in compliance with this regulation.

D. No insurer providing Medicare supplement insurance in this state shall allow its agent to accept premiums except by check, money order, or bank draft made payable to the insurer. If payment in cash is made, the agent must leave the insurer's official receipt with the insured or the person paying the premium on behalf of the insured. This receipt shall bind the insurer for the monies received by the agent. Under this Section, the agent is prohibited from accepting checks, money orders and/or bank drafts payable to the agent or his agency. The agent is not to leave any receipt other than the insurer's for premium paid in cash.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1131 (June 1999), repromulgated LR 25:1512 (August 1999), LR 29:2476 (November 2003).

**§576. Reserved.**

**§577. Reserved.**

**§578. Reserved.**

**§579. Reserved.**

**§580. Appropriateness of Recommended Purchase and Excessive Insurance**

A. In recommending the purchase or replacement of any Medicare supplement policy or certificate an agent shall make reasonable efforts to determine the appropriateness of a recommended purchase or replacement.

B. Any sale of Medicare supplement coverage that will provide an individual more than one Medicare supplement policy or certificate is prohibited.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1132 (June 1999), repromulgated LR 25:1512 (August 1999), LR 29:2476 (November 2003).

**§581. Reserved.**

**§582. Reserved.**

**§583. Reserved.**

**§584. Reserved.**

**§585. Reporting of Multiple Policies**

A. On or before March 1 of each year, an issuer shall report the following information for every individual resident of this state for which the issuer has in force more than one Medicare supplement policy or certificate:

1. policy and certificate number; and
2. date of issuance.

B. The items set forth above must be grouped by individual policyholder.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1132 (June 1999), repromulgated LR 25:1512 (August 1999), LR 29:2476 (November 2003).

**§586. Reserved.**

**§587. Reserved.**

**§588. Reserved.**

**§589. Reserved.**

**§590. Prohibition Against Preexisting Conditions, Waiting Periods, Elimination Periods and Probationary Periods in Replacement Policies or Certificates**

A. If a Medicare supplement policy or certificate replaces another Medicare supplement policy or certificate, the replacing issuer shall waive any time periods applicable to preexisting conditions, waiting periods, elimination periods and probationary periods in the new Medicare supplement policy or certificate to the extent such time was spent under the original policy.

B. If a Medicare supplement policy or certificate replaces another Medicare supplement policy or certificate which has been in effect for at least six months, the replacing policy shall not provide any time period applicable to

preexisting conditions, waiting periods, elimination periods and probationary periods.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1132 (June 1999), repromulgated LR 25:1512 (August 1999), LR 29:2477 (November 2003).

**§591. Reserved.**

**§592. Reserved.**

**§593. Reserved.**

**§594. Reserved.**

**§595. Separability**

A. If any provision of this regulation or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the regulation and the application of such provision to other persons or circumstances shall not be affected thereby.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1132 (June 1999), repromulgated LR 25:1513 (August 1999), LR 29:2477 (November 2003).

**MEDICARE SUPPLEMENT REFUND CALCULATION FORM  
FOR CALENDAR YEAR \_\_\_\_\_**

Type<sup>1</sup> \_\_\_\_\_ SMSBP<sup>2</sup> \_\_\_\_\_  
 For the State of \_\_\_\_\_ Company Name \_\_\_\_\_  
 NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
 Address \_\_\_\_\_ Person Completing Exhibit \_\_\_\_\_  
 Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

LINE		(a) Earned Premium <sup>3</sup>	(b) Incurred Claims <sup>4</sup>
1.	Current Year's Experience		
	a. Total (all policy years)		
	b. Current year's issues <sup>5</sup>		
	c. Net (for reporting purposes = 1a-1b)		
2.	Past Year's Experience (all policy years)		
3.	Total Experience (Net Current Year + Past Year)		
4.	Refunds Last Year (Excluding Interest)		
5.	Previous Since Inception (Excluding Interest)		
6.	Refunds Since Inception (Excluding Interest)		
7.	Benchmark Ratio Since Inception (see worksheet for Ratio 1)		
8.	Experienced Ratio Since Inception (Ratio 2) Total Actual Incurred Claims (line 3, col.b) Total Earned Prem. (line 3, col. a) - Refunds Since Inception (line 6)		
9.	Life Years Exposed Since Inception If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.		
10.	Tolerance Permitted (obtained from credibility table)		

**Medicare Supplement Credibility Table**

Life Years Exposed		Tolerance
Since Inception		
10,000+		0.0%
5,000 – 9,999		5.0%
2,500 – 4,999		7.5%
1,000 – 2,499		10.0%
500 - 999		15.0%
If less than 500, no credibility.		

1. Individual, Group, Individual Medicare Select, or Group Medicare Select Only.
2. "SMSBP" = Standardized Medicare Supplement Benefit Plan – Use "P" for pre-standardized plans.
3. Includes Modal Loadings and Fees Charged
4. Excludes Active Life Reserves
5. This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratio"

**MEDICARE SUPPLEMENT REFUND CALCULATION FORM  
FOR CALENDAR YEAR**

Type<sup>1</sup> \_\_\_\_\_ SMSBP<sup>2</sup> \_\_\_\_\_  
 For the State of \_\_\_\_\_ Company Name \_\_\_\_\_  
 NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
 Address \_\_\_\_\_ Person Completing Exhibit \_\_\_\_\_  
 Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

11.	Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	
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If Ratio 3 is more than Benchmark Ratio (Ratio 1), a refund or credit to premium is not required.  
 If Ratio 3 is less than the Benchmark Ratio, then proceed.

12.	Adjusted Incurred Claims (Total Earned Premiums (Line 3, col. a) - Refund Since Inception (line 6)) x Ratio 3 (line 11)	
13.	Total Earned Premiums (line 3, col. a) - Refunds Inception (line 6) - [Adjusted Incurred Claims (line 12) / Benchmark Ratio (Ratio 1)]	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund or credit against premiums to be used must be attached to this form.

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Name – Please Type  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK  
RATIO SINCE INCEPTION FOR GROUP POLICIES  
FOR CALENDAR YEAR \_\_\_\_\_**

Type<sup>1</sup> \_\_\_\_\_ SMSBP<sup>2</sup> \_\_\_\_\_  
 For the State of \_\_\_\_\_ Company Name \_\_\_\_\_  
 NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
 Address \_\_\_\_\_ Person Completing Exhibit \_\_\_\_\_  
 Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

(a)3 Year	(b)4 Earned Premium	(c) Factor	(d) (b)x(c)	(e) Cumulative Loss Ratio	(f) (d)x(e)	(g) Factor	(h) (b)x(g)	(i) Cumulative Loss Ratio	(j) (h)x(i)	(o)5 Policy Year Loss Ratio
1		2.770		0.507		0.000		0.000		0.46
2		4.175		0.567		0.000		0.000		0.63
3		4.175		0.567		1.194		0.759		0.75
4		4.175		0.567		2.245		0.771		0.77
5		4.175		0.567		3.170		0.782		0.80
6		4.175		0.567		3.998		0.792		0.82
7		4.175		0.567		4.754		0.802		0.84
8		4.175		0.567		5.445		0.811		0.87
9		4.175		0.567		6.075		0.818		0.88
10		4.175		0.567		6.650		0.824		0.88
11		4.175		0.567		7.176		0.828		0.88
12		4.175		0.567		7.655		0.831		0.88
13		4.175		0.567		8.093		0.834		0.89
14		4.175		0.567		8.493		0.837		0.89
15		4.175		0.567		8.684		0.838		0.89
Total:			(k):		(l):		(m):		(n):	

Benchmark Ratio Since Inception:  $(l + n)/(k + m)$ : \_\_\_\_\_

<sup>1</sup>Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

<sup>2</sup>"SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for pre-standardized plans

<sup>3</sup>Year 1 is the current calendar year - 1. Year 2 is the current calendar year - 2 (etc.) (Example: If the current year is 1991, then: Year 1 is 1990; Year 2 is 1989, etc.)

<sup>4</sup>For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.

<sup>5</sup>These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

**REPORTING FORM FOR THE CALCULATION OF BENCHMARK  
RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES  
FOR CALENDAR YEAR \_\_\_\_\_**

Type1 \_\_\_\_\_ SMSBP2 \_\_\_\_\_  
 For the State of \_\_\_\_\_ Company Name \_\_\_\_\_  
 NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
 Address \_\_\_\_\_ Person Completing Exhibit \_\_\_\_\_  
 Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

(a)3 Year	(b)4 Earned Premium	(c) Factor	(d) (b)x(c)	(e) Cumulative Loss Ratio	(f) (d)x(e)	(g) Factor	(h) (b)x(g)	(i) Cumulative Loss Ratio	(j) (h)x(i)	(o)5 Policy Year Loss Ratio
1		2.770		0.442		0.000		0.000		0.40
2		4.175		0.493		0.000		0.000		0.55
3		4.175		0.493		1.194		0.659		0.65
4		4.175		0.493		2.245		0.669		0.67
5		4.175		0.493		3.170		0.678		0.69
6		4.175		0.493		3.998		0.686		0.71
7		4.175		0.493		4.754		0.695		0.73
8		4.175		0.493		5.445		0.702		0.75
9		4.175		0.493		6.075		0.708		0.76
10		4.175		0.493		6.650		0.713		0.76
11		4.175		0.493		7.176		0.717		0.76
12		4.175		0.493		7.655		0.720		0.77
13		4.175		0.493		8.093		0.723		0.77
14		4.175		0.493		8.493		0.725		0.77
15		4.175		0.493		8.684		0.725		0.77
Total:			(k):		(l):		(m):		(n):	

Benchmark Ratio Since Inception:  $(l + n)/(k + m)$ : \_\_\_\_\_

<sup>1</sup> Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

<sup>2</sup> "SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for pre-standardized plans

<sup>3</sup> Year 1 is the current calendar year - 1. Year 2 is the current calendar year - 2 (etc.) (Example: If the current year is 1991, then: Year 1 is 1990; Year 2 is 1989, etc.)

<sup>4</sup> For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.

<sup>5</sup> These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1132 (June 1999), repromulgated LR 25:1513 (August 1999), repromulgated LR 29:2478 (November 2003).

§597. Appendix B

**FORM FOR REPORTING  
MEDICARE SUPPLEMENT POLICIES**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Due: March 1, annually

The purpose of this form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is to be grouped by individual policyholder.

Policy and Certificate #	Date of Issuance

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (please type)

\_\_\_\_\_  
Date

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1136 (June 1999), repromulgated LR 25:1516 (August 1999), repromulgated LR 29:2482 (November 2003).

**DISCLOSURE STATEMENTS**

**Instructions for Use of the Disclosure Statements for  
Health Insurance Policies Sold to Medicare Beneficiaries  
that Duplicate Medicare**

1. Section 1882(d) of the federal Social Security Act [42 U.S.C. 1395ss] prohibits the sale of a health insurance policy (the term policy includes certificates) to Medicare beneficiaries that duplicates Medicare benefits unless it will pay benefits without regard to a beneficiary's other health coverage and it includes the prescribed disclosure statement on or together with the application for the policy.
2. All types of health insurance policies that duplicate Medicare shall include one of the attached disclosure statements, according to the particular policy type involved, on the application or together with the application. The disclosure statement may not vary from the attached statements in terms of language or format (type size, type proportional spacing, bold character, line spacing, and usage of boxes around text).
3. State law and federal law prohibits insurers from selling a Medicare supplement policy to a person that already has a Medicare supplement policy except as a replacement policy.
4. Property/casualty and life insurance policies are not considered health insurance.
5. Disability income policies are not considered to provide benefits that duplicate Medicare.
6. Long-term care insurance policies that coordinate with Medicare and other health insurance are not considered to provide benefits that duplicate Medicare.
7. The federal law does not pre-empt state laws that are more stringent than the federal requirements.
8. The federal law does not pre-empt existing state form filing requirements.
9. Section 1882 of the federal Social Security Act was amended in Subsection (d)(3)(A) to allow for alternative disclosure statements. The disclosure statements already in Appendix C remain. Carriers may use either disclosure statement with the requisite insurance product. However, carriers should use either the original disclosure statements or the alternative disclosure statements and not use both simultaneously.

[Original disclosure statement for policies that provide benefits for expenses incurred for an accidental injury only.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**This insurance duplicates Medicare benefits when it pays:**

?? hospital or medical expenses up to the maximum stated in the policy

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? other approved items and services

**Before You Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Original disclosure statement for policies that provide benefits for specified limited services.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

This insurance duplicates Medicare benefits when:

- ?? any of the services covered by the policy are also covered by Medicare

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- ?? hospitalization
- ?? physician services
- ?? other approved items and services

**Before You Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Original disclosure statement for policies that reimburse expenses incurred for specified diseases or other specified impairments. This includes expense-incurred cancer, specified disease and other types of health insurance policies that limit reimbursement to named medical conditions.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**This insurance duplicates Medicare benefits when it pays:**

?? hospital or medical expenses up to the maximum stated in the policy

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? hospice
- ?? other approved items and services

**Before Yo u Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Original disclosure statement for policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnoses named in the policy.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? hospice
- ?? other approved items and services

**Before You Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Original disclosure statement for indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**This insurance duplicates Medicare benefits when:**

?? any expenses or services covered by the policy are also covered by Medicare

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? hospice
- ?? other approved items and services

**Before You Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Original disclosure statement for policies that provide benefits upon both an expense-incurred and fixed indemnity basis]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**This insurance duplicates Medicare benefits when:**

- ?? any expenses or services covered by the policy are also covered by Medicare; or
- ?? it pays the fixed dollar amount stated in the policy and Medicare covers the same event.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? hospice
- ?? other approved items and services

**Before You Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Original disclosure statement for other health insurance policies not specifically identified in the preceding statements.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- ?? the benefits stated in the policy and coverage for the same event is provided by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- ?? hospitalization
- ?? physician services
- ?? hospice
- ?? other approved items and services

**Before You Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Alternative disclosure statement for policies that provide benefits for expenses incurred for an accidental injury only.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Alternative disclosure statement for policies that provide benefits for specified limited services.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits under this policy.**

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? other approved items and services

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- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Alternative disclosure statement for policies that reimburse expenses incurred for specified diseases or other specified impairments. This includes expense-incurred cancer, specified disease and other types of health insurance policies that limit reimbursement to named medical conditions.]

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THIS IS NOT SUPPLEMENT INSURANCE**

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This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

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- ?? hospitalization
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- ?? hospice
- ?? other approved items and services

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[Alternative disclosure statement for policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? hospice
- ?? other approved items and services

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- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Alternative disclosure statement for indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? hospice
- ?? other approved items and services

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**Before You Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Alternative disclosure statement for policies that provide benefits upon both an expense-incurred and fixed indemnity basis]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? hospice
- ?? other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

[Alternative disclosure statement for other health insurance policies not specifically identified in the preceding statements.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- ?? hospitalization
- ?? physician services
- ?? hospice
- ?? other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- v Check the coverage in all health insurance policies you already have.
- v For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- v For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1136 (June 1999), repromulgated LR 25:1516 (August 1999), LR 29:2483 (November 2003).

**§599. Effective Date**

A. This regulation shall become effective upon final publication in the *Louisiana Register*.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1142 (June 1999), repromulgated LR 25:1522 (August 1999), amended LR 29:2497 (November 2003).

J. Robert Wooley  
Commissioner

0311#015

**RULE**

**Department of Labor  
Office of Workforce Development**

Customized Training? Fund  
(LAC 40:XVI.101, 103, 105, 109, and 113)

Notice is hereby given, in accordance with R.S. 49:905 et seq., that the Louisiana Department of Labor, pursuant to authority vested in the department by R.S. 23:1514 and in

accordance with applicable provisions of the Administrative Procedure Act, has amended Rules governing the workforce development training account, LAC 40:XVI.101, 103, 105, 109, and 113 to provide for clarification of terms and establish requirements for the Small Business Employee Training Program.

**Title 40**

**LABOR AND EMPLOYMENT**

**Part XVI. Customized Training**

**Chapter 1. Workforce Development Training Fund**

**§101. Definitions**

\* \* \*

*Applicant?* the business requesting training assistance from LDOL under this program, including a registered joint labor and employer group-administered apprenticeship program under §103A.4.

\* \* \*

*Incumbent Worker?* a worker who is currently on the payroll of the applicant.

*Individual Standardized Training?* off-the-shelf training that is not customized to the needs of the individual applicant and that is currently offered by a training provider at the time the application is filed with LDOL; to be provided through the Small Business Employee Training Program and to be administered in accordance with §113.

\* \* \*

*Supplant?* diversion of normal training funding for other uses simply because training funds are awarded under the *Incumbent Worker Training Program*.

\* \* \*

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1514.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workforce Development, LR 25:1142 (June 1999), amended LR 26:1629 (August 2000), LR 29:2497 (November 2003).

### §103. Eligibility

A. ...

1. an individual employer that seeks to provide customized training for his incumbent workers to prevent job loss caused by obsolete skills, technological change, or national or global competition;

2. an individual employer that seeks to provide customized training for its incumbent workers to create, update, or retain jobs in a labor demand occupation;

3. an individual employer that seeks to provide customized training for its incumbent workers to update or retain jobs in an occupation which is not a labor demand occupation, if the administrator determines that the services are necessary to prevent the likely loss of jobs;

4. a labor or community-based organization that seeks to provide customized training for a labor demand occupation for workers who are incumbent to an industry, were attached to a contributing employer within the last 12 months, and are not receiving unemployment insurance benefits at time of training;

5. a consortium made up of one or more educational institutions and one or more eligible individual employers, labor, or community-based organizations that seeks to provide customized training for incumbent workers in labor demand occupations;

6. a local economic development entity and one or more eligible individual employers that seek to provide customized training for incumbent workers in a labor demand occupation.

B. Qualified businesses currently receiving training for their employees may, upon the expiration of contracts, apply for new training grants for training of new employees, previously untrained employees, or for additional training of previously trained employees.

C. All applications by eligible applicants for customized training shall be submitted in conjunction with the entity selected by the applicant to provide the customized training. All disbursements of funds for the training shall be made to the entity actually providing the customized training. To be eligible, the training provider selected by the applicant must demonstrate a history of:

1. - 3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1514.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workforce Development, LR 25:1142 (June 1999), amended LR 29:2498 (November 2003).

### §105. Criteria

A. ...

B. No single employer or consortium shall receive training funds more than once in a 24-month time period. No single employer or consortium shall receive more than 5 percent of the total funds available to the program to the program during a fiscal year. An employer with multiple operations sites and a single unemployment insurance tax identification number shall be limited to a single application

which may encompass training at the various sites, as long as the amount awarded under the application does not exceed the maximum award amount. When an employer has more than one site and each site maintains a different unemployment insurance tax identification number, the employer may apply for a separate training award under each tax identification number.

C. Employers receiving awards must provide evidence satisfactory to LDOL of their long-range commitment to employee training and that funds shall be used to supplement and not supplant existing training efforts.

D. Applicants must request training for at least 15 employees and where applicable, the training provided must meet, at the minimum, the safety standards determined by OSHA.

E. Special emphasis shall be placed on entry level/incumbent training programs.

F. Preference will be given to employers that have:

1. - 7. ...

G. Employers seeking a training award may not select as a training provider:

1. - 2. ...

H. Nothing contained herein shall prohibit the selection of a training proprietary school or private institution as a training provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1514.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workforce Development, LR 25:1143 (June 1999), amended LR 26:1629 (August 2000), LR 28:2203 (October 2002), LR 29:2498 (November 2003).

### §109. Submission and Review Procedure

A. Applicants must submit their completed application to LDOL. Submitted applications will be reviewed and evaluated by LDOL staff. All applications will be measured using a rating system as an evaluation tool that will enable LDOL staff to determine which applications should receive approval, be deferred to future funding cycles, or be denied outright. Input may be required from the applicant, other divisions of the Department of Labor, and other state agencies as needed, in order to:

A.1. - B. ...

C.1. Upon determination that an application meets the eligibility criteria for this program and is deemed to be beneficial to the well-being of the state, LDOL staff will then make a recommendation to the secretary of the Department of Labor. The application will then be reviewed and approved by the following entities in the following order:

- a. the secretary of the Department of Labor;
- b. the governor.

2. A copy of the application shall be sent to the executive director of the Louisiana Workforce Commission. No funds spent on the project prior to the secretary's approval will be considered eligible project costs.

3. The secretary will issue a letter of commitment to the applicant within five working days of the application approval by the governor.

4. If any application is rejected by any of the preceding entities, the application shall not be considered by the next succeeding entity unless first reconsidered and approved by the entity which initially rejected the application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1514.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workforce Development, LR 25:1143 (June 1999), amended LR 26:1630 (August 2000), LR 29:2498 (November 2003).

### **§113. Small Business Employee Training Program**

A. For purposes of this Part, small business is defined as a Louisiana based business that has 50 or less employees and is an eligible applicant as outlined in §103.A. The applicant will be reimbursed for the eligible costs associated with the training once the training has been completed and proper documentation has been submitted to LDOL.

B. Applicant can not receive customized training and small business employee training concurrently.

C. The applicant must submit the Small Business Employee Training Program application and receive LDOL approval, in writing, prior to the start of any training.

D. Applicant must be current on all state UI tax obligations.

E. Trainees must be incumbent workers for whom the applicant incurs a state unemployment tax liability under R.S. Title 23, Chapter 11.

F. The request for training must be in a labor demand occupation as defined in the Workforce Investment Act of 1998 (WIA) or cluster based industry as defined in Vision 2020.

G. Small business training can consist of the following:

1. taking a class, either non-credit or credit in an audit capacity, at an educational institution under the policy or direct management authority of the Board of Regents;

2. receiving training from a manufacturer or their representative within one year of the purchase of equipment valued at more than \$3,000 where the training is not otherwise incorporated into the purchase price of the equipment;

3. receiving training from a manufacturer or their representative in order to upgrade computer skills;

4. receiving training from a national, regional or state trade association, that offers an independently certified training curricula and testing, which can demonstrate a successful training history of at least five years.

H. The proposed training provider under Paragraph G.1 must be domiciled in Louisiana and contribute data to LOIS Scorecard as required by R.S. 23:75 which shows a demonstrated history of successful training in the particular instruction that will be given.

I. Training costs shall not exceed \$3,000 per trainee per fiscal year.

J. Training costs can be any of the following:

1. tuition;

2. required textbooks and manuals.

K. Training must be completed by the end of the state fiscal year (June 30) in which it was begun.

L. Upon completion of the training, the employer must submit invoices for training expenditures along with proof of payment, proof of completion from the training provider, as well as proof of a pay increase or wages that were paid for the training hours attended, all within 30 days of the completion of the training.

M. An application shall be deemed approved by LDOL upon written approval of the Secretary of Labor or their designee. A letter of approval shall be forwarded to the

applicant within five working days of approval of the application.

N. The Small Business Employee Training Program shall be funded at 2.3 percent of all funds available for training.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1514.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workforce Development, LR 29:2499 (November 2003).

Dawn Watson  
Secretary

0311#100

## **RULE**

### **Department of Natural Resources Office of Conservation**

Fees (LAC 43:XIX.Chapter 7)

In accordance with the Administrative Procedure Act, R.S. 49:950 et seq., the Office of Conservation hereby amends the established fees.

## **Title 43**

### **NATURAL RESOURCES**

#### **Part XIX. Office of Conservation? General Operations Subpart 2. Statewide Order No. 29-R**

#### **Chapter 7. Fees**

#### **§701. Definitions**

*Application Fee?* an amount payable to the Office of Conservation, in a form and schedule prescribed by the Office of Conservation, by industries under the jurisdiction of the Office of Conservation.

*Application for Automatic Custody Transfer?* an application for authority to measure and transfer custody of liquid hydrocarbons by the use of methods other than customary gauge tanks, as authorized by Statewide Order No. 29-G-1 (LAC 43:XIX.2301 et seq.), or successor regulations.

*Application for Commercial Class I Injection Well?* an application to construct and/or operate a commercial Class I injection well, as authorized by Statewide Order No. 29-N-1 (LAC 43:XVII.101 et seq.), Statewide Order No. 29-N-2 (LAC 43:XVII.201 et seq.), or successor regulations.

*Application for Commercial Class I Injection Well (Additional Wells)?* an application to construct and/or operate additional Class I injection wells within the same filing, as authorized by Statewide Order No. 29-N-1 (LAC 43:XVII.101 et seq.), Statewide Order No. 29-N-2 (LAC 43:XVII.201 et seq.), or successor regulations.

*Application for Commercial Class II Injection Well?* an application to construct and/or operate a commercial Class II injection well, as authorized by Statewide Order No. 29-B (LAC 43:XIX.401 et seq.), Statewide Order No. 29-M-2 (LAC 43:XVII.3101 et seq.), or successor regulations.

*Application for Commercial Class II Injection Well (Additional Wells)?* an application to construct and/or operate additional commercial Class II injection wells within the same filing, as authorized by Statewide Order 29-B (LAC 43:XIX.401 et seq.), Statewide Order No. 29-M-2 (LAC 43:XVII.3101 et seq.), or successor regulations.

*Application for Multiple Completion?* an application to multiply complete a new or existing well in separate common sources of supply, as authorized by Statewide Order No. 29-C-4 (LAC 43:XIX.1301 et seq.), or successor regulations.

*Application for Noncommercial Injection Well?* an application to construct and/or operate a Class I, II or III noncommercial injection well, as authorized by Statewide Order Nos. 29-B (LAC 43:XIX.401 et seq.), 29-M (LAC 43:XVII.301 et seq.), 29-N-1 (LAC 43:XVII.101 et seq.), 29-N-2 (LAC 43:XVII.201 et seq.), 29-M-2 (LAC 43:XVII.3101 et seq.), or successor regulations.

*Application for Permit to Drill (Minerals)?* an application to drill in search of minerals, as authorized by R.S. 30:28.

*Application for Public Hearing?* an application for a public hearing as authorized by R.S. 30:1, et seq.

*Application for Substitute Unit Well?* an application for a substitute unit well as authorized by Statewide Order No. 29-K-1 (LAC 43:XIX.2901 et seq.), or successor regulations.

*Application for Surface Mining Development Operations Permit?* an application to remove coal, lignite, or overburden for the purpose of determining coal or lignite quality or quantity or coal or lignite mining feasibility, as authorized by Statewide Order No. 29-O-1 (LAC 43:XV.101 et seq.), or successor regulations.

*Application for Surface Mining Exploration Permit?* an application to drill test holes or core holes for the purpose of determining the location, quantity, or quality of a coal or lignite deposit, as authorized by Statewide Order No. 29-O-1 (LAC 43:XV.101 et seq.), or successor regulations.

*Application for Surface Mining Permit?* an application for a permit to conduct surface coal or lignite mining and reclamation operations, as authorized by Statewide Order No. 29-O-1 (LAC 43:XV.101 et seq.), or successor regulations.

*Application for Unit Termination?* an application for unit termination as authorized by Statewide Order No. 29-L-2 (LAC 43:XIX.3100 et seq.), or successor regulations.

*Application to Amend Permit to Drill (Injection or Other)?* an application to alter, amend, or change a permit to drill, construct and/or operate an injection, or other well after its initial issuance, as authorized by R.S. 30:28.

*Application to Amend Permit to Drill (Minerals)?* an application to alter, amend, or change a permit to drill for minerals after its initial issuance, as authorized by R.S. 30:28.\*

\*Application to Amend Operator (transfer of ownership) for any multiply completed well which has reverted to a single completion, any non-producing well which is plugged and abandoned within the time frame directed by the Commissioner, as well as any stripper crude oil well or incapable gas well so certified by the Department of Revenue shall not be subject to the *application fee* provided herein.

*Application to Commingle?* an application for authority to commingle production of gas and/or liquid hydrocarbons and to use methods other than gauge tanks for allocation, as authorized by Statewide Order No. 29-D-1 (LAC 43:XIX.1500 et seq.), or successor regulations.

*Application to Process Form R-4?* application for authorization to transport oil from a lease as authorized by Statewide Order No. 25 (LAC 43:XIX.900 et seq.), or successor regulations.

*BOE?* annual barrels oil equivalent. Gas production is converted to BOE by dividing annual mcf by a factor of 7.5.

*Capable Gas?* natural and casing head gas not classified as incapable gas well gas or incapable oil well gas by the Department of Revenue.

*Capable Oil?* crude oil and condensate not classified as incapable oil or stripper oil by the Department of Revenue.

*Class I Well?* a Class I injection well used to inject hazardous or nonhazardous, industrial, or municipal wastes into the subsurface, which falls within the regulatory purview of Statewide Order No. 29-N-1 (LAC 43:XVII.101 et seq.), Statewide Order No. 29-N-2 (LAC 43:XVII.201 et seq.), or successor regulations.

*Class I Well Fee?* an annual fee payable to the Office of Conservation, in a form and schedule prescribed by the Office of Conservation, on Class I wells in an amount not to exceed \$400,000 for Fiscal Year 2000-2001 and thereafter.

*Class II Well?* a Class II injection well which injects fluids which are brought to the surface in connection with conventional oil or natural gas production, for annular disposal wells, for enhanced recovery of oil or natural gas, and for storage of hydrocarbons. For purposes of administering the exemption provided in R.S. 30:21(B)(1)(c), such exemption is limited to operators who operate Class II wells serving a stripper oil well or an incapable gas well certified pursuant to R.S. 47:633 by the Severance Tax Section of the Department of Revenue and located in the same field as such Class II well.

*Class III Well?* a Class III injection well which injects for extraction of minerals or energy.

*Emergency Clearance?* emergency authorization to transport oil from lease.

*Production Fee?* an annual fee payable to the Office of Conservation, in a form and schedule prescribed by the Office of Conservation, by oil and gas operators on capable oil wells and capable gas wells based on a tiered system to establish parity on a dollar amount between the wells. The tiered system shall be established annually by Rule on capable oil and capable gas production, including nonexempt wells reporting zero production during the annual base period, in an amount not to exceed \$2,450,000 for Fiscal Year 2002 - 2003 and thereafter.

*Production Well?* any well which has been permitted by and is subject to the jurisdiction of the Office of Conservation, excluding wells in the permitted and drilling in progress status, Class II injection wells, liquid storage cavity wells, commercial salt water disposal wells, Class V injection wells, wells which have been plugged and abandoned, wells which have reverted to landowner for use as a fresh water well (Statewide Order No. 29-B, LAC 43:XIX.137.G, or successor regulations), multiply completed wells reverted to a single completion, and stripper oil wells or incapable oil wells or incapable gas wells certified by the Severance Tax Section of the Department of Revenue.

*Regulatory Fee?* an amount payable annually to the Office of Conservation, in a form and schedule prescribed by the Office of Conservation, on Class II wells, Class III wells, storage wells, Type A facilities, and Type B facilities in an amount not to exceed \$875,000 for Fiscal Year 2000-2001 and thereafter. No fee shall be imposed on a Class II well of an operator who is also an operator of a stripper crude oil well or incapable gas well certified pursuant to R.S. 47:633

by the Severance Tax Section of the Department of Revenue and located in the same field as such Class II well. Operators of Record, excluding operators of wells and including, but not limited to, operators of gasoline/cycling plants, refineries, oil/gas transporters, and/or certain other activities subject to the jurisdiction of the Office of Conservation are required to pay an annual registration fee of \$105. Such payment is due within the time frame prescribed by the Office of Conservation.

*Type A Facility?* commercial E&P waste disposal facilities within the state that utilize technologies appropriate for the receipt, treatment, storage, or disposal of oilfield waste solids and liquids for a fee or other consideration, and fall within the regulatory purview of Statewide Order No. 29-B (LAC 43:XIX.501 et seq.), Statewide Order No. 29-M-2 (LAC 43:XVII.3101 et seq.), or successor regulations.

*Type B Facility?* commercial E&P waste disposal facilities within the state that utilize underground injection technology for the receipt, treatment, storage, or disposal of only produced saltwater, oilfield brine, or other oilfield waste liquids for a fee or other consideration, and fall within the regulatory purview of Statewide Order No. 29-B (LAC 43:XIX.501 et seq.), or successor regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:21 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 14:542 (August 1988), amended LR 15:551 (July 1989), LR 21:1249 (November 1995), LR 24:458 (March 1998), LR 24:2127 (November 1998), LR 25:1873 (October 1999), LR 26:2302 (October 2000), LR 27:1919 (November 2001), LR 28:2366 (November 2002), LR 29:2499 (November 2003).

### §703. Fee Schedule for Fiscal Year 2003-2004

#### A. Fee Schedule

Application Fees	Amount
Application for Unit Termination	\$ 252
Application for Substitute Unit Well	\$ 252
Application for Public Hearing	\$ 755
Application for Multiple Completion	\$ 126
Application to Commingle	\$ 252
Application for Automatic Custody Transfer	\$ 252
Application for Noncommercial Injection Well	\$ 252
Application for Commercial Class I Injection Well	\$ 1,264
Application for Commercial Class I injection Well (Additional Wells)	\$ 631
Application for Commercial Class II Injection Well	\$ 631
Application for Commercial Class II Injection Well (Additional Wells)	\$ 314
Application for Permit to Drill - Minerals: 0' - 3,000'	\$ 126
Application for Permit to Drill - Minerals: 3,001' - 10,000'	\$ 631
Application for Permit to Drill - Minerals: 10,001' +	\$ 1,264
Drill Minerals Deeper (> 3,000')	\$ 504
Drill Minerals Deeper (> 10,000')	\$ 632
Application to Amend Permit to Drill - Minerals	\$ 126
Application to Amend Permit to Drill - Injection or Other	\$ 126
Application for Surface Mining Exploration Permit	\$ 65
Application for Surface Mining Development Operations Permit	\$ 94
Application for Surface Mining Permit	\$ 2,212
Application to Process Form R-4	\$ 36
Application to Reinstate Suspended Form R-4	\$ 65
Application for Emergency Clearance Form R-4	\$ 65

#### B. Regulatory Fees

1. Operators of each permitted Type A Facility are required to pay an annual Regulatory Fee of \$6,426 per facility.

2. Operators of each permitted Type B Facility are required to pay an annual Regulatory Fee of \$3,213 per facility.

3. Operators of record of permitted non-commercial Class II injection/disposal wells are required to pay \$654 per well.

4. Operators of record of permitted Class III and Storage wells are required to pay \$654 per well.

C. Class I Well Fees. Operators of permitted Class I wells are required to pay \$9,876 per well.

D. Production Fees. Operators of record of capable oil wells and capable gas wells are required to pay according to the following annual production fee tiers.

Tier	Annual Production (Barrel Oil Equivalent)	Fee (\$ per Well)
Tier 1	0	16
Tier 2	1-5,000	84
Tier 3	5,001-15,000	237
Tier 4	15,001-30,000	397
Tier 5	30,001-60,000	634
Tier 6	60,001-110,000	873
Tier 7	110,001-9,999,999	1,070

#### E. Exceptions

1. Operators of record of each Class I injection/disposal well and each Type A and B commercial facility that is permitted, but has not yet been constructed, are required to pay an annual fee of 50 percent of the applicable fee for each well or facility.

2. Operators of record of each inactive Type A and B facility which have voluntarily ceased the receipt and disposal of E&P waste and are actively implementing an Office of Conservation approved closure plan are required to pay an annual Regulatory Fee of 50 percent of the annual fee for each applicable Type A or B facility.

3. Operators of record of each inactive Type A or B facility which have voluntarily ceased the receipt and disposal of E&P waste, have completed Office of Conservation approved closure activities and are conducting a post-closure maintenance and monitoring program, are required to pay an annual Regulatory Fee of 25 percent of the annual fee for each applicable Type A or B facility.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:21 et seq.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of Conservation, LR 14:543 (August 1988), amended LR 15:552 (July 1989), LR 21:1250 (November 1995), LR 24:458 (March 1998), LR 24:2128 (November 1998), LR 25:1874 (October 1999), LR 26:2304 (October 2000), LR 27:1920 (November 2001), LR 28:2368 (November 2002), LR 29:350 (March 2003), LR 29:2501 (November 2003).

### §705. Failure to Comply

A. Operators of operations and activities defined in §701 are required to timely comply with this order. Failure to comply by the due date of any required fee payment will subject the operator to civil penalties provided in Title 30 of

the Louisiana Revised Statutes of 1950, including but not limited to R.S. 30:18.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:21 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Natural Resources, Office of Conservation, LR 14:544 (August 1988), amended LR 15:552 (July 1989), LR 21:1251 (November 1995), LR 24:459 (March 1998), LR 24:2128 (November 1998), LR 25:1874 (October 1999), LR 26:2304 (October 2000), LR 27:1921 (November 2001), LR 28:2368 (November 2002), LR 29:2501 (November 2003).

#### **§707. Severability and Effective Date**

A. The fees set forth in §703 are hereby adopted as individual and independent rules comprising this body of Rules designated as Statewide Order No. 29-R-03/04 and if any such individual fee is held to be unacceptable, pursuant to R.S. 49:968(H)(2), or held to be invalid by a court of law, then such unacceptability or invalidity shall not affect the other provisions of this order which can be given effect without the unacceptable or invalid provisions, and to that end the provisions of this order are severable.

B. This Order (Statewide Order No. 29-R-03/04) supercedes Statewide Order No. 29-R-02/03 and any amendments thereof.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:21 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Natural Resources, Office of Conservation, LR 14:544 (August 1988), amended LR 15:552 (July 1989), LR 21:1251 (November 1995), LR 24:459 (March 1998), LR 24:2128 (November 1998), LR 25:1874 (October 1999), LR 26:2305 (October 2000), LR 27:1921 (November 2001), LR 28:2368 (November 2002), LR 29:2502 (November 2003).

James H. Welsh  
Commissioner

0311#051

### **RULE**

#### **Department of Public Safety and Corrections Corrections Services**

Crime Victims Services Bureau (LAC 22:I.Chapter 23)

The Department of Public Safety and Corrections, Corrections Services, in accordance with the Administrative Procedure Act, R.S. 49:950, et seq., hereby amends LAC 22:I.Chapter 23, Crime Victims Services Bureau.

#### **Title 22**

#### **CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT**

#### **Part I. Corrections**

#### **Chapter 23. Crime Victims Services Bureau**

#### **§2301. Purpose**

A. To establish the primary functions of the Crime Victims Services Bureau, a public service implemented through the Secretary's Office, which enables victims of crime and others directly affected by that crime to register for notification of key events specified in law and policy, facilitates general access to information helpful to crime victims, and supports development of programming responsive to the needs and wishes of crime victims and others injured by the criminal acts of persons under the state's authority.

**AUTHORITY NOTE:** Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

**HISTORICAL NOTE:** Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:409 (March 2001), amended LR 29:2502 (November 2003).

#### **§2303. Applicability**

A. Deputy Secretary, Undersecretary, Assistant Secretaries, all Wardens, Director/Probation and Parole? Adult, Director/Probation and Parole? Juvenile, Board of Parole, and Board of Pardons.

**AUTHORITY NOTE:** Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

**HISTORICAL NOTE:** Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:409 (March 2001), amended LR 29:2502 (November 2003).

#### **§2305. Definitions**

*Designated Family Member?* a family member or a legal guardian of a minor *victim*, a homicide *victim*, or a person who is disabled, such designation usually made by local authorities.

*Inmate?* in this context, anyone committed to the custody of the department whether as an adult or a juvenile.

*Other Designated Persons?* persons not included above who wish to register because of a relationship or other circumstances involving the *inmate*, e.g., estranged or ex-spouse, previously battered companion, concerned neighbor, arresting officer, prosecuting district attorney.

*Victim?* a person against whom a felony offense or a felony-grade delinquent offense has been committed.

*Victim Notice and Registration Form?* a form promulgated by the Louisiana Commission on Law Enforcement (LCLE) and provided by a judicial or law enforcement agency, or a form available from the department (attached), on which a person may indicate a request to be afforded the rights prescribed in law and/or policy for *victims*, *witnesses*, and *other designated persons*. In the context of this regulation, the term also includes letters requesting notification about an *inmate's* movement through the system and can include *victim* requests made by telephone or identified in presentence, preparole, or other investigative reports in the department's possession.

*Victim's Family?* spouse, parent, child, stepchild, sibling, or legal representative of the *victim*, except when that person is in custody for an offense or is the defendant.

*Witness?* a person who has relevant information about a crime that was committed and who, consequently, could be or has been called as a witness for the prosecution.

**AUTHORITY NOTE:** Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

**HISTORICAL NOTE:** Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:409 (March 2001), amended LR 29:2502 (November 2003).

#### **§2307. Policy**

A. For many years correctional systems focused primarily on the custody, care, and control of the sentenced adults and adjudicated juveniles placed under its authority. During the 1990s, victim advocacy groups came forward to remind justice system officials that crime does not injure only or even primarily the state. Crime injures individual human beings. So, to be truly effective, the justice system must include the fact that a crime has hurt someone and then

must develop appropriate ways to respond to and mitigate that injury. This is our challenge. It is the secretary's policy to ensure compliance with all laws governing the rights of victims and witnesses and, through operations of the Crime Victims Services Bureau, to facilitate access to those rights and encourage programming throughout the agency to enhance responsiveness to victims by staff and inmates. This policy will be supported by staff education and will include new programming in the areas of victim impact classes for inmates and victim-initiated victim-offender dialogue. To achieve these ends the department will collaborate with other justice system agencies, victim advocacy groups, and other community-based organizations, and will incorporate responsiveness to the victim's role into CORE (Corrections Organized for Re-entry), the department's offender re-entry initiative.

**AUTHORITY NOTE:** Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

**HISTORICAL NOTE:** Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:410 (March 2001), amended LR 29:2502 (November 2003).

### **§2309. General Procedures**

A. The department will maintain a toll-free telephone line to the Crime Victims Services Bureau. The bureau will help callers register for notification and find answers to questions, and will refer callers to other units within the agency, the Board of Parole, the Board of Pardons, the prosecuting district attorney, and/or other crime victim programs and agencies.

B. When a victim notice and registration form is received in any unit of the department, staff will respond timely and in a manner consistent with the requirements of this and other department regulations governing release of information and victims' and witnesses' rights. However, the filing of a victim notice and registration form by an incarcerated adult or a juvenile in secure care shall not enable that individual to receive information about another individual incarcerated or in secure care under the department's authority.

C. As provided by law, a victim or a designated family member may use the victim notice and registration form promulgated by LCLE to indicate their wish to review and comment on information in the postsentence report relating to the crime against the victim. The Division of Probation and Parole? Adult will oversee access to this information.

D. Additional assistance is available to employees who are victimized while on duty or on personal time, as described in Department Regulation No. A-02-024 "Critical Incident Stress Management Program."

E. Persons receiving unsolicited communications by telephone or mail from inmates in state custody may contact the Crime Victims Services Bureau for assistance in having the contacts stopped. The bureau will work with the appropriate warden to see that reasonable and necessary steps are taken to address the situation. This may involve disciplinary action, including loss of good time.

**AUTHORITY NOTE:** Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

**HISTORICAL NOTE:** Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:410 (March 2001), amended LR 29:2503 (November 2003).

### **§2311. Confidentiality**

A. Both the information contained in a victim notice and registration form and the fact that a notification request has been made are confidential. Pursuant to provisions of R.S. 15:574.12, staff may answer inquiries from judicial and law enforcement agencies. Any other inquiries from outside the department about who is registered or whether a particular inmate has a registered victim should be referred to the Crime Victims Services Bureau.

**AUTHORITY NOTE:** Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

**HISTORICAL NOTE:** Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:410 (March 2001), amended LR 29:2503 (November 2003).

### **§2313. Restitution**

A. When restitution is required as a condition of probation, parole, or work release, such cash or service shall be monitored and/or collected by the Division of Probation and Parole? Adult or Juvenile, as appropriate.

**AUTHORITY NOTE:** Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

**HISTORICAL NOTE:** Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:410 (March 2001), amended LR 29:2503 (November 2003).

### **§2315. Parole and Pardon Hearings and Related Matters**

A. The Board of Parole and the Board of Pardons will comply with all laws regarding written notification prior to scheduled hearings, including the requirement that notice be given to all persons who file a victim notice and registration form and to the appropriate district attorney. Notifications regarding pending hearings shall be made through action of the Division of Probation and Parole? Adult or directly, as appropriate.

B. As provided in law, when a hearing is scheduled by either board, the victim or victim's family shall be allowed to make written and oral statements concerning the impact of the crime and to rebut statements or evidence introduced by the inmate. The victim or victim's family, a representative of a victim advocacy group, and the district attorney or his representative may appear before the boards in person or by telephone from the district attorney's office.

C. As provided in law, the Pardon Board will notify the Crime Victims Services Bureau before hearing an applicant.

D. Wherever Parole Board or Pardon Board hearings are held, all reasonable steps will be taken to see that victims and their family members and inmates and their family members do not have direct contact before or after the hearing. This practice should, where possible, begin at the entrance to the hearing site and include provision of a separate waiting area and access to separate restroom facilities. Hearing sites are also encouraged to provide victim access to a staff person who can explain the hearing process and answer other questions.

**NOTE:** Parole Board and Pardon Board procedures provide detailed information about each board's policies and practices.

**AUTHORITY NOTE:** Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:410 (March 2001), amended LR 29:2503 (November 2003).

**§2317. Notifications Regarding Adult Inmates**

A. When a victim notice and registration form is received at an institution, it shall become part of the inmate's permanent record, and the notes section of the stamp format shall be marked to indicate the existence of a notification request.

B. The Crime Victims Services Bureau will acknowledge receipt of each victim notice and registration form with a letter that includes the possible release dates of the inmate named on the form.

C. When the department receives a victim notice and registration form regarding an inmate sentenced on or after August 15, 1997, the department must provide the inmate's projected release dates to the victim and the sentencing court within 90 days of the inmate's commitment date. If those dates are not available when the bureau receives the registration form, the bureau will flag appropriate inmate records staff about the response deadline and will send projected release dates as soon as they are available.

D. If a mistaken calculation is discovered after projected release dates have been sent to a victim, the unit that makes the correction will send a letter providing corrected release dates to all registered victims. This provision does not include changes to an inmate's diminution of sentence date resulting from earning or losing good time credits. However, if educational good time is credited after letters have been sent to inform registered victims of an inmate's imminent release, a second letter should be sent to inform them of the new, closer release date. The second letter need not be certified.

E. In the event an inmate named on a victim notice and registration form makes a court appearance that subsequently affects sentence length or is approved for furlough, placed on a Risk Review Panel docket, transferred to work release, or released from prison, persons who have filed a victim notice and registration form shall be notified by mail. Release from prison includes parole, diminution of sentence to parole supervision, diminution of sentence, full term, court ordered release (which includes release to another jurisdiction, including parish jail), and death while incarcerated. These notifications, except in the case of Risk Review consideration and transfer to work release, shall be made by certified mail.

1. Notice of transfer to work release should be mailed on the day of the inmate's approval or transfer. If the inmate is a sex offender, law requires notice 10 days prior to transfer.

2. Notice of furlough and scheduled release from prison should be mailed in time to allow persons requesting notice to receive the notice before the inmate is furloughed or released to supervision. If the inmate is a sex offender, law requires notice 10 days prior to furlough or release.

3. Notice involving an inmate due for immediate release should be by telephone, followed by a letter confirming release.

F. In the event that an inmate named on a victim notice and registration form escapes from institutional custody, registered persons shall be notified immediately at the most current address or phone number on file by the most reasonable and expedient means possible. When the inmate

is recaptured, written notice shall be sent within 48 hours of regaining custody. (Notifications required by Department Regulation No. C-02-001 "Reporting and Documenting Escapes, Absconding and AWOLs" also apply.)

G Responsibility for notifications included in Subsections D-F above shall be as follows.

1. The warden of the state-owned institution where the inmate is assigned.

2. The warden of Elayn Hunt Correctional Center, David Wade Correctional Center, or Louisiana Correctional Institute for Women, as appropriate, if the inmate is assigned to the State Police Barracks, a local jail facility, a correctional institution in another jurisdiction, or a non-secure adult contract work release program.

3. The Assistant Secretary/Adult or his designee if the inmate is in a local jail facility and is transferred to a non-contract (sheriff's) work release program.

4. The Risk Review Panel chairman or his designee, if an inmate is placed on a Risk Review docket.

H. When an institution receives an inmate whose file already contains a victim notice and registration form, the institution is encouraged to send an acknowledgment letter to all registered victims in the file.

I. In the event that an inmate is recommended for a regular or medical furlough, medical parole, or work release, the Warden shall determine whether there is a victim notice and registration form on file and shall so note when submitting a recommendation to the secretary. The warden should indicate the city or town of residence of any registered victim.

J. If an inmate named in a victim notice and registration form was sentenced for a sex offense, the provisions of Department Regulation No. B-08-009 "Sex Offender Notification and Registration Requirements" also apply.

AUTHORITY NOTE: Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:411 (March 2001), amended LR 29:2504 (November 2003).

**§2319. CAJUN II Procedures? Adult Inmates**

A. Any addition of or modification to a victim record in CAJUN must be supported by written documentation filed with the Crime Victims Services Bureau and included in the inmate's institutional record or, if the inmate is under supervision when a new form or a revision is received, in the inmate's master record in the supervising district.

B. The unit or office that receives an initial victim notice and registration form or a revision shall be responsible for entering the victim information in CAJUN and sending a copy of the form to the Crime Victims Services Bureau. Forms received first by the Crime Victims Services Bureau or directed there from the Parole Board will be entered by the bureau and copied to the appropriate units.

C. Any victim notice and registration form, promulgated by LCLE and received by the bureau, will also be copied by the bureau to the probation and parole district serving the court in which the inmate was sentenced.

D. If a person who has previously filed a victim notice and registration form withdraws his request, he must do so in writing, after which his individual victim record in CAJUN will be modified so that CAJUN will not generate notification letters.

E. When a victim notice and registration form is on record, the following applies.

1. The request will remain active until the inmate's CAJUN file is inactivated. When the file is inactivated, CAJUN will automatically code existing victims "I" (inactive). The inactive flag will prevent CAJUN from generating letters to those victims. If the inmate is sentenced to additional time before his file is inactivated, registered victims will remain active on the record.

2. If an inmate is released before his full term date and subsequently returned to institutional custody, the victim will not be notified of the return but will be notified of subsequent actions as provided in §2317 of this regulation.

NOTE: A "Y" in the CVNR field on the master inquiry screen does not necessarily mean that there is a victim who must be notified. It indicates only that a victim has been entered on the CAJUN victim screen.

AUTHORITY NOTE: Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:411 (March 2001), amended LR 29:2504 (November 10, 2003).

### **§2321. Rights of Victim's Family When an Inmate's Sentence is Death**

A. At least 10 days prior to an execution, the secretary shall give written notice or verbal notice (followed by written notice placed in the United States mail within five days thereafter) of the time, date, and place of the execution to the victim's parents or guardian, spouse, and any adult children who have indicated they desire notice. A minimum of two representatives of the victim's family shall have the right to be present.

B. A complete explanation of the department's responsibilities in instances where an inmate has been sentenced to death appears in Department Regulation No. C-03-001 "Death Penalty."?

AUTHORITY NOTE: Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:412 (March 2001), amended LR 29:2505 (November 2003).

### **§2323. Processing of Requests for Notification Regarding Juveniles**

A. Victim notification laws apply only when a juvenile is placed in secure care.

B. A request for notice involving an inmate adjudicated as a juvenile must be filed using a victim notice and registration form promulgated by LCLE, in compliance with Ch. C. Art. 811.1 and R.S. 46:1842(8) and 1844(N)(2).

C. When the Crime Victims Services Bureau receives a victim notice and registration form regarding a juvenile, the bureau will retain a copy and forward the original to the Office of Youth Development (OYD). OYD will verify the offender information in the juvenile database tracking system (JIRMS), enter the victim request in JIRMS, and forward the request to the juvenile institution where the inmate is housed.

D. When an institution receives a victim request involving a juvenile, staff will file it in the inmate's case file and track the case according to regulation and policy.

AUTHORITY NOTE: Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:412 (March 2001), amended LR 29:2505 (November 2003).

### **§2325. Notifications Concerning Juvenile Inmates in Secure Care**

A. In the event of an escape, the assigned institution shall notify the registered victim immediately by the most reasonable and expedient means possible.

B. In the event of recapture, the Juvenile Reception and Diagnostic Center at Jetson Correctional Center for Youth (JCCY) shall notify the registered victim within 48 hours of the youth's return to custody.

C. In the event of parole, transfer to a non-secure program, or discharge, the assigned institution shall notify the registered victim by certified mail.

D. If a juvenile with a registered victim is released directly to adult custody because of a crime committed as an adult, the juvenile institution shall inform the receiving adult unit of the victim notification request on file.

E. The Warden of the institution where the inmate is assigned is responsible for required notifications, except in the case of recapture, when the Warden of JCCY is responsible.

AUTHORITY NOTE: Promulgated by the Secretary of the Department of Public Safety and Corrections in accordance with R.S. 36, Chapter 9.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 27:412 (March 2001), amended LR 29:2505 (November 2003).

Richard L. Stalder  
Secretary

0311#047

### **RULE**

#### **Department of Public Safety and Corrections Gaming Control Board**

Code of Conduct of Licensees, Permittees, Casino Operator, and Casino Manager; Methods to Prevent Minors from Gaming Area; Licensees and Permittees; Age Restrictions for the Casino; Surveillance Personnel Employment Provisions; Approval of New Electronic Gaming Devices; Enforcement Actions of the Board (LAC 42:VII.2901, 2915 and 4209; IX.2901, 2935, 4103 and 4209; XIII.2901, 2915, 3304 and 4209)

The Louisiana Gaming Control Board amends LAC 42:VII.2901, 2915, 4209, IX.2901, 2935, 4103, 4209, XIII.2901, 2915, 4209 and repeals LAC 42:XIII.3304.B in accordance with R.S. 27:15 and 24, and the Administrative Procedure Act, R.S. 49:950 et seq.

#### **Title 42**

#### **LOUISIANA GAMING**

#### **Part VII. Pari-Mutuel Live Racing Facility Slot Machine Gaming**

#### **Chapter 29. Operating Standards**

#### **§2901. Code of Conduct of Licensees and Permittees**

A. - B.3. ...

4. Any person required to be found suitable or approved in connection with the granting of any license or permit shall have a continuing duty to notify the division of his/her/its arrest, summons, citation or charge for any criminal offense or violation including D.W.I.; however, minor traffic violations need not be included. All licensees and permittees shall have a continuing duty to notify the division of any fact, event, occurrence, matter or action that may affect the conduct of gaming or the business and financial arrangements incidental thereto or the ability to conduct the activities for which the licensee or permittee is licensed or permitted. Such notification shall be made within fifteen calendar days of the arrest, summons, citation, charge, fact, event, occurrence, matter or action.

B.5. - C.1.j. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:763 (April 2000), amended LR 27:58 (January 2001), LR 29:2505 (November 2003).

#### **§2915. Age Restrictions for the Casino; Methods to Prevent Minors from Gaming Area**

A. No persons under the age of 21 shall:

1. play or be allowed to play any game or gaming device in the designated gaming area;
2. loiter or be permitted to loiter in or about any room, premises, or designated area where any game or gaming device is located;
3. be employed as a gaming employee.

B. The Type A licensee must implement methods to prevent minors from entering the designated gaming area of the eligible facility. Such methods shall be part of the licensee's system of internal controls and shall include, but shall not be limited to the following:

1. posting signs at all entrances to the gaming area notifying patrons that persons under 21 years of age are not permitted to loiter in or about the gaming area. The signs shall be displayed in English, Spanish, and Vietnamese;
2. posting signs or other approved means displaying the date of birth of a person who is 21 years old that date.

C. Type A licensees shall each quarter report and remit to the division all winnings withheld from customers who are determined to be under the age of 21.

D. The Type A license of any person issued pursuant to the provisions of the act, who is found by the board to have intentionally allowed a person under the age of 21 to play or operate a slot machine, shall be revoked.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:764 (April 2000), amended LR 29:2506 (November 2003).

#### **Chapter 42. Racetracks: Electronic Gaming Devices**

##### **§4209. Approval of New Electronic Gaming Devices**

A. - A.2.k.x. ...

l. Accounting Meters

i. - iii. ...

iv. The required electronic meters are as follows.

(a). ...

(b). The coin-out meter shall cumulatively count the number of coins or credits that are paid as a result of a win, or credits that are won, or both.

iv.(c). - v. ...

vi. EGDs shall have meters which continuously display the following information relating to the current play or monetary transaction:

(a). - (b). ...

(c). the number of coins or credits paid for a credit cash out or a direct pay from a winning outcome;

l.vi.(d). - n. ...

o. Hopper

i. If a hopper is utilized on an EGD it shall be designed to detect the following and force the EGD into a tilt condition if one of the following occurs:

(a). jammed coins;

(b). extra coins paid out;

(c). hopper runaways;

(d). hopper empty conditions.

ii. The EGD control program shall monitor the hopper mechanism, if utilized, for these error conditions in all game states in accordance with this LAC 42:XIII.Chapter 42.

iii. All coins paid from the hopper mechanism, if utilized, shall be accounted for by the EGD including those paid as extra coins during hopper malfunction.

o.iv. - kk. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:721 (April 2000), amended LR 29:2506 (November 2003).

#### **Part IX. Landbased Casino Gaming**

##### **Subpart 1. Economic Development and Gaming Corporation**

##### **Chapter 29. Operating Standards Generally**

##### **§2901. Code of Conduct of the Casino Operator, Casino Manager, Licensees and Permittees**

A. - A.3. ...

B. Unsuitable Conduct

1. - 3. ...

4. Any person required to be found suitable or approved in connection with the granting of the casino operating contract or any permit shall have a continuing duty to notify the division of his/her/its arrest, summons, citation or charge for any criminal offense or violation including D.W.I.; however, minor traffic violations need not be included. The casino operator, casino manager and any permittee shall have a continuing duty to notify the division of any fact, event, occurrence, matter or action that may affect the conduct of gaming or the business and financial arrangements incidental thereto or the ability to conduct the activities for which the casino operator, casino manager or permittee is approved or permitted. Such notification shall be made within 15 calendar days of the arrest, summons, citation, charge, fact, event, occurrence, matter or action.

B.5. - D.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and R.S. 27:24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 25:1950 (October 1999), amended LR 27:59 (January 2001), LR 29:2506 (November 2003).

##### **§2935. Age Restrictions for the Casino; Methods to Prevent Minors from Gaming Area**

A. - A.4. ...

B. The casino operator shall draft and implement policies and procedures designed to satisfy the requirements of this Section, including policies and procedures pertaining to documentation relating to proof of age and the examination of such document by a responsible casino employee or employees of security service providers and to provide suitable security to enforce the policies and procedures. These methods shall be in writing and include, but shall not be limited to:

1. posting signs at all entrances to the gaming area notifying patrons that persons under 21 years of age are not permitted to loiter in or about the gaming area. The signs shall be displayed in English, Spanish, and Vietnamese;

2. posting signs or other approved means displaying the date of birth of a person who is 21 years old that date.

C. The casino operator shall provide copies of all methods implemented in accordance with this Rule to the division and the board. The methods implemented by the casino operator are subject to the approval by the board.

D. The casino operator shall each quarter report and remit to the division all winnings withheld from customers who are determined to be under the age of 21.

AUTHORITY NOTE: Promulgated in accordance with R.S.27:15 and R.S. 27:24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 25:1954 (October 1999), amended LR 29:2506 (November 2003).

**Chapter 41. Enforcement Actions**

**§4103. Enforcement Actions of the Board**

- A. - B. ...
- C. Penalty Schedule

- l.iv.(i).(iv). - n. ...
- o. Hopper

i. If a hopper is utilized on an EGD it shall be designed to detect the following and force the EGD into a tilt condition if one of the following occurs:

- (a). jammed coins;
- (b). extra coins paid out;
- (c). hopper runaways;
- (d). hopper empty conditions.

ii. The EGD control program shall monitor the hopper mechanism, if utilized, for these error conditions in all game states in accordance with this LAC 42:XIII.Chapter 42.

iii. All coins paid from the hopper mechanism, if utilized, shall be accounted for by the EGD including those paid as extra coins during hopper malfunction.

- o.iv. - 36.a. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:721 (April 2000), amended LR 29:2507 (November 2003).

**Part XIII. Riverboat Gaming**

**Chapter 29. Operating Standards**

**§2901. Code of Conduct of Licensees and Permittees**

- A. - B.3. ...

4. Any person required to be found suitable or approved in connection with the granting of any license or permit shall have a continuing duty to notify the division of his/her/its arrest, summons, citation or charge for any criminal offense or violation including D.W.I.; however, minor traffic violations need not be included. All licensees and permittees shall have a continuing duty to notify the division or any fact, event, occurrence, matter or action that may affect the conduct of gaming or the business and financial arrangements incidental thereto or the ability to conduct the activities for which the licensee or permittee is licensed or permitted. Such notification shall be made within 15 calendar days of the arrest, summons, citation, charge, fact, event, occurrence, matter or action.

- B.5. - C.1.j. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, Riverboat Gaming Enforcement Division, LR 21:702 (July 1995), amended by the Department of Public Safety and Corrections, Gaming Control Board, LR 27:60 (January 2001), LR 29:2507 (November 2003).

**§2915. Age Restrictions for the Casino; Methods to Prevent Minors from Gaming Area**

- A. No persons under the age of 21 shall:

- 1. play or be allowed to play any game or gaming device in the designated gaming area;
- 2. loiter or be permitted to loiter in or about any room, premises, or designated area where any game or gaming device is located;
- 3. be employed as a gaming employee.

B. Each licensee must implement methods to prevent minors from entering the designated gaming area of the eligible facility. Such methods shall be part of the licensee's system of internal controls and shall include, but shall not be limited to the following:

AUTHORITY NOTE: Promulgated in accordance with R.S.27:15 and R.S. 27:24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 25:1974 (October 1999), amended LR 26:2307 (October 2000), LR 27:2255 (December 2001), repromulgated LR 28:344 (February 2002), amended LR 28:1029 (May 2002), LR 29:2507 (November 2003).

**Chapter 42. Electronic Gaming Devices**

**§4209. Approval of New Electronic Gaming Devices**

- A. - A.2.k.x. ...

l. Accounting Meters

- i. - iii. ...

iv. The required electronic meters are as follows.

- (a). ...
- (b). The coin-out meter shall cumulatively count

the number of coins or credits that are paid as a result of a win, or credits that are won, or both.

- (c) - (h). ...

(i). EGDs shall have meters which continuously display the following information relating to the current play or monetary transaction:

- (i). - (ii). ...

(iii). the number of coins or credits paid for a credit cash out or a direct play from a winning outcome;

Penalty Schedule			
Section Reference	Description	Base Fine	Proscriptive Period (Months)
***	***	***	***
2935	Age Restrictions for the Casino	\$10,000	12
***	***	***	***

1. posting signs at all entrances to the gaming area notifying patrons that persons under 21 years of age are not permitted to loiter in or about the gaming area. The signs shall be displayed in English, Spanish, and Vietnamese;

2. posting signs or other approved means displaying the date of birth of a person who is 21 years old that date.

C. Each licensee shall each quarter report and remit to the division all winnings withheld from customers who are determined to be under the age of 21.

AUTHORITY NOTE: Promulgated in accordance with R.S.4:501 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, Riverboat Gaming Enforcement Division, LR 21:705 (July 1995), amended LR 29:2507 (November 2003).

### **Chapter 33. Surveillance and Security**

#### **§3304. Surveillance Personnel Employment Provisions**

A. ...

B. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 27:1559 (September 2001), amended LR 29:2508 (November 2003).

### **Chapter 42. Electronic Gaming Devices**

#### **§4209. Approval of New Electronic Gaming Devices**

A. - 11.j. ...

12. Accounting Meters

a. - c. ...

d. The required electronic meters are as follows.

i. ...

ii. The coin-out meter shall cumulatively count the number of coins or credits that are paid as a result of a win, or credits that are won, or both.

d.iii. - e. ...

f. EGDs shall have meters which continuously display the following information relating to the current play or monetary transaction:

i. - ii. ...

iii. the number of coins or credits paid for a credit cash out or a direct pay from a winning outcome;

12.f.iv - 14. ...

15. Hopper

a. If a hopper is utilized on an EGD it shall be designed to detect the following and force the EGD into a tilt condition if one of the following occurs:

i. jammed coins;

ii. extra coins paid out;

iii. hopper runaways;

iv. hopper empty conditions.

b. The EGD control program shall monitor the hopper mechanism, if utilized, for these error conditions in all game states in accordance with this LAC 42:XIII.Chapter 42.

c. All coins paid from the hopper mechanism, if utilized, shall be accounted for by the EGD including those paid as extra coins during hopper malfunction.

15.d. - 36.a. ...

AUTHORITY NOTE: promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:721 (April 2000), amended LR 29:2508 (November 2003).

Hillary Crain  
Chairman

0311#017

## **RULE**

### **Department of Public Safety and Corrections Liquefied Petroleum Gas Commission**

General Requirements  
(LAC 55:IX.103, 105, 107, 113,  
129, 139, 175, 183, and 1547)

In accordance with the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and R.S. 40:1846 and R.S. 3:1354 relative to the authority of the Liquefied Petroleum Gas Commission to make and enforce reasonable rules and regulations governing the storage, sale, and transportation of liquefied petroleum gases and anhydrous ammonia, the commission amends existing Rules. The effective date of these changes is December 1, 2003.

#### **Title 55**

#### **PUBLIC SAFETY**

#### **Part IX. Liquefied Petroleum Gas**

#### **Chapter 1. General Requirements**

#### **Subchapter A. New Dealers**

#### **§103. Definitions**

\* \* \*

##### *Reseller or Wholesaler?*

a. a person, firm, or corporation who:

i. holds title or ownership of liquefied petroleum gas as it leaves the facility or plant of a manufacturer of liquefied petroleum gas, or the facility or plant of a manufacturer of products of which liquefied petroleum gas form a component part, or of a commercial storage facility;

ii. transfers such title or ownership to another without substantially changing the form of the liquefied petroleum gas;

iii. transfers such title or ownership to another reseller, or to a liquefied petroleum gas dealer for sale at retail.

b. This definition shall include a manufacturer of liquefied petroleum gas or a manufacturer of products of which liquefied petroleum gas forms a component part, if title or ownership transfers directly from the manufacturer to a liquefied petroleum gas dealer for sale at retail.

c. This definition shall not include a manufacturer of liquefied petroleum gas or a manufacturer of products of which liquefied petroleum gas forms a component part, if title or ownership transfers to another manufacturer of liquefied petroleum gas, to another manufacturer of products of which liquefied petroleum gas forms a component part or to a reseller.

\* \* \*

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1846.

HISTORICAL NOTE: Adopted by the Department of Public Safety, Liquefied Petroleum Gas Commission, November 1972, amended December 1974, amended by the Department of Public Safety and Corrections, Liquefied Petroleum Gas Commission, LR 24:459 (March 1998), LR 29:2508 (November 2003).

### §105. Applications

A. Any person, firm, or corporation desiring to enter the liquefied petroleum gas business in the state of Louisiana must file formal application with the Liquefied Petroleum Gas Commission. In the case of Class VI and Class VIII a formal application must be filed for each location. Other classes of permits and registrations require only one formal application to be filed. Formal application(s) must be filed for Class I, 90 days, and for Classes II, III, IV, V, VI, VII, VIII, and IX, 30 days prior to the date of the commission meeting which the application is to be heard. Application for Classes VI-X, VII-E, and R-1, R-2 registrations have no delay prior to the granting of the permit. These permits will be granted by the office of the director, upon complying with all commission requirements, and ratified by the Liquefied Petroleum Gas Commission at the first subsequent commission meeting. Presence of applicant or his authorized representative is required at the commission meeting when the application is heard, except in the cases of Class VI-X, VII-E, and R-1, R-2 registrations where appearance is waived. In no case will the applicant's supplier be the authorized representative. Only with special approval of the commission, under extenuating circumstances, will the commission allow the applicant to be represented by another party other than a principal officer, director, manager, or attorney. The formal application form(s) will be furnished by the commission upon request.

B. No person, firm or corporation engaged in selling of liquefied petroleum gas only in small consumer quantities in U.S. Department of Transportation specification 2Q containers shall be required to obtain a permit as required by R.S. 40:1847. These quantities shall not exceed one liter per container.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1846.

HISTORICAL NOTE: Adopted by the Department of Public Safety, Liquefied Petroleum Gas Commission, November 1972, amended December 1974, amended by the Department of Public Safety and Corrections, Liquefied Petroleum Gas Commission, LR 11:557 (May 1985), LR 24:460 (March 1998), LR 25:1262 (July 1999), LR 29:2509 (November 2003).

### §107. Requirements

A. -A.2. ...

3. Must have on file in the office of the director, proof of insurance, issued by a Louisiana licensed agent, in the minimum sum of \$1,000,000, in the classes of insurance as required by the commission. This proof of insurance must show kinds and amounts in force. A certificate of insurance will meet the proof of insurance requirement. Said certificate shall be considered evidence of liability insurance coverage: said certificate must bear the clause that in the event the insurance company intends to cancel, the insurance company will notify the director of the Liquefied Petroleum Gas Commission 10 days prior to date of cancellation. A binder of insurance coverage, within date, will be acceptable as proof of insurance until the policy is issued. The \$1,000,000 requirement shall be effective on the first proof of insurance required after November 1, 2003.

a. In lieu of such liability insurance coverage the applicant may post with the commission bonds or other securities issued by the United States of America or the state of Louisiana, or certificates of deposit or similar instruments issued by a lending institution regulated by an agency of this state or by the federal government, in the minimum sum of \$1,000,000, which bonds or securities shall be held in trust by the commission for the benefit of any person, firm or corporation to which such legal liability may accrue;

3.b. - 15. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1846.

HISTORICAL NOTE: Adopted by the Department of Public Safety, Liquefied Petroleum Gas Commission, November 1972, amended December 1974, LR 1:315 (July 1975), LR 4:86 (March 1978), LR 7:633 (December 1981), amended by the Department of Public Safety and Corrections, Liquefied Petroleum Gas Commission, LR 11:557 (May 1985), LR 15:854 (October 1989), LR 16:1063 (December 1990), LR 20:1400 (December 1994), LR 24:461 (March 1998), LR 24:2311 (December 1998), LR 25:1262 (July 1999), LR 25:2410 (December 1999), LR 26:1487 (July 2000), LR 27:2256 (December 2001), LR 28:2553 (December 2002), LR 29:2509 (November 2003).

### §113. Classes of Permits and Registrations

A. -A.1. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

1.a.i. - 2. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

2.a.i. - 3. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

3.a.i. - 4. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

4.a.i. - 5. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

5.a.i. - 6. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

6.a.i. - 7. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

7.a.i. - 8. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

8.a.i. - 9. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

9.a.i. - 10. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

10.a.i. - 11.a. ...

b. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

11.b.i. - 12. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

12.a.i. - 13. ...

a. Must furnish evidence of liability insurance in the minimum sum of \$1,000,000 covering each of the following classes of insurance, covering applicant's legal liability:

13.a.i. - c. ...

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 40:1846.

**HISTORICAL NOTE:** Adopted by the Department of Public Safety, Liquefied Petroleum Gas Commission, November 1972, amended December 1974, amended and promulgated LR 3:315 (July 1977), amended LR 7:633 (December 1981), LR 8:53 (January 1982), amended by the Department of Public Safety and Corrections, Liquefied Petroleum Gas Commission, LR 11:557 (May 1985), LR 12:841 (December 1986), LR 15:855 (October 1989), LR 16:1063 (December 1990), LR 19:904 (July 1993), LR 20:1400 (December 1994), LR 21:704 (July 1995), LR 24:464 (March 1998), LR 25:2411 (December 1999), LR 29:2509 (November 2003).

### **Subchapter B. Dealers**

#### **§129. Odorizing Gases**

A. Odorization and verification of odorization in liquefied petroleum gases shall be in accordance with the following provisions.

1. Except as otherwise provided in this subchapter, each refinery, commercial storage facility, natural gas processing plant, pipeline, or other person which sell liquefied petroleum gas to a transporter, dealer, or distributor for distribution into the distribution chain to consumers shall odorize the liquefied petroleum gas in accordance with the provisions of this Subchapter.

2. Liquefied petroleum gas shall not be required to be odorized if it is to be delivered to a manufacturer of products of which liquefied petroleum gas forms a component part, to any facility for further processing, to a commercial storage facility, a natural gas processing plant, a refinery, a pipeline, or when odorization would be harmful in further use or processing of the gas and would not serve a useful purpose as a warning agent in further use or processing of the gas.

3. Liquefied petroleum gas which is required to be odorized shall be effectively odorized by an approved agent

of such character as to positively, by a distinctive odor, the presence of gas down to concentrations in air of not over one-fifth the lower limit of flammability. The presence of odorization, when required, shall be positively verified by the dealer by a sniff test or other means, and the results shall be documented prior to delivery into his bulk plant, or when a shipment bypasses a bulk plant, prior to delivery to a consumer. It is the intent of this Paragraph to prohibit the sale or delivery of liquefied petroleum gas by a dealer to a consumer without the required odorization.

4. - 5. ...

6. The only approved odorants are those specified in Paragraph 4 of this Subsection; however, the commission may authorize, by Rule, the use of other odorants which are equal in effectiveness to the odorants specified in Paragraph 4 of this Subsection.

7. ...

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 40:1846.

**HISTORICAL NOTE:** Adopted by the Department of Public Safety, Liquefied Petroleum Gas Commission, November 1972, amended December 1974, amended by the Department of Public Safety and Corrections, Liquefied Petroleum Gas Commission, LR 11:558 (May 1985), LR 29:2510 (November 2003).

#### **§139. Liquefied Petroleum Gas Systems**

A. - F.1. ...

2. Failure to properly odorize gas or to verify the presence of odorant as require by R.S. 40:1846 and §129 of this Subchapter.

G. - I. ...

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 40:1846.

**HISTORICAL NOTE:** Adopted by the Department of Public Safety, Liquefied Petroleum Gas Commission, November 1972, amended December 1974, amended by the Department of Public Safety and Corrections, Liquefied Petroleum Gas Commission, LR 15:860 (October 1989), LR 24:465 (March 1998), LR 29:2510 (November 2003).

### **Subchapter G. Systems Utilizing ASME Containers**

#### **§175. Pressure Test and Inspection Required**

A. - A.1.a. ...

b. with openings capped, test piping at 40 pounds per square inch air pressure for a period of at least 15 minutes. There shall be no loss of pressure;

1.c. - 2.a. ...

b. with openings capped, test piping at 40 pounds per square inch air pressure for a period of at least 15 minutes. There shall be no loss of pressure;

2.c. - 3.a. ...

b. with openings capped, test piping at 40 pounds per square inch air pressure for a period of at least 15 minutes. There shall be no loss of pressure;

3.c. - 4.a. ...

b. with openings capped, test piping at 40 pounds per square inch air pressure for a period of at least 15 minutes. There shall be no loss of pressure;

4.c. - 5.a. ...

b. with openings capped, test piping at 40 pounds per square inch air pressure for a period of at least 15 minutes. There shall be no loss of pressure;

5.c. - 6.a. ...

b. with openings capped, test piping at 40 pounds per square inch air pressure for a period of at least 15 minutes. There shall be no loss of pressure;

6.c. - 9.f. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1846.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Liquefied Petroleum Gas Commission, LR 20:1403 (December 1994), amended LR 24:468 (March 1998), LR 24:2312 (December 1998), LR 29:2510 (November 2003).

### Subchapter I. Adoption of Standards

#### §183. Use of Liquefied Petroleum Gas as a Refrigerant Prohibited

A. No person, firm, or corporation shall use, sell, or distribute liquefied petroleum gas for use in mobile air conditioning systems.

B. *Mobile Air Conditioning System?* mechanized vapor compression equipment which is used to cool the driver's or passenger's compartment of any motor vehicle.

C. To determine if a refrigerant is liquefied petroleum gas, the proper shipping name shall be used. Proper shipping names with a U.N. number and a hazard class and division number of liquefied petroleum gas per the U.S. Department of Transportation hazardous materials tables shall be prima facie evidence that the refrigerant is liquefied petroleum gas and is prohibited.

D. Any advertising or other literature published by the manufacturer of a refrigerant promoting it as a replacement or drop-in for CFR-12 or HFC 134a, or both, shall be prima facie evidence that it is being sold for mobile air conditioning systems and is prohibited.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1846.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Liquefied Petroleum Gas Commission, LR 23:990 (August 1997), amended LR 29:2511 (November 2003).

### Chapter 15. Sale, Storage, Transportation and Handling of Anhydrous Ammonia

#### Subchapter D. Adoption of Standard

#### §1547. National Standard

A. ...

B. The commission may adopt subsequent editions of these standards by a Rule change in accordance with the Administrative Procedure Act.

C. ...

D. The commission reserves the right to make exceptions to any Rule adopted in §1547.A as it applies to local conditions as it may deem necessary in the interest of public safety.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1354.

HISTORICAL NOTE: Adopted by the Department of Agriculture, Anhydrous Ammonia Commission (January 1967), amended by the Department of Public Safety and Corrections, Liquefied Petroleum Gas Commission, LR 19:903 (July 1993), LR 29:2511 (November 2003).

Charles M. Fuller  
Director

0311#031

## RULE

### Department of Social Services Office of Family Support

#### TANF Initiatives? Community Supervision Program (LAC 67:III.5573)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Department of Social Services, Office of Family Support, has adopted LAC 67:III.5573, Community Supervision Program (CSP) as a new TANF Initiative.

This Rule was effected June 17, 2003, by a Declaration of Emergency published in the July issue of the *Louisiana Register*.

#### 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 29:2511 (November 2003).

Gwendolyn P. Hamilton  
Secretary

0311#054

## RULE

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

2004 Turkey Season  
(LAC 76:XIX.113, 115, and 117)

The Wildlife and Fisheries Commission amends the turkey rules and regulations for the 2004 season.

#### Title 76

#### WILDLIFE AND FISHERIES

#### Part XIX. Hunting and WMA Regulations

#### Chapter 1. Resident Game Hunting Season

#### §113. Turkey Hunting Regulations

A. Daily limit is one gobbler, two gobblers per season. Taking of hen turkeys, including bearded hens, is illegal. Still hunting only. Use of dogs, baiting, electronic calling devices and live decoys is illegal. Turkeys may be hunted with shotguns, including muzzleloading shotguns, using shot not larger than #2 lead or BB steel shot, and bow and arrow but by no other means. Shooting turkeys from a moving or stationary vehicle is prohibited. Shotguns capable of holding more than three shells prohibited.

B. No person shall hunt, trap or take turkeys by the aid of baiting or on or over any baited area. Baiting means placing, exposing, depositing or scattering of corn (shelled, shucked or unshucked), wheat or other grain, salt, or other feed so as to constitute a lure, attraction or enticement to, on or over any areas where hunters are attempting to take turkeys.

C. A baited area is any area where corn (shelled, shucked or unshucked), wheat or other grain, salt, or other feed capable of luring, attracting or enticing turkeys is directly or indirectly placed, exposed, deposited, distributed or scattered. Such areas remain baited areas for 15 days following complete removal of all such corn, wheat or other grain, salt, or other feed.

D. Wildlife agents are authorized to close such baited areas and to place signs in the immediate vicinity designating closed zones and dates of closure.

E. The Department of Wildlife and Fisheries strongly discourages feeding agricultural grains to wild turkeys as this practice increases the risk of birds contracting potentially lethal diseases. Repeatedly placing grain in the same area may expose otherwise healthy birds to disease contaminated soils, grain containing lethal toxins and other diseased turkeys using the same feeding site. Properly distributed food plots (clovers, wheat, millet and chufa) are

far more desirable for turkeys and have the added benefit of appealing to a wide variety of wildlife.

F. It is unlawful to take from the wild or possess in captivity any live wild turkeys or their eggs. No pen raised turkeys from within or without the state shall be liberated (released) within the state.

G. All licensed turkey hunters are required to have a Turkey Stamp in their possession while turkey hunting in addition to basic and big game hunting licenses. Additionally, a WMA Hunting Permit is required of any person (age 18-59) who hunts on land administered by the Department of Wildlife and Fisheries, including Wildlife Management Areas, Wildlife Refuges, and Habitat Conservation Areas.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2263 (November 1999), amended LR 26:2634 (November 2000), LR 27:2270 (December 2001), LR 28:2375 (November 2002), LR 29:2512 (November 2003).

#### §115. Statewide Turkey Hunting Areas-Resident Game Birds and Animals

A. Shooting hours? one-half hour before sunrise to one-half hour after sunset.

Species	Season Dates	Daily Bag Limit	Possession Limit
Turkey	See Schedule	1	2/Season

B. Turkey season will open in designated areas on the fourth Saturday in March. The Area A turkey season will be 30 consecutive days in length, the Area B turkey season will be 23 consecutive days in length, and the Area C turkey season will be 9 consecutive days in length. Wildlife Management Areas, National Forests, National Wildlife Refuges, and U.S. Army Corps of Engineers land may vary from this framework.

C. Statewide Youth Turkey Season on private lands shall be the weekend prior to the statewide turkey season. Only youths younger than 16 years of age may hunt. Youth must possess a hunter safety certification or proof of successful completion of a hunter safety course. Each youth must be accompanied by one adult 18 years of age or older. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for the youth. Adults may not possess a firearm or bow. Youths may possess only one firearm or bow while hunting. Legal weapons and shot are the same as described for the turkey season. The supervising adult shall maintain visual and voice contact with the youth at all times. An adult may supervise only one youth during this special hunt. Only one gobbler per day may be taken and any gobbler taken by the youth during this special season counts towards their seasonal bag limit of 2.

#### D. 2004 Turkey Hunting Schedule

Area	Season Dates
A	March 27-April 25
B	March 27-April 18
C	March 27-April 4
Private Lands Youth Hunt	March 20-21

E. 2004 Turkey Hunting Season? Open only in the following Areas

1. Area A? March 27-April 25
  - a. All the following parishes are open:
    - i. Beauregard;
    - ii. East Baton Rouge;
    - iii. East Feliciana;
    - iv. LaSalle;
    - v. Livingston;
    - vi. Natchitoches (Exception? See Federal Lands Hunting Schedule for Kisatchie National Forest dates);
    - vii. Sabine;
    - viii. St. Helena;
    - ix. St. Tammany;
    - x. Tangipahoa;
    - xi. Vernon (Exception? See Federal Lands Hunting Schedule for Kisatchie National Forest dates);
  - b. Portions of the following parishes are also open.
    - i. Allen? north of LA 104, west of LA 26 south of junction of LA 104 to US 190, north of US 190 east of Kinder, west of US 165 south of Kinder;
    - ii. Avoyelles? that portion bounded on the east by the Atchafalaya River, on the north by Red River to the Brouillette Community, on the west by LA 452 from Brouillette to LA 1, on the south by LA 1, eastward to Hamburg, thence by the West Atchafalaya Basin Protection levee southward;
    - iii. Calcasieu? north of I-10;
    - iv. Caldwell? west of Ouachita River southward to Catahoula Parish line, east of LA 165 from LaSalle Parish line to the junction of LA 126, north of LA 126 westward to the Winn Parish line;
    - v. Catahoula? west of Ouachita River southward to LA 559 at Duty Ferry, north of LA 559 to LA 124, south and west of LA 124 from Duty Ferry to LA 8 at Harrisonburg and north of LA 8 to LA 126, north and east of LA 126. Also that portion lying east of LA 15;
    - vi. Concordia? that portion east of LA 15 and west of US 65 from its juncture with LA 15 at Clayton;
    - vii. Evangeline? north and west of LA 115, north of LA 106 from St. Landry to LA 13, west of LA 13 from Pine Prairie to Mamou and north of LA 104 west of Mamou;
    - viii. Franklin? that portion lying east of LA 17 and east of LA 15 from its juncture with LA 17 at Winnsboro;
    - ix. Grant? all the parish except that portion of land that lies north of the Red River between US 71 and LA 8. Exception? See Federal Lands Hunting Schedule for Kisatchie National Forest dates;
    - x. Iberville? west of LA 1. Exception? see Sherburne WMA for special season dates on all state, federal and private lands within Sherburne boundaries;
    - xi. Jefferson Davis? north of US 190 from junction with LA 26 to Kinder, west of US 165 and north of I-10 west from junction of US 165;

xii. Madison? that portion lying west of US 65 and south of US 80;

xiii. Pointe Coupee? all the parish except that portion bounded on the north by LA Hwy. 1, from Innis to the junction of LA Hwy 417, on the west by LA Hwy. 417 southward toward McCrea, on the south by LA Hwy. 417 from McCrea to its junction with Delhi Lane, then by Delhi Lane to LA Hwy. 418, then LA Hwy. 418 northward to LA Hwy. 1 at Innis. Exception? see Sherburne WMA for special season dates on all state, federal and private lands within Sherburne boundaries;

xiv. Rapides? all the parish except that portion of lands that lies north of the Red River and south of US 71 from its juncture with the Red River northward to the Grant Parish line. Exception? See Federal Lands Hunting Schedule for Kisatchie National Forest season dates;

xv. Richland? that portion south of US 80 and east of LA 17;

xvi. St. Landry? that portion bounded on the west by the West Atchafalaya Basin Protection Levee and on the east by the Atchafalaya River. Exception? the Indian Bayou Area, see Federal Lands Hunting Schedule for Indian Bayou Area dates;

xvii. Upper St. Martin? all within the Atchafalaya Basin. Exceptions? Sherburne WMA and Indian Bayou Area, see WMA Turkey Hunting Schedule for special season dates on all state, federal and private lands within Sherburne WMA boundaries and see Federal Lands Hunting Schedule for Indian Bayou dates;

xviii. Tensas? that portion west of US 65 from the Concordia Parish line to its juncture with LA 128, north of LA 128 to St. Joseph; west and north of LA 605, 604 and 3078 northward to Port Gibson Ferry. Also all lands east of the main channel of the Mississippi River.

2. Area B? March 27-April 18

- a. All the following parishes are open:
  - i. Bienville;
  - ii. Bossier;
  - iii. Caddo;
  - iv. Claiborne (Exception? See Federal Lands Hunting Schedule for Kisatchie National Forest dates);
  - v. DeSoto;
  - vi. Jackson;
  - vii. Lincoln;
  - viii. Red River;
  - ix. Union;
  - x. Webster (Exception? See Federal Lands Hunting Schedule for Kisatchie National Forest dates).
- b. Portions of the following parishes are open:
  - i. East Carroll? east of US 65 from Arkansas state line to Madison Parish line;
  - ii. Ouachita? east of LA 143 from Union Parish line to US 80 in West Monroe, north of US 80 to LA 139, west of LA 139 to the Morehouse Parish line;
  - iii. Madison? south of US 80 and east of US 65 to Tensas Parish line and all lands lying east of the main channel of the Mississippi River;
  - iv. Morehouse? west of US 165 from the Arkansas line to Bonita, north and west of LA 140 to junction of LA

830-4 (Cooper Lake Road), west of LA 830-4 to US 165, north of US 165 to LA 139, west of LA 139 to Ouachita Parish line.

3. Area C? March 27-April 4

- a. Portions of the following parishes are open:
  - i. Ascension? all east of the Mississippi River;
  - ii. Catahoula? that portion lying south of Deer Creek to Boeuf River, east of Boeuf and Ouachita Rivers to LA 8 at Harrisonburg, west of LA 8 to LA 913, west of LA 913 and LA 15 to Deer Creek;
  - iii. Concordia? north and east of Sugar Mill Chute (Concordia Parish) from the state line westward to Red River, east of Red River northward to Cocodrie Bayou, east of Cocodrie Bayou northward to US 84, south of US 84 eastward to LA 15 (Ferriday), east of LA 15 northward to US 65 (Clayton), east of US 65 northward to Tensas Parish line;
  - iv. Franklin? that portion lying west of LA 17, from Richland Parish line to LA 577 at Crowville, north of LA 577 to LA 15 at Baskin, east of LA 15 to Big Creek, and south and east of Big Creek to Richland Parish line;
  - v. Iberville? all east of the Mississippi River;
  - vi. Richland? west of LA 17 from Franklin Parish line to Ringle Rd., south of Ringle Rd. to Ferguson Rd., south of Ferguson Rd. to Little Rd., south of Little Rd. to Big Creek, east of Big Creek to Franklin Parish line;
  - vii. Tensas? east and south of US 65 from Concordia Parish line to LA 128, south of LA 128 to St. Joseph, east and south of LA 605, 604 and 3078 northward to Port Gibson Ferry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2264 (November 1999), amended LR 26:2634 (November 2000), LR 27:2270 (December 2001), LR 28:2376 (November 2002), LR 29:2513 (November 2003).

**§117. 2004 Wildlife Management Area Turkey? Hunting Regulations**

A. General

1. The following rules and regulations concerning management, protection and harvest of wildlife have been officially approved and adopted by the Wildlife and Fisheries Commission in accordance with the authority provided in Louisiana Revised Statutes of 1950, Section 109 of Title 56. Failure to comply with these regulations will subject the individual to citation and/or expulsion from the management area.

2. Only those Wildlife Management Areas listed are open to turkey hunting.

3. ATVs, ATCs and motorcycles cannot be left overnight on WMAs EXCEPT in designated camping areas. ATVs are prohibited from two hours after sunset to 3:00 a.m. All roads including trails and roads designated as ATV only trails shall be closed to ATVs from March 1 through August 31 unless otherwise specified. ATV off-road or off-trail travel is prohibited. Certain trails may be open during this time period to provide access for fishing or other purposes.

These trails will be marked by signs at the entrance of the trail. Otherwise, only walk-in hunting is permitted (bicycles permitted).

4. Bag limits on WMAs are part of the season bag limit. Only one turkey is allowed to be taken during special lottery hunts.

B. Permits

1. Self-Clearing Permits. All turkey hunts, including lottery hunts, are self-clearing. Hunters must check in daily by obtaining a permit from a self-clearing station prior to hunting. The self-clearing permit must be in the hunter's possession while hunting. Upon completion of each days hunt, the hunter must check out by completing and depositing the hunter report portion of the permit in the check-out box at a self-clearing station before exiting the WMA.

2. Lottery Hunts. Bayou Macon, Boise-Vernon, Loggy Bayou, Sabine, Sherburne, Sicily Island, Tunica Hills, Union and West Bay WMAs are restricted to those persons selected as a result of the pre-application lottery. Special youth only lottery hunts will be held on Big Lake, Bens Creek, Fort Polk/Peason Ridge, Jackson-Bienville, Loggy Bayou, Sherburne, and West Bay WMAs. Deadline for receiving applications for all lottery hunts is February 13, 2004. An application fee of \$5 must be sent with each application. Applicants may submit only one application and will be selected for one WMA Turkey Lottery Hunt annually. Submitting more than one application will result in disqualification. Contact any district office for applications. Hunters must abide by self-clearing permit requirements. Youths chosen for special youth only hunts will be guided by members of the Louisiana Chapter of the National Wild Turkey Federation. One family member may accompany the youth and guide, but may not hunt.

C. Wildlife Management Area Turkey Hunting Schedule\*

WMA	Season Dates	Permit Requirements	Lottery Dates**
Bayou Macon	April 10-11	Self-Clearing	April 10-11
Bens Creek <sup>1</sup>	March 27-April 18	Self-Clearing	None
Big Lake	March 27-April 4	Self-Clearing	None
Bodcau	March 27-April 11	Self-Clearing	None
Boeuf	March 27-April 4	Self-Clearing	None
Boise Vernon	March 27-28 April 3-25	Self-Clearing	March 27-28 April 3-4
Camp Beauregard	March 27-April 11	Self-Clearing	None
Fort Polk	March 27-April 25	Self-Clearing	None
Grassy Lake	March 27-April 11	Self-Clearing	None
Hutchinson Creek	March 27-April 25	Self-Clearing	None
Jackson-Bienville	March 27-April 11	Self-Clearing	None
Lake Ramsey	March 27-April 11	Self-Clearing	None
Little River	March 27-April 11	Self-Clearing	None
Loggy Bayou	April 17-18	Self-Clearing	April 17-18
Pearl River	March 27-April 18	Self-Clearing	None
Peason Ridge	March 27-April 25	Self-Clearing	None

Pomme de Terre	March 27-April 11	Self-Clearing	None
Red River	March 27-April 4	Self-Clearing	None
Sabine	March 27-28 April 3-4	Self-Clearing	March 27-28 April 3-4
Sandy Hollow <sup>1</sup>	March 27-April 18	Self-Clearing	None
Sherburne <sup>2</sup>	March 27-April 4	Self-Clearing	March 27-28 March 29-31
Sicily Island	March 27-April 4	Self-Clearing	March 27-29 March 30- April 1 April 2-4
Three Rivers	March 27-April 4	Self-Clearing	None
Tunica Hills South Tract	March 27-28 April 3-4 April 10-11 April 17-18	Self-Clearing	March 27-28 April 3-4 April 10-11 April 17-18
Tunica Hills Angola Tract <sup>3</sup>	March 27-28 April 3-4 April 10-11 April 17-18	Self-Clearing	March 27-28 April 3-4 April 10-11 April 17-18
Union	April 10-11	Self-Clearing	April 10-11
Walnut Hills	March 27-April 25	Self-Clearing	None
West Bay	March 27-28 April 3-4	Self-Clearing	March 27-28 April 3-4

\*Only those Wildlife Management Areas listed have a turkey hunting season. All other areas are closed.

\*\*The deadline for receiving applications for all turkey Lottery Hunts on WMAs is February 13, 2004.

<sup>1</sup>No turkey hunting within 100 yards of food plots identified by two yellow paint rings around the nearest tree.

<sup>2</sup>All turkeys harvested on Sherburne WMA must be weighed and checked at WMA headquarters.

<sup>3</sup>Scouting access limited. Contact Region 7 office for details (225) 765-2360.

#### D. Wildlife Management Area Youth Hunts

WMA	Lottery Youth Hunt Date
Bens Creek	March 20
Big Lake	March 20
Fort Polk/Peason Ridge	March 20
Jackson-Bienville	March 20
Loggy Bayou	April 10
Sherburne	March 20
West Bay	March 20

#### E. Federal Lands Turkey Hunting Schedule

1. Kisatchie National Forest (KNF) Turkey Hunting Schedule? Caney Ranger District, March 27-April 11; all remaining KNF lands, March 27-April 18 (including

Catahoula and Red Dirt National Wildlife Management Preserves).

2. Indian Bayou Area (U.S. Army Corps of Engineers), Turkey Hunting Schedule? March 20 handicap only hunt, March 27 - April 4, lottery hunt only on March 27-28 and March 29-31. Contact USCOE at 337-585-0853 for further information.

3. National Wildlife Refuges? Bogue Chitto NWR, March 27? April 25; Lake Ophelia NWR, March 27-29 (lottery only), April 3-25; Tensas NWR, March 20-21 (youth lottery only), March 27? April 11. Contact the U.S. Fish and Wildlife Service for information regarding NWR hunts.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission LR 25:2265 (November 1999), amended LR 26:2636 (November 2000), LR 27:2272 (December 2001), LR 28:2377 (November 2002), LR 29:2514 (November 2003).

James H. Jenkins, Jr.  
Secretary

0311#039

### RULE

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

Oyster Harvest Area Grid System  
(LAC 76:VII.519)

The Wildlife and Fisheries Commission does hereby amend the oyster harvest area grid system pursuant to R.S. 56:430.1.

### Title 76

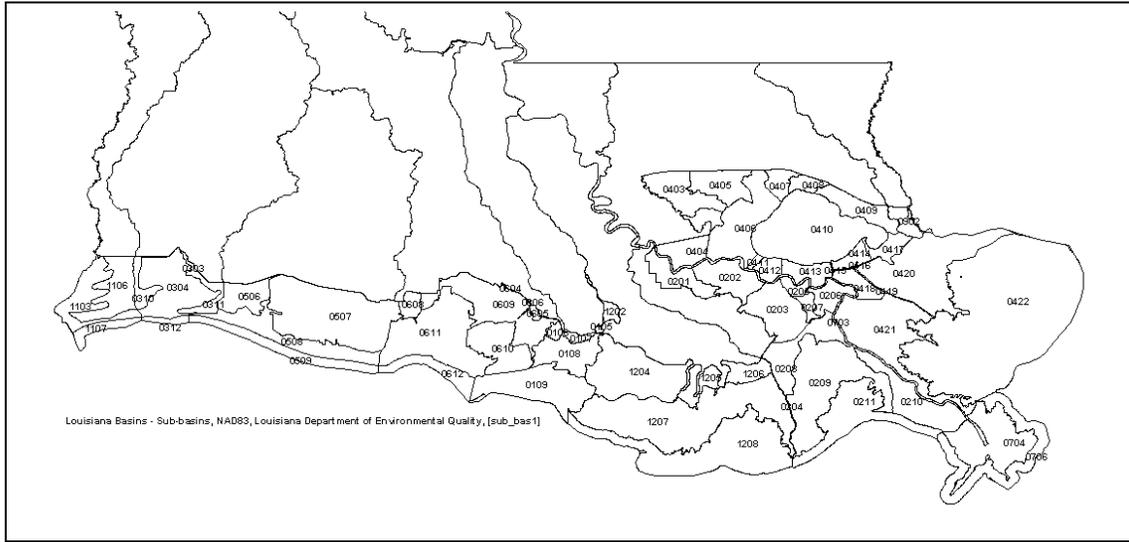
#### WILDLIFE AND FISHERIES

#### Part VII. Fish and Other Aquatic Life

#### Chapter 5. Oysters

#### §519. Establishment of an Oyster Harvest Area Grid System

A. For the purpose of submission of oyster leaseholder production information, as required in R.S. 56:430.1, the oyster harvest area grid system is established as those grid areas detailed on the map which is attached hereto and made a part hereof.



AUTHORITY NOTE: Promulgated in accordance with R.S. 56:430.1.B.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 28:524 (March 2002), amended LR 29:2515 (November 2003).

Terry D. Denmon  
Chairman

0311#038

**RULE**

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

**Responsibilities and Powers of Enforcement Officers  
(LAC 76:I.305)**

The Wildlife and Fisheries Commission amends the responsibilities and powers of enforcement officers within the department.

**Title 76  
WILDLIFE AND FISHERIES  
Part I. Wildlife and Fisheries Commission and  
Agencies Thereunder  
Chapter 3. Special Powers and Duties  
Subchapter B. Enforcement Officers  
§305. Responsibilities and Powers of Enforcement  
Officers**

- A. - B.2. ...
- C. Nets, Traps, Guns, Boats, Lights and other Equipment
  - 1. - 3. ...
  - 4. Rods, Reels, Tackle and Nets. In addition to the other allowable methods of disposal provided for in this Subsection, and notwithstanding any other provisions of this Subsection, all rods, reels, fishing poles, tackle and nets may, upon the passage or occurrence of all pertinent time periods or events provided for in Subparagraph C.1.a supra, be donated to bona fide charitable organizations, youth groups or schools. This disposition may be exercised in lieu of other dispositions when the secretary determines it is in the best interest of the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:60.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 15:554 (July 1989), amended LR 29:2516 (November 2003).

James H. Jenkins, Jr.  
Secretary

0311#037