Emergency Rules

DECLARATION OF EMERGENCY

Office of the Governor
Board of Trustees of the
State Employees Group Benefits Program

EPO Plan Document—Facility Fees

Pursuant to the authority granted by R.S. 42:871(C) and 874(B)(2), vesting the Board of Trustees with the responsibility for administration of the State Employees Group Benefits Program and granting the power to adopt and promulgate rules with respect thereto, and in accordance with R.S. 40:2204(D), the Board of Trustees hereby invokes the Emergency Rule provisions of La R.S. 49:953(B).

The Board finds that it is necessary to amend the EPO Plan Document to provide a schedule of maximum allowable charges for facility fees and to exclude payment of facility fees for services rendered in a physician's office or in a facility not approved by Medicare. Failure to adopt this rule on an emergency basis will result in a financial impact adversely affecting the availability of services necessary to maintain the health and welfare of the covered employees and their dependents, which is crucial to the delivery of vital services to the citizens of the state.

Accordingly, the following Emergency Rule, amending the EPO Plan Document, is effective September 1, 1999, and shall remain in effect for a maximum of 120 days or until promulgation of the final Rule, whichever occurs first:

Amendment Number 1

Amend the Schedule of Benefits in the EPO Plan Document to add the following:

Facility Fees, Maximum Allowable Charges

Unless otherwise provided by contract between the Program and the Provider, the Maximum Allowable Charges for facility fees for facilities located within the State of Louisiana shall be:

Facility Type/Charges	Maximum Allowable Charges
Medical	$1,500/day
Surgical	$2,000/day
ICU, NICU, CCU	$3,000/day
Cardiovascular Surgery	$5,000/day
Rehabilitation	$750/day
Ambulatory (Outpatient) Surgery	$3,000 max/occurrence

Amendment Number 2

Amend Article 3, Section IX of the EPO Plan Document to add a new subsection, NN, to read as follows:

No benefits are provided under this Plan for:

* * *

NN. Facility fees for services rendered in a physician's office or in any facility not approved by the federal Health Care Finance Administration for payment of such fees under Medicare.

A. Kip Wall
Interim Chief Executive Officer

9909#034

DECLARATION OF EMERGENCY

Office of the Governor
Board of Trustees
State Employees Group Benefits Program

PPO Plan Document—Facility Fees

Pursuant to the authority granted by R.S. 42:871(C) and 874(B)(2), vesting the Board of Trustees with the responsibility for administration of the State Employees Group Benefits Program and granting the power to adopt and promulgate rules with respect thereto, and in accordance with R.S. 40:2204(D), the Board of Trustees hereby invokes the Emergency Rule provisions of La R.S. 49:953(B).

The Board finds that it is necessary to amend the PPO Plan Document to provide a schedule of maximum allowable charges for facility fees and to exclude payment of facility fees for services rendered in a physician's office or in a facility not approved by Medicare. Failure to adopt this rule on an emergency basis will result in a financial impact adversely affecting the availability of services necessary to maintain the health and welfare of the covered employees and their dependents, which is crucial to the delivery of vital services to the citizens of the state.

Accordingly, the following Emergency Rule, amending the PPO Plan Document, is effective September 1, 1999, and shall remain in effect for a maximum of 120 days or until promulgation of the final Rule, whichever occurs first:

Amendment Number 1

Amend the Schedule of Benefits in the PPO Plan Document to add the following:

Facility Fees, Maximum Allowable Charges

Unless otherwise provided by contract between the Program and the Provider, the Maximum Allowable Charges for facility fees for facilities located within the State of Louisiana shall be:

Facility Type/Charges	Maximum Allowable Charges
Medical	$1,500/day
Surgical	$2,000/day
ICU, NICU, CCU	$3,000/day
Cardiovascular Surgery	$5,000/day
Rehabilitation	$750/day
Ambulatory (Outpatient) Surgery	$3,000 max/occurrence

Amendment Number 2

Amend Article 3, Section IX of the PPO Plan Document to add a new subsection, NN, to read as follows:

No benefits are provided under this Plan for:

* * *

NN. Facility fees for services rendered in a physician's office or in any facility not approved by the federal Health Care Finance Administration for payment of such fees under Medicare.

A. Kip Wall
Interim Chief Executive Officer

9909#033

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Board of Veterinary Medicine

Registered Equine Dentist
(LAC 46:LXXXV.Chapter 15)

The Louisiana Board of Veterinary Medicine has adopted the following Emergency Rule effective August 20, 1999, in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B), and the Veterinary Practice Act, LA R.S. 37:1518 et seq., and it shall be in effect for the maximum period allowed under law or until adoption of the Rule, whichever occurs first.

By act of legislation, effective July 1999, individuals may apply to practice as equine dentists in the state of Louisiana. To protect the public health and safety, the Board has adopted LAC 46:LXXXV.1500 through 1519 for the registration and regulation of individuals to practice equine dentistry and related matters.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LXXXV. Veterinarians
Chapter 15. Registered Equine Dentists
§1500. Definitions

A. All definitions used in this chapter shall have the meaning assigned to them in La. R.S. 37:1560. In addition, the following definitions shall be applied.

Approval—as used in R.S. 37:1562(C)(2) means the veterinarian shall make an informed decision based upon his professional judgment after giving consideration to the notification provided by an equine dentist which shall include a visual inspection conducted by the veterinarian prior to the commencement of the procedure.

Continuing Education—board-approved educational experiences in equine dentistry, which may be in the form of institutes, seminars, lectures, conferences, workshops, and other modes of delivery so as to maintain and improve technical competency for the health, welfare, and safety of the citizens of Louisiana.

Continuing Education Unit (CEU)—one hour of activity or participation in a continuing educational program approved by the board.

Equine Owner's Veterinarian—veterinarian licensed by the board who has established a veterinary-client-patient relationship as a primary care provider or as a consultant to the primary care provider.

Notify or *Notification*—

a. with regards to the rasping (floating) of molar, premolar and canine teeth, and the removal of deciduous incisor and premolar teeth (caps), shall mean full written or verbal person to person communication with the veterinarian prior to the commencement of the procedure; or

b. with regards to extracting equine first premolar teeth (wolf teeth), shall mean full written or verbal person to person communication with the veterinarian prior to commencement of the procedure and after approval is given by the veterinarian; however, written confirmation of the notification prepared by the registered equine dentist shall be sent to and received by the veterinarian within seven days after the procedure, which written confirmation shall include:

i. owner's name, address, and phone number;

ii. identifying information concerning the horse, which shall include name, permanent identification marks, age, sex, and color;

iii. method of restraint used during the procedure;

iv. type of dental procedure performed, including methods used;

v. description of the outcome of the procedure;

vi. recommendations, if any, to the owner following extraction of any first premolar teeth.

Possession—actual possession whereby the registered equine dentist has his certificate readily available.

Practice of Equine Dentistry—means the rasping (floating) of molar, premolar and canine teeth, and the removal of deciduous incisor and premolar teeth (caps); additionally, an equine dentist may extract equine first premolar teeth (wolf teeth) after complying with the requirements set forth in R.S. 37:1562(C)(2) and the board's rules.

Referral—a verbal request to perform equine dentistry made to a registered equine dentist by a veterinarian licensed by the board who has established a veterinarian-client-patient relationship as defined in LAC 46:LXXXV.700 and who is readily accessible by beeper or cell phone as well as present within a 30 mile radius of and 30 minutes or less travel time from the treatment site.

Referral Veterinarian—a veterinarian licensed by the board authorized by the existence of a veterinarian-client-patient relationship as defined in LAC 46:LXXXV.700 to make a referral to perform equine dentistry to a registered equine dentist and who is readily accessible by beeper or cell phone as well as present within a 30 mile radius of and 30 minutes or less travel time from the treatment site.

Substantially Involved in the Care and Maintenance of Horses in the Horse Racing Industry in Louisiana—previous practical experience within the horse racing industry that included equine dental procedures.

Unprofessional Conduct—in addition to the definition set forth in R.S. 37:1564(A)(10), shall include the following:

a. making or participating in any communication, advertisement or solicitation which is false, fraudulent, deceptive, misleading or unfair, or which contains a false, fraudulent, deceptive, misleading or unfair statement or claim;

b. initiation or continuation of services that are contraindicated or cannot reasonably result in beneficial outcome;

c. abuse or exploitation of the provider-patient relationship for the purpose of securing personal compensation, gratification, or benefit unrelated to the provision of service;

d. failure to comply with the practice requirements set forth in R.S. 37:1562;

e. failure to comply with the duties established in R.S. 37:1560 et seq. and/or the board's rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

§1501. Applications for Certificates of Approval

A. Pursuant to La. R.S. 37:1561 and 1562(D), applicants shall submit the following items to the board:

1. a completed application form approved by the board, which shall be sworn to and subscribed before a Louisiana notary public;

2. evidence that the applicant is a current resident of this state on July 1, 1999, which evidence must be one of the following:

a. a utility bill statement in the name of the applicant and for a Louisiana address which includes service for July 1, 1999; or

b. any other document providing evidence of residency on July 1, 1999, which is approved by a majority of a quorum of the board;

3. evidence that the applicant is substantially involved in the care and maintenance of horses in the horse racing industry in Louisiana, which evidence shall be the following:

a. an affidavit from the applicant sworn to and subscribed before a Louisiana notary public; and

b. two letters of reference on board-approved forms from veterinarians licensed by the board which shall attest to the applicant's character and ethical standards as they apply to his knowledge in the field of equine dentistry and his substantial involvement in the care and maintenance of horses in the horse racing industry in Louisiana; and

4. evidence that the applicant was licensed in good standing as an equine dentist by the Louisiana Racing Commission on or before July 1, 1995, which evidence must be a certified statement directly forwarded to the board office from an authorized official of the Louisiana Racing Commission attesting to the applicant's licensure in good standing on or before July 1, 1995;

5. payment of all applicable fees for registered equine dentist fees established by the board;

6. a current passport type photograph of the applicant;

7. certification by the applicant that he has not violated or been subject to any of the grounds for denial of a certificate of approval as listed in La. R.S. 37:1564;

8. a list of all professional certificates or licenses that the applicant currently holds and/or has held.

B. The Board may reject any applications which do not contain full and complete answers and/or information as requested and may reject any application if any information furnished in the application is fabricated, false, misleading, or incorrect.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

§1503. Fees

A. The Board hereby adopts and establishes the following fees for registered equine dentists.

Original Registration Fee	$ 200
Annual Renewal of Registration Fee	$ 125
Late renewal fee	$ 100
Application fee	$ 100

B. Renewals received after the expiration date as provided in La. R.S. 37:1566, shall be charged a late renewal fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

§1505. Renewal of Certificates

A. All certificates of approval shall expire annually at midnight September 30. Certificates shall be renewed by completing a re-registration form which shall be provided by the board, submitting any other documents required by this chapter, and by payment of the annual renewal fee established by the board.

B. Each year, ninety days prior to the expiration date of the license, the board shall mail a notice to each registered equine dentist stating the date his certificate will expire and providing a form for re-registration.

C. The certificate of approval will be renewed for any person who complies with the requirements of this chapter.

D. Re-registration forms for renewal of certificates of approval, complete with payment of fees and any other documents required by this chapter, shall be postmarked no later than the expiration date of the certificate each year. Re-registration forms postmarked after midnight of the expiration date will be subject to a late renewal fee as established by the board. This fee is in addition to the regular fee for annual renewal.

E. Continuing education requirements prescribed by this chapter must be satisfied before a certificate of approval is renewed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

§1507. Expired Certificate

A. A registered equine dentist whose certificate has expired may be reinstated within one year of its expiration by making written application for renewal, paying the current renewal fee plus all delinquent renewal fees, and meeting the continuing education requirements prescribed by the board.

B. The identifying number of an expired certificate of approval shall not be issued to any person other than the original holder of that number.

C. A registered equine dentist who fails to renew a certificate of approval within one year of its expiration must reapply for a new certificate. A certificate of approval shall not be issued without the approval of a majority of the quorum of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

§1509. Revoked Certificate

A. A registered equine dentist whose certificate has been revoked pursuant to La. R.S. 37:1564 must reapply for a new certificate.

B. A person whose certificate of approval has been revoked pursuant to La. R.S. 37:1564 shall not be issued a new certificate unless approved by a majority of a quorum of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

§1511. Review or Appeal of Denial of Application

A. Any registered equine dentist aggrieved by a decision of the board, other than a holder of a certificate of approval against whom disciplinary proceedings have been brought pursuant to R.S. 37:1560 et seq. may, within 30 days of notification of the board's action or decision, petition the board for a review or appeal of the board's actions.

B. Such petition shall be in the form of a letter, signed by the person aggrieved, and mailed to the board at its principal office.

C. Upon receipt of such petition, the board may proceed to take such action as it deems expedient or hold such hearings as may be necessary, and may review such testimony and/or documents and/or records as it deems necessary to dispose of the matter, but the board shall not, in any event, be required to conduct any hearings or investigations, or consider any offerings, testimony, or evidence unless so required by statute or other rules or regulations of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

§1513. Disciplinary Proceedings

A. The Board, after due notice and hearing as set forth in the Louisiana Administrative Procedure Act, LSA R.S. 49:950 et seq. and LAC 46:LXXXV.1401, may deny, reprimand, restrict, fine, probate, suspend, revoke or pursuant to LSA R.S. 37:1560 et seq. otherwise sanction a registered equine dentist or applicant for certification on a finding that the person has violated LSA R.S. 37:1560 et seq. or any of the rules promulgated by the board, or prior final decisions and/or consent orders involving the registered equine dentist or applicant for certification.

B. Any registered equine dentist against whom disciplinary proceedings have been instituted and against whom disciplinary action has been taken by the Board pursuant to R.S. 37:1560 et seq. and/or the board's rules, shall have rights of review and/or rehearing and/or appeal in accordance with the terms and provisions of the Administrative Procedure Act and LAC 46:LXXXV.1401.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

§1515. Practice and Duties

A. Except as provided in R.S. 37:1562, no person shall practice equine dentistry in Louisiana unless issued a certificate of approval by the board.

B. Pursuant to La. R.S. 37:1562(C)(1), a registered equine dentist who practices equine dentistry at a location other than at a racetrack shall notify the horse owner's veterinarian prior to the commencement of the practice of equine dentistry.

C. Pursuant to La. R.S. 37:1562(C)(1), in the event that the horse owner does not have a veterinarian, the equine dentist shall obtain a referral from a veterinarian licensed by the board who has established a veterinarian-client-patient relationship as defined in LAC 46:LXXXV.700. Such referral must be documented by the veterinarian to include:

1. the establishment of the veterinarian-patient-client relationship as defined in LAC 46:LXXXV.700 prior to referral; and

2. that the referral veterinarian is readily accessible by beeper or cell phone as well as present within a 30 mile radius of and 30 minutes or less travel time from the treatment site;

3. the referral veterinarian must submit a copy of the written referral which must be received by the registered equine dentist within seven days from the referral;

4. such documentation shall be made part of the records maintained by the veterinarian and the registered equine dentist.

D. Pursuant to La. R.S. 37:1562(C)(2), prior to the initiation of an extraction of first premolar teeth (wolf teeth), the registered equine dentist shall notify and obtain the approval of the equine owner's veterinarian or referral veterinarian.

E. Duties

1. Prohibition on Drugs. A registered equine dentist shall not prescribe, recommend, or administer any legend drug or controlled substance.

2. Record Keeping. A registered equine dentist shall establish and maintain legible records which can provide a veterinarian with a full understanding of the findings concerning and treatment provided to each horse. Each registered equine dentist shall maintain an individual record on each horse to include, but not limited to, the following:

a. owner's name, address, and phone number; identifying information concerning the horse, which shall include name, permanent identification marks, age, sex, and color; nature of dental complaint; method of restraint used during a procedure; type of dental procedure performed; description of the outcome of the procedure; and recommendations, if any, to the owner following the procedure;

b. original of written notifications submitted to veterinarians regarding treatment;

c. records shall be maintained for at least five years;

d. records are the responsibility and property of the registered equine dentist. The registered equine dentist shall maintain such records and shall not release the records to any person other than the client or a person authorized to receive the records for the client, except that the registered equine dentist shall provide any and all records as requested by the board to the board; and

e. copies of records shall be provided to the client or the client's authorized representative upon written request of the client. A reasonable charge for copying and providing records may be required by the registered equine dentist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

§1517. Continuing Education

A. Basic Requirements

1. A minimum of six (6) continuing education units is required each fiscal year (July 1 through June 30) as a prerequisite for renewal of certification. A registered equine dentist who fails to obtain a minimum of six (6) continuing education units within the prescribed twelve-month period will not meet the requirements for renewal of his certificate. Notwithstanding the requirements of this section, for the period August 20, 1999 - June 30, 2000, a minimum of six (6) continuing education units is required as a prerequisite for renewal of certification during the July 1, 2000 - September 30, 2000 renewal period.

2. All continuing education programs must be approved by the board prior to attendance.

3. Proof of attendance, which shall include the name of the course, date(s) of attendance, hours attended, and specific subjects attended, shall be attached to the annual certificate renewal form. Proof of attendance must include verification from the entity providing or sponsoring the educational program.

4. All hours shall be obtained in the twelve months preceding the renewal period of the certificate.

5. Each registered equine dentist must fulfill his annual education requirements at his own expense.

B. Failure to Meet Requirements

1. If a registered equine dentist fails to obtain a minimum of six (6) continuing education units within the prescribed twelve-month period, his certificate shall be expired and his certificate shall remain expired until such time as the continuing education requirements have been met and documented to the satisfaction of the board.

2. The board may grant extensions of time for extenuating circumstances. The registered equine dentist must petition the board at least 30 days prior to the expiration of the certificate. The board may require whatever documentation it deems necessary to verify the circumstances necessitating the extension.

3. Failure to comply with the requirements of this section shall be considered unprofessional conduct.

C. Approved Continuing Education Programs

1. It is the responsibility of the registered equine dentist to submit a request for approval of a continuing education program no less than 60 days prior to the program. Information to be submitted shall include:

a. the name of the proposed program and sponsor organization;

b. course content;

c. the number of continuing education units to be obtained by attendees.

2. Continuing education units which are submitted for renewal and were not pre-approved by the board may be reviewed by the board. If the units are not approved, the registered equine dentist will be required to take additional continuing education in an approved program prior to the renewal of his certificate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

§1519. Unprofessional Conduct on Part of the Veterinarian

After due notice and hearing as set forth in the Louisiana Administrative Procedure Act, LSA R.S. 49:950 et seq. and the board's rules, more particularly section 1401 et seq., a veterinarian who fails to comply with a rule promulgated by the board regarding the practice of equine dentistry shall be subject to disciplinary action and sanction by the board for unprofessional conduct pursuant to the Louisiana Veterinary Practice Act, LSA R.S. 37:1526(A)(14) and the board's rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1526(A)(14), 37:1518(A)(9) and 37:1568.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 25:

Kimberly B. Barbier
Administrative Director

9909#010

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Office of Public Health

Sanitary Code—Refrigeration of Shellstock Oysters, Clams, and Mussels (Chapter IX)

The Department of Health and Hospitals, Office of Public Health is adopting the following Emergency Rule, effective September 20, 1999, in the Sanitary Code, Chapter IX, Commercial Seafood Program, in accordance with the provisions of the Louisiana Administrative Procedure Act. This Emergency Rule is necessary since the current National Shellfish Sanitation Program Guide for the Control of Molluscan Shellfish requirements were changed at the recent Interstate Shellfish Sanitation Conference. The requirements of the National Shellfish Sanitation Program must be complied with in order for shell stock harvested in Louisiana to enter into interstate commerce.

Emergency Rule

Chapter IX. Seafood

9:052 Refrigeration of Shell-Stock Oysters, Clams, and Mussels

Shell-stock shall be placed under mechanical refrigeration at an air temperature (measured 12 inches from the blower) not to exceed 50 F within the time period prescribed herein; and shall be maintained at or below that temperature through out all levels of commerce. Shell-stock harvested for raw consumption and/or for shucking by a certified dealer during the months November through March shall be subject to the following time to refrigeration requirements.

A. November shell-stock shall be refrigerated within 24 hours from the time harvesting begins.

B. December through March shell-stock shall be refrigerated within 36 hours from the time harvesting begins.

9:052-1 Refrigeration Requirements for Shell-Stock Harvested for Raw Consumption During the Months April Through October

Time to refrigeration requirements for shell-stock harvested for raw consumption during the months April through October shall be based on the average monthly growing water temperatures as calculated and announced by the Office of Public Health, Molluscan Shellfish Program according to the following schedule.

A. Water Temperature 65 F to 74 F - Shell-stock shall be placed under mechanical refrigeration at an air temperature not to exceed 45 F within 14 hours from the time of harvesting begins.

B. Water Temperature >74 F to 84 F - Shell-stock shall be placed under mechanical refrigeration at an air temperature not to exceed 45 F within 12 hours from the time harvesting begins.

C. Water Temperature >84 F - Shell-stock shall be placed under mechanical refrigeration at an air temperature not to exceed 45 F within 6 hours from the time harvesting begins.

D. Harvest-Dealer Time/Temperature Log Sheet (see Table 1) shall be completed by both the harvester and first certified dealer to document compliance with time to refrigeration requirements during the April through October time period. Log sheets shall be maintained for a period of one year and made readily available for inspection by agents of the Department of Health and Hospitals, Department of Wildlife and Fisheries, and U.S. Food and Drug Administration. Log sheets for the current and previous 15 days harvest shall be kept aboard the harvest vessel for immediate examination.

9:052-2 Refrigeration Requirements for Shell-Stock Harvested for Shucking by a Certified Dealer During the Months April Through October

Time to refrigeration requirements for shell-stock harvested for shucking by a certified dealer during the months April through October shall be as follows.

A. All shell-stock shall be placed under mechanical refrigeration at an air temperature not to exceed 45 F no later than 12 midnight each day.

B. A Harvester-Dealer Time/Temperature Log Sheet (see Table 1) shall be completed by both the harvester and first certified dealer to document compliance with time to refrigeration requirements during the April through October time period. Log sheets shall be maintained for a period of one year and made readily available for inspection by agents of the Department of Health and Hospitals, Department of Wildlife and Fisheries and the U.S. Food and Drug Administration. Log sheets for the current and previous 15 days harvest shall be kept aboard the harvest vessel for immediate examination.

C. Dealer/harvester tags utilized to identify shell-stock harvested for shucking by a certified dealer shall be stamped with the following wording in neon green letters:

FOR SHUCKING BY CERTIFIED DEALER

9:052-3 General Provisions

A. Shell-stock harvested for delivery to a steam factory for canning and thermal processing shall be landed at the factory within 72 hours from the time harvesting begins. The time harvesting begins and the time of arrival at the factory shall be recorded on the harvester's invoice.

B. If a harvester elects to fish both shell-stock intended for raw consumption and for shucking by a certified dealer on the same day, it shall be his responsibility to properly separate and identify the two types of shell-stock.

C. Except for deliveries made to a shellfish dealer certified by the Office of Public Health for inclusion on the U.S. Food and Drug Administration's Interstate Certified Shellfish Shippers List and located less than 30 minutes from dockside, all land-based deliveries of shell-stock shall be made aboard mechanically refrigerated trucks with an internal air temperature of 50 F or less as measured 12 inches from the blower. For shipments by air, an internal meat temperature of 45 F or less shall be maintained at all times. To accomplish this it shall be necessary to pre-chill shell-stock to an internal temperature of 40 F or less prior to being packed into insulated containers with frozen gel packs. Land-based deliveries of molluscan shell-stock to a steam factory for thermal processing and canning shall be exempt from these refrigeration requirements during the months November through May provided that the shellfish are delivered to the cannery in accordance with the requirements cited in Paragraph (A) of this Section and the Department of Wildlife and Fisheries, Enforcement Division is notified via their toll free telephone number (1-800-442-2511) prior to making each delivery.

D. When shell-stock are temporarily off-loaded for any reason, storage must be on pallets or on a well graded paved surface, with direct exposure to the sun limited to no more than 30 minutes.

E. Alternate designs for the Harvester-Dealer Time/Temperature Log Sheet as depicted in Table I may be submitted for consideration and approval to the Office of Public Health.

9:052-4 Penalties

Shell-stock not produced in accordance with the requirements listed in 9:052-3 shall be deemed adulterated and shall be subject to seizure and destruction.

David W. Hood
Secretary

9909#042

DECLARATION OF EMERGENCY

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

Disproportionate Share Hospital Payment Methodologies

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following emergency rule in the Medical Assistance Program as authorized by LA R.S. 46:153 and pursuant to Title XIX of the Social Security Act. This emergency rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:953(B) et seq. and shall be in effect for the maximum period allowed under the Act or until adoption of the rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a rule May 20, 1999 governing the disproportionate share

payment methodologies for hospitals (*Louisiana Register*, Volume 25, Number 5). This rule was adopted pursuant to state law Act 19 of the 1998 Legislative Session, and the Rural Hospital Preservation Act 1485 of 1997 Legislative Session. Act 19 provided for different treatment of disproportionate share funds for uncompensated costs in small non-state operated local government hospitals and private rural hospitals with 60 beds or less. Act 1485 allows small rural hospitals to meet less stringent criteria in order to receive the maximum disproportionate share funding available in accordance with the amounts appropriated by the Legislature and to the extent authorized by federal law.

In order to comply with Senate Concurrent Resolution (SCR) 48 and Act 1068 of the 1999 Louisiana Regular Legislative Session, the Department seeks to amend the May 20, 1999 rule by amending the disproportionate share qualification criteria for small rural hospitals.

This action is necessary to secure enhanced federal funding. It is estimated that the expenditure necessary to implement this rule will be $4,671,604 in federal funds only for state fiscal year 1999. This rule will not require the expenditure of any additional state general funds.

Emergency Rule

Effective October 1, 1999, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the May 20, 1999 rule by revising the disproportionate share qualification criteria for small rural hospitals as required by Senate Concurrent Resolution (SCR) 48 and Act 1068 of the 1999 Regular Legislative Session.

III. Reimbursement Methodologies

B. Small Rural Hospitals

1. A Small Rural Hospital is a hospital (other than a long-term care hospital, rehabilitation hospital, or free-standing psychiatric hospital but including distinct part psychiatric units) meeting the following criteria:

a) had no more than sixty hospital beds as of July 1, 1994, and:

(1) is located in a parish with a population of less than fifty thousand; or

(2) is located in a municipality with a population of less than twenty thousand; or

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

c) effective October 1, 1999, has no more than sixty hospital beds as of July 1, 1999, and is located in a parish with a population as measured by the 1990 census of less than 17,000; or

d) effective October 1, 1999, has no more than sixty hospital beds as of July 1, 1997, and is a publicly owned and operated hospital; and

(1) is located in a parish with a population of less than fifty thousand; or

(2) is located in a municipality with a population of less than twenty thousand.

The remainder of the May 20, 1999 rule shall remain in effect as previously promulgated.

Interested persons may submit written comments to the following address: Thomas D. Collins, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. He is the person responsible for responding to inquiries regarding this emergency rule. He is the person responsible for responding to all inquiries regarding this emergency rule. A copy of this emergency rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

9909#041

DECLARATION OF EMERGENCY

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

Durable Medical Equipment Program—Augmentative and Alternative Communication (AAC) Devices

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following rule as authorized by LA. R.S. 46:153 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.

The Department of Health and Hospitals, Bureau of Health Service Financing currently provides coverage for durable medical equipment under the Medicaid Program. All medical equipment, appliances and supplies must be prior authorized in order to determine medical necessity. Currently, augmentative and alternative communication devices are prior authorized for rental or purchase under the durable medical equipment program according to specific criteria set forth in the *Medicaid Eligibility Manual*. However, only recipients under the age of 21 are eligible to receive these devices (*Louisiana Register*, Volume 22, No. 5). Therefore, effective June 5, 1999, the Department determined that it was necessary to amend the rule regarding prior authorization of augmentative communication devices by removing the age restriction for rental or purchase by eligible recipients, which ensured availability to recipients of all ages, and by expanding the criteria for consideration of these devices for prior authorization (*Louisiana Register*, Volume 25, No. 6). Therefore, the Department is adopting this subsequent emergency rule in order to continue the provisions of the June 5, 1999 rule in force.

Emergency Rule

Effective October 2, 1999, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing removes the age restriction for rental or purchase of augmentative and alternative communication devices for eligible recipients and expands the criteria for consideration of these devices for prior authorization under the Durable Medical Equipment Program.

I. Definitions

Augmentative and Alternative Communications (AAC) Devices—electronic or non-electronic aids, devices, or systems that assist a Medicaid recipient to overcome or ameliorate (reduce to the maximum degree possible) the communication limitations that preclude or interfere with meaningful participation in current and projected medically

necessary daily activities. Examples of AAC devices include:

1. communication boards or books, speech amplifiers, and electronic devices that produce speech and/or written output;

2. devices that are constructed for use as communication devices as well as systems that may include a computer, when the primary use of the computer serves as the recipient's communication device; and

3. related components and accessories, including software programs, symbol sets, overlays, mounting devices, switches, cables and connectors, auditory, visual, and tactile output devices, printers, and necessary supplies, such as rechargeable batteries.

Meaningful Participation—effective and efficient communication of messages in any form the recipient chooses.

Speech-Language Pathologist—an individual who has:

1. been licensed by the Louisiana Board of Examiners for Speech Pathologists and Audiologists;

2. a Certificate of Clinical Competence in speech language pathology from the American Speech-Language-Hearing Association;

3. completed the equivalent educational requirements and work experience necessary for the certificate; or

4. completed the academic program and is acquiring supervised work experience to qualify for the certificate.

II. Recipient Criteria

Consideration shall be given for Medicaid reimbursement for AAC devices for Medicaid recipients if the device is considered medically necessary, the recipient has the ability to physically and mentally use a device and its accessories, and if the following criteria is met:

A. Medical Necessity Determinations

1. The following medically necessary conditions shall be established for recipients who/whose:

a. have a diagnosis of a significant expressive or receptive (language comprehension) communication impairment or disability;

b. impairment or disability either temporarily or permanently causes communication limitations that preclude or interfere with the recipient's meaningful participation in current and projected daily activities; and

c. had a speech-language pathologist (and other health professional, as appropriate):

i. perform an assessment and submit a report pursuant to the criteria set forth in sub-section B. Assessment/Evaluation; and

ii. recommend speech-language pathology treatment in the form of AAC devices and services; and

iii. document the mental and physical ability of a recipient to use, or learn to use, a recommended AAC device and accessories for effective and efficient communication; and

iv. prepare a speech-language pathology treatment plan that describes the specific components of the AAC devices and the required amount, duration, and scope of the AAC services that will overcome or ameliorate communication limitations that preclude or interfere with the recipient's meaningful participation in current and projected daily activities; and

d. requested AAC devices constitute the least costly, equally effective form of treatment that will overcome or ameliorate communication limitations that preclude or interfere with the recipient's meaningful participation in current and projected daily activities.

2. The following are additional general principles relating to medical necessity determinations for AAC devices.

a. No cognitive, language, literacy, prior treatment, or other similar prerequisites must be satisfied by a recipient in advance of a request for AAC devices.

b. The unavailability of an AAC device, component, or accessory for rental will not serve as the basis for denying a prior approval request for that device, component, or accessory.

c. The cause of the recipient's impairment or disability (e.g., congenital, developmental, or acquired), or the recipient's age at the onset of the impairment or disability, are irrelevant considerations in the determination of medical need.

d. Recipient participation in other services or programs (e.g., school, early intervention services, adult services programs, employment) is irrelevant to medical necessity determination for AAC devices.

B. Assessment/Evaluation

1. An assessment, or evaluation, of the individual's functioning and communication limitations that preclude or interfere with meaningful participation in current and projected daily activities must be completed by a speech-language pathologist with input from other health professionals, (e.g., occupational therapists and rehabilitation engineers) based on the recommendation of the speech language pathologist and a physician's prescription, as appropriate.

2. Requests for AAC devices must include a description of the speech-language pathologist's qualifications, including a description of the speech-language pathologist's AAC services training and experience.

3. An assessment (augmentative & alternative communication evaluation) must include the following information about the recipient:

a. identifying information

i. name;

ii. Medicaid identification number;

iii. date of the assessment;

iv. medical and neurological; diagnoses (primary, secondary, tertiary);

v. significant medical history;

vi. mental or cognitive status; and

vii. educational level and goals.

b. sensory status

i. vision and hearing screening (no more than one year prior to AAC evaluation);

ii. if vision screening is failed, a complete vision evaluation;

iii. if hearing screening is failed, a complete hearing evaluation;

iv. description of how vision, hearing, tactile, and/or receptive communication impairments or disabilities affect expressive communication.

c. postural, mobility, and motor status

i. gross motor assessment;

ii. fine motor assessment;

iii. optimal positioning;

iv. integration of mobility with AAC devices;

v. recipient's access methods (and options) for AAC devices ;

d. current speech, language, and expressive communication status

i. identification and description of the recipient's expressive or receptive (language comprehension) communication impairment diagnosis;

ii. speech skills and prognosis;

iii. language skills and prognosis;

iv. communication behaviors and interaction skills (i.e., styles and patterns);

v. functional communication assessment, including ecological inventory;

vi. indication of past treatment, if any;

vii. description of current communication strategies, including use of an AAC device, if any.

Note: If an AAC device is currently used, describe the device, when and by whom it was previously purchased, and why it is no longer adequate to meet the recipient's communication needs.

e. communication needs inventory

i. description of recipient's current and projected communication needs;

ii. communication partners and tasks including partners' communication abilities limitations, if any, and;

iii. communication environments and constraints which affect AAC device selection and/or features (e.g., verbal and/or visual output and/or feedback; distance communication needs).

f. summary of communication limitations. description of the communication limitations that preclude or interfere with meaningful participation in current and projected daily activities (i.e., why the recipient's current communication skills and behaviors prevent meaningful participation in the recipient's current and projected daily activities).

g. AAC devices assessment components

i. vocabulary requirements;

ii. representational system(s);

iii. display organization and features;

iv. rate enhancement techniques;

v. message characteristics, speech synthesis, printed output, display characteristics, feedback, auditory and visual output;

vi. access techniques and strategies; and

vii. portability and durability concerns, if any.

h. identification of AAC devices considered for recipients

i. identification of the significant characteristics and features of the AAC devices considered for the recipient; and

ii. identification of the cost of the AAC devices considered for the recipient (including all required components, accessories, peripherals, and supplies, as appropriate).

i. AAC device recommendation

i. identification of the requested AAC devices including all required components, accessories, software, peripheral devices, supplies, and the device vendor;

ii. identification of the recipient's and communication partner's AAC devices preference, if any;

iii. assessment of the recipient's ability (physically and mentally) to use, or to learn to use, the recommended AAC device and accessories for effective and efficient communication;

iv. justification stating why the recommended AAC device (including description of the significant characteristics, features, and accessories) is better able to overcome or ameliorate the communication limitations that preclude or interfere with the recipient's meaningful participation in current and projected daily activities, as compared to the other AAC devices considered;

v. justification stating why the recommended AAC device (including description of the significant characteristics, features, and accessories) is the least costly, equally effective, alternative form of treatment to overcome or ameliorate the communication limitations that preclude or interfere with the recipient's meaningful participation in current and projected daily activities.

j. treatment plan and follow-up

i. description of short term communication goals (e.g., 6 months);

ii. description of long term communication goals (e.g., 1 year);

iii. assessment criteria to measure recipient's progress toward achieving short and long term communication goals;

iv. description of amount, duration, and scope of AAC services required for the recipient to achieve short and long term communication goals;

v. identification and experience of AAC service provider responsible for training (these service providers may include, e.g.: speech-language pathologists, occupational therapists, rehabilitation engineers, the recipient's parents, teachers and other service providers).

k. summary of alternative funding source for AAC device

i. description of availability or lack of availability, of purchase of AAC device through other funding sources.

C. Trial Use Periods

1. In instances where the appropriateness of a specific AAC device is not clear, a trial use period for an AAC device may be recommended (although it is not required) by the speech-language pathologist who conducts the AAC evaluation.

2. Prior authorization for rental of AAC devices shall be approved for trial use periods when the speech-language pathologist prepares a request consistent with the established requirements. The reasons for a trial use period request include, but are not limited to:

a. the characteristics of the recipient's communication limitations;

b. lack of familiarity with a specific AAC device; and

c. whether there are sufficient AAC services to support the recipient's use of the AAC device, or other factors.

3. If the speech-language pathologist recommends a trial use period, the pathologist must prepare a request that includes the following information:

a. the duration of the trial period;

b. the speech-language pathologist information and the recipient information as required in B. Assessment/ Evaluation;

c. the AAC device to be examined during the trial period, including all the necessary components (e.g., mounting device, software, switches, or access control mechanism);

d. the identification of the AAC service provider(s) who will assist the recipient during the trial period;

e. the identification of the AAC services provider(s) who will assess the trial period; and

f. the evaluation criteria, specific to the recipient, that will be used to determine the success or failure of the trial period.

4. Trial use period requests must request Medicaid funding for the rental of all necessary components and accessories of the AAC device. If an accessory necessary for the trial use of a device by a recipient is not available for rental, but the communication device is available for rental for trial use, Medicaid may consider the purchase of the accessory for the trial use of the communication device by that recipient.

5. Trial periods may be extended and/or different AAC devices provided, when requested by the speech-language pathologist responsible for evaluating the trial use period.

6. Results of trial use periods must be included with any subsequent request for prior authorization of purchase of the AAC device. Recommendations for the purchase of an AAC device, as a result of a trial use period of the device, must clearly indicate the patient's ability to use the device during the trial period.

D. Repairs

1. Medicaid will cover repairs to keep AAC devices, accessories, and other system components in working condition. Medicaid coverage for repairs will include the cost of parts, labor, and shipping, when not otherwise available without charge pursuant to a manufacturer's warranty.

a. Providers of AAC devices are expected to comply with the Louisiana New Assistive Devices Warranty Act.

i. One of the provisions of this law is that all persons who make, sell, or lease assistive devices, including AAC devices, must provide those who buy or lease the equipment with a warranty which lasts at least one year from the time the equipment is delivered to the customer.

ii. If, during the warranty period, the equipment does not work, the manufacturer or dealer must make an attempt to repair the equipment.

b. Medicaid additionally requires providers to provide the recipient with a comparable, alternate AAC device while repairing the recipient's device during a warranty period.

c. Medicaid coverage may be provided for rental of an alternate AAC device during a repair period after expiration of the warranty.

d. Medicaid will not cover repairs, or rental of a loaner device, when repairs are made during a warranty period.

2. When a device is received by the provider for the purpose of repair, the provider will conduct an assessment of the device to determine whether it can be repaired, and if so, prepare a written estimate of the parts, labor, and total cost of the repair, as well as the effectiveness (i.e., estimated durability) of the repair. If the manufacturer or provider concludes that the device is not repairable and a replacement device is needed, written notice will be provided to the recipient.

3. Medicaid coverage for repairs greater than $300.00 must be accompanied by a statement from the speech-language pathologist. The statement must indicate:

a. whether there have been any significant changes in the sensory status (e.g., vision, hearing, tactile); postural, mobility or motor status; speech, language, and expressive communication status; or any other communication need or limitation of the recipient as described in B.2. (b through g, and j); and

b. whether the device remains the speech language pathologist's recommendation for recipient's use.

E. Replacement or Modification

1. Modification or replacement of AAC devices will be covered by Medicaid subject to the following limitations:

a. Requests for modification or replacement of AAC devices and/or accessories may be considered for coverage after the expiration of three (3) or more years from the date of purchase of the current device and accessories in use.

b. Requests for modification or replacement require prior authorization and must include the recommendation of the speech-language pathologist.

c. Requests for replacements of AAC devices may be submitted for identical or different devices.

d. Requests for replacements of identical AAC devices must be accompanied by a statement from the provider that the current device can not be repaired or that replacement will be more cost effective than repair of the current device. Data must be provided about the following:

i. age;

ii. repair history;

(a) frequency,

(b) duration, and

(c) cost; and

iii. repair projections (estimated durability of repairs).

e. Requests for modification or replacement of AAC devices with different devices must include the following additional information:

i. a significant change has occurred in the recipient's expressive communication, impairments, and/or

communication limitations. Modification or replacement requests due to changed individual circumstances must be supported by a new assessment of communication limitations by a speech-language pathologist, and may be submitted at any time; or

ii. even though there has been no significant change in the recipient's communication limitations, there has been a significant change in the features or abilities of available AAC devices (i.e., a technological change) that will overcome or permit an even greater amelioration of the recipient's communication limitations as compared to the current AAC device. A detailed description of all AAC device changes and the purpose of the changes must be provided with the results of a re-evaluation by a speech-language pathologist.

f. Requests for replacements of AAC devices due to loss or damage (either for identical or different devices) must include a complete explanation of the cause of the loss or damage and a plan to prevent the recurrence of the loss or damage.

III. Prior Authorization

A. All requests for AAC devices and accessories must be prior authorized by Medicaid in accordance with the criteria described in this rule.

B. Medicaid will not consider purchase of an AAC device when an alternative means of funding through another agency or other source (e.g., Louisiana Rehabilitation Services, school systems, private insurance, etc.) is available for the recipient. All requests should indicate the availability, or lack of availability, of purchase through other funding sources.

C. When the medical necessity cannot be determined for an AAC device pursuant to the criteria stated above and to the information submitted in support of a prior authorization request, the following steps shall be taken:

a. if Medicaid determines that any essential information in establishing medical necessity for the AAC device is incomplete, or has been omitted in the prior authorization request as required in sub-section B. Assessment/Evaluation, Medicaid will make direct contact with the speech-language pathologist who conducted the assessment for the recipient. Medicaid will then identify the specific, additional information that is needed and request that the additional information be submitted; and/or

b. if Medicaid determines that an additional interpretation of information in the prior authorization request is needed by the medical reviewer in establishing medical necessity for an AAC device, Medicaid will seek the advice of speech language pathologist(s) with extensive AAC experience recommended to Medicaid by the American Speech Language & Hearing Association (ASHA), the United States Society for Augmentative & Alternative Communication (USSAAC), and/or the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), who shall provide the required interpretation.

i. only one request for additional information by direct contact with the speech/language pathologist and/or only one interpretation will be made per prior authorization request;

ii. if additional information requested by Medicaid from the speech/language pathologist who conducted the assessment, or if an additional interpretation requested from a consulting speech-language pathologist, is not received by Medicaid within the 25 day time frame required of Medicaid for a prior authorization determination, a decision will be made by the medical reviewer for Medicaid based on the information that has been submitted with the prior authorization request and on the reviewer's interpretation of that information. If the additional information or additional interpretation is provided at a later time, another request will need to be submitted by the provider to the Prior Authorization Unit for additional review.

David W. Hood
Secretary

9909#079

DECLARATION OF EMERGENCY

Department of Social Services
Office of Community Services

Reimbursement Rates for Residential Facilities
(LAC 67:V.3503)

The Department of Social Services, Office of Community Services adopts the following emergency rule in the Foster Care Program as authorized by R.S. 46:153. This emergency rule shall be in effect for 120 days effective September 2, 1999.

The Department of Social Services, Office of Community Services previously adopted a rule (*Louisiana Register*, Vol. 25, No. 6) which set the rate setting methodology for residential facilities caring for foster children. There are technical difficulties in the administrative component of the rate setting methodology. Implementing the rule would cause a fiscal emergency for many residential providers which would adversely affect their ability to continue caring for foster children in residential placements. The department has determined it is necessary to delay implementation of the revised rate setting system. Therefore, the department amends LAC 67:V.3503 to add Paragraph D freezing the residential rates set for the 1999/2000 rate year at the 1998/1999 amount.

The Department of Social Services, Office of Community Services amends LAC 67:V.3503 to add Paragraph D.

Title 67
SOCIAL SERVICES
Part V. Office of Community Services
Subpart 5. Foster Care
Chapter 35. Payments, Reimbursables and Expenditures
§3503. Reimbursement Rates for Residential Facilities

* * *

D. For rates set for the 1999/2000 rate year, the Department of Social Services will freeze the rates at the 1998/1999 amount.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:1084.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Services, LR 14:542 (August

1988), amended LR 20:898 (August 1994), LR 25:1144 (June 1999), LR 25:

Gwendolyn P. Hamilton
Secretary

9909#024

DECLARATION OF EMERGENCY

Department of Social Services
Office of Family Support

Child Care Assistance—Eligibility, Providers, and Payments
(LAC 67:5103, 5107, and 5109)

The Department of Social Services, Office of Family Support, has exercised the emergency provision of R.S. 49:953(B), the Administrative Procedure Act, to adopt the following rule in the Child Care Assistance Program effective October 1, 1999. This rule shall remain in effect for a period of 120 days.

45 CFR Parts 98 and 99 requires biannual submission and approval of the Child Care Development Fund State Plan. The effective date of the next State Plan is October 1, 1999. The Child Care Assistance Program is publishing a Notice of Intent in this issue which proposes changes which are required by this plan and the changes must be in effect October 1. Therefore, an emergency rule is necessary to avoid federal sanctions or penalties which could be imposed if regulations established in the State Plan are not made effective by the Program.

Title 67
SOCIAL SERVICES
Part III. Office of Family Support
Subpart 12. Child Care Assistance
Chapter 51. Child Care Assistance Program
§5103. Conditions of Eligibility

A. Family Independence Temporary Assistance Program (FITAP) recipients who are satisfactorily participating in the Family Independence Work Program, as determined by the Case Manager, are categorically eligible.

B. Low-income families not receiving FITAP cash assistance, including former FITAP recipients who are given priority consideration, must meet the following eligibility criteria.

1. …

2. The household includes a child in current need of child care services who is under age 13, or age 13 to age 18 and physically or mentally incapable of caring for himself or herself, as verified by a physician or certified psychologist, or is under court supervision.

3. The child must customarily reside more than half the time with the person who is applying for child care services. A child is considered to be residing with the case head during scheduled absences from the home/day care, lasting up to six weeks, if there are definite plans for the child to return to the home/day care facility.

4. The case head, that person's spouse, and any parent of dependent children, if the parent lives in the household (including any minor, unmarried parent (MUP) who is not legally emancipated, and whose children are in need of Child Care Assistance), unless disabled as established by receipt of Social Security Administration benefits, Supplemental Security Income, Veteran's Administration benefits, worker's compensation, or other disability benefits, must be:

a. employed a minimum average of 20 hours per week and paid either the Federal minimum hourly wage, or gross wages equivalent to the Federal minimum hourly wage multiplied times 20 hours per week; or

b. attending a job training or educational program that is legally authorized by the state for a minimum average of 20 hours per week (attendance at a job training or educational program must be verified, including the expected date of completion); or

c. engaged in some combination of employment, training, or education as defined in §5103.B.4.b, that averages at least 20 hours per week.

d. Exception: a household in which all of the members described in §5103.B.4 meet the disability criteria is not eligible for child care assistance unless one of those members meets the required minimum average of 20 activity hours per week.

5. Household income does not exceed 75% of the state median income for a household of the same size. *Income* is defined as the gross earnings of the case head, that person's spouse, and any parent of dependent children, if the parent lives in the household (including any MUP who is not legally emancipated, and whose children are in need of Child Care Assistance), from all sources of employment, and the following types of unearned income of all household members: Social Security Administration benefits, Supplemental Security Income, Veteran's Administration benefits, retirement benefits, disability benefits, child support/alimony, unemployment compensation benefits, and worker's compensation benefits.

6. The child in need of care must be either a citizen or a qualified alien. CCAP policy on qualified aliens is the same as policy defined by the Family Independence Temporary Assistance Program (FITAP).

7. The family requests child care services, provides the information and verification necessary for determining eligibility and benefit amount, and meets appropriate application requirements established by the State. Required verification includes proof of social security numbers for all household members, birth verification for all children in need of care, proof of all countable household income, and proof of the hours of all employment/education/training.

C. - D. …

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Parts 98 and 99, P.L. 104-193.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:356 (February 1998), amended LR 25:

§5107. Child Care Providers

A. The case head is assured freedom in selecting the child care provider of his choice from a variety of child care provider types including center-based child care, registered family child day care homes, in-home child care, and public and non-public BESE-regulated schools which operate kindergarten, pre-kindergarten, and/or before- and after-school care programs.

B. To be eligible for participation, family child day care home providers must furnish verification of social security

number and residential address, proof that they are at least 18 years of age, and meet all registration requirements including current certification in infant/child or infant/child/adult Cardiopulmonary Resuscitation (CPR). All family child day care home providers participating in the Child Care Assistance Program will be registered and entered into the Provider Directory by the Office of Family Support. Family child day care home providers who provide child care only to children related to them by blood, marriage, or adoption (nieces, nephews, siblings who do not live in the home, grandchildren, and great-grandchildren) need only apply for registration as family child day care homes, but must thereafter meet all registration requirements within one year.

1. All registration functions for family child day care homes, as provided in La. R.S. 46:1441 et seq. and as promulgated in the *Louisiana Register*, September 20, 1991, previously exercised by the Bureau of Licensing, shall be carried out by the Office of Family Support, Child Care Assistance Program.

C. …

D. Under no circumstances can the following be considered eligible child care providers:

1. persons living at the same residence as the child;

2. - 4. …

E. Providers will certify that neither they, nor any person employed by or residing with them, has been the subject of a validated complaint of child abuse or neglect; nor have they, or any person employed by or residing with them, been convicted of a felony or of any offense involving a juvenile victim. All providers, other than in-home providers, will certify that they have requested a criminal background check from the Louisiana State Police to verify this information, with respect to the provider and employees of Class A Centers, and the provider and all adult household members of family child day care homes, and will submit proof of having done so before being certified as an eligible provider.

1. Providers will be disqualified from further participation in the program if the department determines that a condition exists which threatens the physical or emotional health or safety of any child in care, as, for example, where a complaint of child abuse or neglect against a provider or other person with access to children in care has been validated by authorities.

F. A quality incentive will be paid to each child care provider who achieves and maintains National Association for the Education of Young Children (NAEYC) accreditation. The incentive will be paid once each calendar quarter, and will be equal to 10% of all payments received by that provider from the certificate portion of the Child Care and Development Fund for services provided during the prior calendar quarter.

G. Funds in the form of scholarships may be granted to those child care providers who demonstrate an intention to attain appropriate training in Early Childhood Development.

H. - H.1. …

2. A provider can receive no more than one such grant in any state fiscal year. To apply, the provider must submit an application form with verification, when required, that the repair or improvement is needed to meet DSS licensing or registration requirements and two written estimates of the cost of the repair or improvement, and must certify that the funds will be used for the requested purpose. If the provider has already paid for the repair or improvement, verification of the cost in the form of an invoice or cash register receipt must be submitted. Reimbursement can be made only for eligible expenses incurred no earlier than six months prior to the application.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Parts 98 and 99, and P.L. 104-193.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:357 (February 1998), amended LR 25:

§5109. Payment

A. The sliding fee scale is subject to adjustment based on the state median income and poverty levels which are published annually. The sliding fee scale is as follows:

Sliding Fee Scale for Child Care Assistance Recipients - 75% of Projected Median Income

Number In Household	2	3	4	5	6	7	DSS %
Monthly Household Income	0 - 922	0 - 1157	0 - 1392	0 - 1627	0 - 1862	0 - 2097	100%
	923 - 1182	1158 - 1473	1393 -1764	1628 - 2056	1863- 2347	2098- 2545	85%
	1183 - 1441	1474 - 1789	1765 - 2136	2057 - 2484	2348- 2832	2546- 2993	65%
	1442 - 1700	1790 - 2105	2137 - 2508	2485 - 2913	2833- 3317	2994- 3441	45%
	1701 - 1959	2106 - 2420	2509 - 2880	2914 - 3341	3318- 3802	3442- 3889	25%
	ABOVE 1959	ABOVE 2420	ABOVE 2880	ABOVE 3341	ABOVE 3802	ABOVE 3889	0%

Number In Household	8	9	10	11	12	13	DSS %
Monthly Household Income	0 - 2332	0 - 2567	0 - 2802	0 - 3037	0- 3272	0 - 3507	100%
	2333- 2743	2568 - 2941	2803- 3139	3038 - 3337	3273 - 3535	3508- 3732	85%
	2744- 3154	2942 - 3314	3140- 3475	3338 - 3636	3536 - 3797	3733- 3957	65%
	3155- 3565	3315 -3688	3476- 3812	3637 - 3935	3798 - 4059	3958- 4182	45%
	3566- 3975	3689 - 4061	3813- 4148	3936 - 4234	4060 - 4321	4183- 4407	25%
	ABOVE 3975	ABOVE 4061	ABOVE 4148	ABOVE 4234	ABOVE 4321	ABOVE 4407	0%

Number In House-Hold	14	15	16	17	18	19	20	DSS %
Monthly Household Income	0 - 3742	0 - 3977	0 - 4212	0 - 4447	0 - 4682	0 - 4917	0 - 5152	100%
	3743- 3930	3978- 4128	4213 4326	4448- 4524	4683- 4722	4918- 4920	0	85%
	3931- 4118	4129- 4279	4327- 4439	4525- 4600	4723- 4761	4921- 4922	0	65%
	4119- 4306	4280- 4430	4440- 4553	4601- 4677	4762- 4800	4923- 4924	0	45%
	4307- 4493	4431- 4580	4554- 4666	4678- 4753	4801- 4839	4925- 4926	0	25%
	ABOVE 4493	ABOVE 4580	ABOVE 4666	ABOVE 4753	ABOVE 4839	ABOVE 4926	0	0%

B. The level of care authorized is based on the lesser of:

1. the number of hours the child is actually in care; or
2. the least number of activity hours of the case head, that person's spouse, or parent of dependent child(ren), including any MUP who is not legally emancipated, and whose children are in need of Child Care Assistance.

C. Payment levels are based on the number of hours as determined in §5109.B, paid according to the provider's actual daily charges, up to the following Maximum Rate Schedule:

Authorized Levels	Weekly Hours	Provider Daily Rates			
		Class A		All Others	
		Regular Care	Special Needs	Regular Care	Special Needs
Full Day	30+	$15.00	$18.75	$12.00	$15.00
3/4 Day	21-29	$11.25	$14.06	$ 9.00	$11.25
1/2 Day	11-20	$ 7.50	$ 9.38	$ 6.00	$ 7.50
1/4 Day	0-10	$ 3.75	$ 4.69	$ 3.00	$ 3.75

D. The payment amount for each month is a percentage, as shown in §5109.A, multiplied by the number of service days and the authorized rate for the appropriate level of care, as determined in §5109.B and C.

E. Payment, as calculated in §5109.D, is made on a monthly basis following the month in which services are provided to the eligible child care provider, as defined in §5107, selected by the case head.

F. Payment will not be made for a child who is absent from day care more than 10 days in a calendar month or for an extended closure by a provider of more than five consecutive days in any calendar month.

G. Non-FITAP households may be required to contribute toward the payment of child care costs based on the household size and income.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Parts 98 and 99, and P.L. 104-193.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:357 (February 1998), amended LR 25:

Gwendolyn P. Hamilton
Secretary

9909#070

DECLARATION OF EMERGENCY

Department of Social Services
Office of Family Support

Family Independence Work Program (FIND Work)
Participation Requirements (LAC 67:III.2907)

The Department of Social Services, Office of Family Support, has exercised the emergency provision of R.S. 49:953(B), the Administrative Procedure Act, to adopt the following rule in the Family Independence Work Program (FIND Work). This rule shall remain in effect for a period of 120 days.

Pursuant to provisions of Public Law 104-193, as amended by Public Law 105-33, the Balanced Budget Act of 1997, certain annual changes in the participation requirements of the FIND Work State Plan are required. A Notice of Intent published in the August 20, 1999, issue of the *Louisiana Register* proposed these and other changes. This emergency rule is necessary to effect the changes which are mandated effective October 1 in order to avoid sanctions or penalties which could be imposed by a delay in implementation.

Title 67
SOCIAL SERVICES
Part III. Office of Family Support
Subpart 5. Family Independence Work Program (FIND Work)

Chapter 29. Organization
Subchapter B. Participation Requirements
§2907. Individual Participation Requirements

A. ...

B. ...

1. A single parent/caretaker eligible for cash assistance is required to participate at least 30 hours per week, with not fewer than 20 hours per week attributable to an activity described in §2911.A.1,2,3,4,5,9 or 10.

2. - 3. ...

4. A parent/caretaker under age 20 is deemed to be meeting participation requirements if that parent/caretaker:

a. maintains satisfactory attendance in an activity described in §2911.A.6; or

b. participates in an activity described in §2911.A.7 for a monthly average of 20 hours per week.

5. ...

6. No more than 30 percent of individuals in all families and in two-parent families, respectively, who meet countable participation requirements in a month, may consist of:

a. individuals who meet countable participation requirements in an activity described in §2911.A.5; or

b. individuals who are deemed to be meeting participation requirements as described in §2907.B.4.

C. ...

AUTHORITY NOTE: Promulgated in accordance with P.L. 104-193 and P. L. 105-33.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Eligibility Determinations, LR 16:626 (July 1990), amended by the Department of Social Services, Office of Family Support, LR 16:1064 (December 1990), LR 19:504 (April 1993), LR 19:1177 (September 1993), LR 23:450 (April 1997), LR 24:1781 (September 1998), LR 25:

Gwendolyn P. Hamilton
Secretary

9909#078

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

1999 Commercial Red Snapper Season

In accordance with the emergency provisions of R.S. 49:953(B), the Administrative Procedure Act, R.S. 49:967 which allows the Department of Wildlife and Fisheries and the Wildlife and Fisheries Commission to use emergency procedures to set finfish seasons, R.S. 56:6(25)(a) and R.S. 56:326.3 which provide that the Wildlife and Fisheries Commission may set seasons for saltwater finfish, and the authority given to the Secretary of the Department by the Commission in its resolution of August 5, 1999 to change the opening dates and closing dates for the commercial red snapper season in Louisiana state waters when he is informed by the Regional Administrator of the National Marine Fisheries Service (NMFS) that the season dates for the commercial harvest of red snapper in the federal waters of the Gulf of Mexico have been modified, and that the Regional Administrator of NMFS requests that the seasons be modified in Louisiana state waters, the Secretary hereby declares:

The season for the commercial fishery for red snapper in Louisiana state waters will open at 12:00 noon September 1, 1999. The commercial fishery for red snapper in Louisiana state waters will close at 12:00 noon September 10, 1999. The commercial season for red snapper harvest in Louisiana state waters will also reopen at 12:00 noon October 1, 1999 and close at 12:00 noon on October 10, and thereafter open at 12:00 noon on the first of each month and close at 12:00 noon on the tenth of each month, for each month of 1999 until the remainder of the 1999 commercial quota is harvested.

The Secretary has been notified by NMFS that the 1999 fall commercial season for red snapper in federal waters has been modified and will be open the first ten days of each month until the quota is met. Modifying the season dates in state waters is necessary to provide effective rules and efficient enforcement for the fishery, to prevent overfishing of this species in the long term.

Effective with any closure, no person shall commercially harvest, transport, purchase, barter, trade, sell or attempt to purchase, barter, trade or sell red snapper. Effective with the closure, no person shall possess red snapper in excess of a daily bag limit. Provided however that fish in excess of the daily bag limit which were legally taken prior to the closure may be purchased, possessed, transported, and sold by a licensed wholesale/retail dealer if appropriate records in accordance with R.S. 56:306.5 are properly maintained, and those other than wholesale/retail dealers may purchase such fish in excess of the daily bag limit from wholesale/retail dealers for their own use or for sale by a restaurant as prepared fish.

James H. Jenkins, Jr.
Secretary

9909#016

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

1999 Recreational Red Snapper Season

In accordance with the emergency provisions of R.S. 49:953(B), the Administrative Procedure Act, R.S. 49:967 which allows the Department of Wildlife and Fisheries and the Wildlife and Fisheries Commission to use emergency procedures to set finfish seasons, R.S. 56:326.3 which provides that the Wildlife and Fisheries Commission may set seasons for saltwater finfish, and the authority given to the Secretary of the Department by the Commission in its resolution of December 3, 1998 setting the 1999 recreational red snapper seasons in Louisiana state waters, to close the recreational red snapper when informed that the recreational red snapper quota for the Gulf of Mexico has been filled, or is projected to be filled, the Secretary hereby declares:

Effective 12:01 a.m., August 29, 1999, the recreational fishery for red snapper in Louisiana waters will close. Effective with the closure, the recreational bag limit is reduced to zero and no person shall take or possess red snapper, recreationally taken after the closure, within the State of Louisiana.

The Secretary has been notified by NMFS that the recreational red snapper season in Federal waters will close

on that date. Closing the season in State waters is necessary to provide effective rules and efficient enforcement for the fishery, to prevent overfishing of this species in the long term.

James H. Jenkins, Jr.
Secretary

9909#003

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Fur Harvest Season—1999-2000

In accordance with the provisions of R.S. 56:259(A) which authorizes the Wildlife and Fisheries Commission to set the open season for the taking of non-game quadrupeds and allows the commission to extend, curtail or prohibit trapping in any area of the state each year and in accordance with emergency provisions of R.S. 49:953(B) and R.S. 49:967(D) of the Administrative Procedure Act, which allows the Louisiana Wildlife and Fisheries Commission to use emergency provisions to set seasons, the Wildlife and Fisheries Commission does hereby set the 1999-2000 fur harvest season, statewide from November 20, 1999 through March 31, 2000. The Wildlife and Fisheries Commission does hereby also authorize the Secretary of the Department of Wildlife and Fisheries to extend or shorten the adopted season.

Bill A. Busbice, Jr.
Chairman

9909#021

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

King Mackerel Commercial Closure

The king mackerel fishery in the Gulf of Mexico is cooperatively managed by the Wildlife and Fisheries Commission, the Department of Wildlife and Fisheries (LDWF), and the National Marine Fisheries Service (NMFS) with advice from the Gulf of Mexico Fishery Management Council (Gulf Council). Regulations promulgated by NMFS are applicable in waters of the Exclusive Economic Zone (EEZ) of the U.S., which in Louisiana is generally three miles offshore. Rules were recently established by NMFS to close the commercial harvest seasons for king mackerel in the EEZ off of Louisiana, and NMFS and the Gulf Council requested that consistent regulations be established in Louisiana waters. NMFS typically requests consistent regulations in order to enhance the effectiveness and enforceability of regulations for EEZ waters.

In accordance with the emergency provisions of R.S. 49:953(B), the Administrative Procedure Act, R.S. 49:967 which allows the Wildlife and Fisheries Commission to use emergency procedures to set finfish seasons, R.S. 56:6(25)(a) and R.S. 56:326.3 which provide that the Wildlife and Fisheries Commission may set seasons for saltwater finfish, the Wildlife and Fisheries Commission hereby sets the following seasons for commercial harvest of king mackerel in Louisiana state waters:

The season for the commercial fishery for king mackerel in Louisiana state waters will close at 12:01 a.m., September 6, 1999; the season shall remain closed until 12:01 a.m. on July 1, 2000.

The Commission also grants authority to the Secretary of the Department of Wildlife and Fisheries to open an additional commercial king mackerel season in Louisiana state waters if he is informed by the Regional Director of the National Marine Fisheries Service (NMFS) that the season dates for the commercial harvest of king mackerel in the federal waters of the western Gulf of Mexico as set out herein have been modified, and that the Regional Director of NMFS requests that the season be modified in Louisiana state waters and to close such season when he is informed that the commercial king mackerel quota for the western Gulf of Mexico has been filled, or is projected to be filled.

Nothing herein shall preclude the legal harvest of king mackerel by legally licensed recreational fishermen. Effective with any closure, no person shall commercially harvest, transport, purchase, barter, trade, sell or attempt to purchase, barter, trade or sell king mackerel. Effective with the closure, no person shall possess king mackerel in excess of a daily bag limit. Provided, however, that fish in excess of the daily bag limit which were legally taken prior to the closure may be purchased, possessed, transported, and sold by a licensed wholesale/retail dealer if appropriate records in accordance with R.S. 56:306.5 are properly maintained, and those other than wholesale/retail dealers may purchase such fish in excess of the daily bag limit from wholesale/retail dealers for their own use or for sale by a restaurant as prepared fish.

Bill A. Busbice, Jr.
Chairman

9909#020

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Large Coastal Shark Commercial Season Closure

In accordance with the emergency provisions of R.S. 49:953(B), the Administrative Procedure Act, R.S. 49:967 which allows the Department of Wildlife and Fisheries and the Wildlife and Fisheries Commission to use emergency procedures to set finfish seasons, R.S. 56:6(25)(a) and R.S. 56:326.3 which provide that the Wildlife and Fisheries Commission may set seasons for saltwater finfish, and the authority given to the Secretary of the Department by the Commission in its rule LAC 76:VII.357.A.12.b which allows the Secretary to declare a closed season when he is informed that the commercial large coastal shark seasonal quota for that species group and fishery has been met in the

Gulf of Mexico, and that such closure order shall close the season until the date projected for the re-opening of that fishery in the adjacent Federal waters, and to modify any such closure order to maintain consistency with re-opening dates in the adjacent Federal waters, should the Federal closure dates be modified, the Secretary of the Department of Wildlife and Fisheries hereby declares:

Effective September 1, 1999, the commercial fishery for large coastal sharks in Louisiana waters, as described in LAC 76:VII.357.A.l.b (great hammerhead, scalloped hammerhead, smooth hammerhead, nurse shark, bignose shark, blacktip shark, bull shark, Caribbean reef shark, dusky shark, Galapagos shark, lemon shark, narrowtooth shark, night shark, sandbar shark, silky shark, spinner shark and tiger shark) will open and remain open through 11:30 p.m., September 30, 1999. Nothing herein shall preclude the legal harvest of large coastal sharks by legally licensed recreational fishermen during the open season for recreational harvest. Effective with the closure, no person shall commercially harvest, purchase, exchange, barter, trade, sell or attempt to purchase, exchange, barter, trade or sell large coastal sharks or fins thereof. Also effective with the closure, no person shall possess large coastal sharks in excess of a daily bag limit, which may only be in possession during the open recreational season as described above. Nothing shall prohibit the possession or sale of fish legally taken prior to the closure providing that all commercial dealers possessing large coastal sharks taken legally prior to the closure shall maintain appropriate records in accordance with R.S. 56:306.5.

The Secretary has been notified by the National Marine Fisheries Service that the second semiannual subquota for large coastal sharks has not been reached and that the Federal season modification is necessary to ensure adequate opportunity for eligible fishery participants to harvest the available quota and to ensure that the adjusted semiannual quota for large coastal sharks for the period July 1 through December 31, 1999 is not exceeded.

James H. Jenkins, Jr.
Secretary

9909#015

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Waterfowl Season Dates—1999-2000

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

The hunting seasons for Ducks, Coots and Geese during the 1999-2000 hunting season shall be as follows:

Season Dates for Ducks, Coots and Geese

DUCKS AND COOTS:

West Zone: November 13—November 28
December 11—January 23

East Zone: November 13—November 28
December 11—January 23

Catahoula Lake Zone: November 13—November 28
December 11—January 23

Youth Waterfowl Day—December 4 in West Zone
January 29 in East Zone

Daily Bag Limits—The daily bag limit on ducks is 6 and may include no more than 4 mallards (no more than 2 of which may be females), 3 mottled ducks, 1 black duck, 2 wood ducks, 1 pintail, 1 canvasback, 3 scaup and 2 redheads. Daily bag limit on coots is 15.

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

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

GEESE: LIGHT GEESE (SNOW AND BLUE):

East Zone: October 30—February 13

West Zone: November 13—February 27

Daily bag limit (snow and blue)	20
Possession limit (snow and blue)	None

WHITE-FRONTED (SPECKLE BELLIES):

East Zone: October 30—January 23

West Zone: November 13—February 6

Daily Bag limit (speckle bellies)	2
Possession limit (speckle bellies)	4

During the Canada Goose Season (January 18—January 26), the daily bag limit for Canada geese shall be one and 2 white-fronted geese, EXCEPT during the last 3 days (January 24—26) in the east zone, when only one Canada goose may be taken. Possession limit is twice the daily bag limit.

CANADA GEESE: CLOSED IN THE AREA DESCRIBED BELOW
January 18—January 26

During the Canada Goose Season, the daily bag limit for Canada geese shall be one and 2 white-fronted geese, EXCEPT during the last 3 days (January 24—26) in the east zone, when only one Canada goose may be taken. Possession limit is twice the daily bag limit.

The Canada Goose Season will be open statewide except for a portion of southwest Louisiana. The closed area is described as follows:

> Beginning at the Texas State Line, proceeding east along Highway 82 to the Calcasieu Ship Channel, then north along the Calcasieu Ship Channel to its junction with the Intracoastal Canal, then east along the Intracoastal Canal to its juncture with La. Highway 82, then south along La. Highway 82 to its juncture with Parish Road 3147, then south and east along Parish Road 3147 to Freshwater Bayou Canal, then south to the Gulf of Mexico, then west along the shoreline of the Gulf of Mexico to the

Texas State Line, then north to the point of beginning at La. Hwy. 82.

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

Return of harvest information requested on permit is mandatory. Failure to submit this information to the Department by February 15, 2000 will result in the hunter not being allowed to participate in the Canada Goose Season the following year.

RAILS:

November 13—January 5

KING AND CLAPPER:

Daily bag limit 15 in the aggregate

Possession 30

SORA AND VIRGINIA:

Daily bag and possession 25 in the aggregate.

GALLINULES:

November 13—January 5

Daily bag limit	15
Possession limit	30

Shooting Hours: one-half hour before sunrise to sunset.

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

The aforementioned season dates, bag limits and shooting hours will become effective October 25, 1999 and extend through sunset on March 20, 2000.

Bill A. Busbice, Jr.
Chairman

9909#022