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Executive Orders

EXECUTIVE ORDER KBB 06-25

Inmate Labor

WHEREAS, Act No. 933 of the 1988 Regular Session of the Louisiana Legislature provides that the governor, upon determining that it is appropriate and in furtherance of the rehabilitation and training of inmates, may, by executive order, authorize the use of inmates of a penal or correctional facility owned by the state of Louisiana for necessary labor in connection with a particular capital construction project on the grounds of the facility; and

WHEREAS, the Department of Public Safety and Corrections, Corrections Services, seeks to utilize inmate labor to assist in the construction of two non-denominational chapels to help enhance the rehabilitation and training of incarcerated inmates through the Department's faith based initiatives;

NOW THEREFORE I, KATHLEEN BABINEAUX BLANCO, Governor of the state of Louisiana, by virtue of the authority vested by the Constitution and laws of the state of Louisiana, do hereby order and direct as follows:

SECTION 1: In furtherance of the goals of the state of Louisiana of rehabilitating inmates, reducing recidivism, and reintegrating inmates into society, inmate labor is hereby authorized to build non-denominational chapels at Camp F, Louisiana State Penitentiary, Angola, Louisiana, and Winn Correctional Center, Winnfield, Louisiana.

SECTION 2: This Order is effective upon signature and shall continue in effect until amended, modified, terminated, or rescinded by the governor, or terminated by operation of law.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, on this 8th day of June, 2006.

Kathleen Babineaux Blanco
Governor

ATTEST BY
THE GOVERNOR
Al Ater
Secretary of State
0607#063

EXECUTIVE ORDER KBB 06-26

Bond Allocation—Calcasieu Parish Public Trust Authority

WHEREAS, pursuant to the Tax Reform Act of 1986 and Act 51 of the 1986 Regular Session of the Louisiana Legislature, Executive Order No. KBB 05-12 was issued to establish:

(1) a method for allocating bonds subject to private activity bond volume limits, including the method of allocating bonds subject to the private activity bond volume limits for the calendar year of 2006 (hereafter "the 2006 Ceiling");

(2) the procedure for obtaining an allocation of bonds under the 2006 Ceiling; and

(3) a system of central record keeping for such allocations; and

WHEREAS, the Calcasieu Parish Public Trust Authority has requested an allocation from the 2006 Ceiling to be used with a program of financing mortgage loans for single family, owner-occupied residences for low and moderate income families in the parishes of Calcasieu, Cameron, Beauregard, Allen, and Jefferson Davis, in accordance with the provisions of Section 146 of the Internal Revenue Code of 1986, as amended;

NOW THEREFORE, I, KATHLEEN BABINEAUX BLANCO, Governor of the state of Louisiana, by virtue of the authority vested by the Constitution and the laws of the state of Louisiana, do hereby order and direct as follows:

SECTION 1: The bond issue, as described in this Section, shall be and is hereby granted an allocation from the 2006 Ceiling in the amount shown:

Amount of Allocation	Name of Issuer	Name of Project
\$10,000	Calcasieu Parish Public Trust Authority	Single Family Mortgage Revenue Bonds

SECTION 2: The allocation granted herein shall be used only for the bond issue described in Section 1 and for the general purpose set forth in the "Application for Allocation of a Portion of the State of Louisiana Private Activity Bond Ceiling" submitted in connection with the bond issue described in Section 1.

SECTION 3: The allocation granted herein shall be valid and in full force and effect through December 31, 2006, provided that such bonds are delivered to the initial purchasers thereof on or before September 7, 2006.

SECTION 4: All references in this Order to the singular shall include the plural, and all plural references shall include the singular.

SECTION 5: This Order is effective upon signature and shall remain in effect until amended, modified, terminated, or rescinded by the governor, or terminated by operation of law.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, on this 8th day of June, 2006.

Kathleen Babineaux Blanco
Governor

ATTEST BY
THE GOVERNOR
Al Ater
Secretary of State
0607#064

EXECUTIVE ORDER KBB 06-27

Gulf Opportunity Zone Bond Allocation Procedures
Amends and Supplements Executive Order No. KBB 06-09

WHEREAS, Executive Order No. KBB 2006-9, issued on February 16, 2006,

(a) established the method to be used in allocating the ceilings described therein,

(b) provided the application procedure for obtaining an allocation of Bonds subject to such ceilings, and

(c) established a system of record keeping for such allocations;

WHEREAS, such executive order contemplated the allocation of bonds and/or designation of bonds described therein through the issuance by the governor of the state of Louisiana of subsequent executive orders; and

WHEREAS, the governor desires to have the flexibility to evidence such allocations and/or designations thereunder, through either executive orders or any other method selected by the governor, including, without limitation, letters from the governor or any other written evidence of such allocation and/or designation, signed by the governor;

NOW THEREFORE I, KATHLEEN BABINEAUX BLANCO, Governor of the state of Louisiana, by virtue of the authority vested by the Constitution and laws of the state of Louisiana, do hereby order and direct as follows:

SECTION 1: Executive Order No. KBB 2006-9, issued on February 16, 2006, is hereby amended and supplemented to provide, in addition to the provisions thereof, that the governor may, at her election, grant allocations and/or designations thereunder by letter or other written evidence of such allocations and/or designations signed by the governor.

SECTION 2: Such allocations and/or designations by the governor shall be delivered and retained, for record keeping purposes, in the same manner as the executive orders issued thereunder and shall have the same force and effect in granting allocations and/or designations thereunder.

SECTION 3: Terms not defined herein shall have the meanings as set forth in Executive Order No. KBB 2006-9, issued on February 16, 2006.

SECTION 4: Except as modified herein, all other provisions of Executive Order No. KBB 2006-9, issued on February 16, 2006, shall remain in full force and effect.

SECTION 5: This Order is effective upon signature and shall continue in effect until amended, modified, terminated, or rescinded by the governor, or terminated by operation of law.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, on this 12th day of June, 2006.

Kathleen Babineaux Blanco
Governor

ATTEST BY
THE GOVERNOR
Al Ater
Secretary of State
0607#065

EXECUTIVE ORDER KBB 06-28

Bond Allocation—Town of Madisonville, State of Louisiana

WHEREAS, pursuant to the Tax Reform Act of 1986 and Act 51 of the 1986 Regular Session of the Louisiana Legislature, Executive Order No. KBB 2005-12 was issued to establish:

(1) a method for allocating bonds subject to private activity bond volume limits, including the method of allocating bonds subject to the private activity bond volume limits for the calendar year of 2006 (hereafter "the 2006 Ceiling");

(2) the procedure for obtaining an allocation of bonds under the 2006 Ceiling; and

(3) a system of central record keeping for such allocations; and

WHEREAS, the town of Madisonville, state of Louisiana, has requested an allocation from the 2006 Ceiling to be used to finance the construction and installation of a pipeline, including a gas regulator, located in the parish of Tangipahoa, state of Louisiana, at the northwesterly boundary of a 30 foot right-of-way starting at Genessee Road (approximately 30°33'37.285"N and 90°28'13.922"W) and continuing southeast to a point immediately north of Highway 1064 (approximately 30°32'54.276"N and 90°27'57.1"W) and constructing and installing a tap and meter station, known as Madisonville's TBS-#2, located in Section 22, Township 6 South, Range 9 East (approximately 30°30'30.01" N and 90°17'0.28"W), in accordance with the provisions of Section 146 of the Internal Revenue Code of 1986, as amended;

NOW THEREFORE, I, KATHLEEN BABINEAUX BLANCO, Governor of the state of Louisiana, by virtue of the authority vested by the Constitution and the laws of the state of Louisiana, do hereby order and direct as follows:

SECTION 1: The bond issue, as described in this Section, shall be and is hereby granted an allocation from the 2006 Ceiling in the amount shown:

Amount of Allocation	Name of Issuer	Name of Project
\$743,000.00	Town of Madisonville State of Louisiana	Gas Utility Revenue Bonds Series 2006 B

SECTION 2: The allocation granted herein shall be used only for the bond issue described in Section 1 and for the general purpose set forth in the "Application for Allocation of a Portion of the State of Louisiana's Private Activity Bond Ceiling" submitted in connection with the bond issue described in Section 1.

SECTION 3: The allocation granted herein shall be valid and in full force and effect through December 31, 2006, provided that such bonds are delivered to the initial purchasers thereof on or before September 28, 2006.

SECTION 4: All references in this Order to the singular shall include the plural, and all plural references shall include the singular.

SECTION 5: This Order is effective upon signature and shall remain in effect until amended, modified, terminated, or rescinded by the governor, or terminated by operation of law.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, on this 30th day of June, 2006.

Kathleen Babineaux Blanco
Governor

ATTEST BY
THE GOVERNOR
Al Ater
Secretary of State
0607#066

EXECUTIVE ORDER KBB 06-29

Temporary Housing of Displaced Inmates
Amends Executive Order No. KBB 05-59

WHEREAS, Executive Order No. KBB 2005-59, issued on October 12, 2005, suspended R.S. 15:824(C) to authorize the Department of Public Safety and Corrections to bring into their temporary, constructive custody, inmates evacuated from those parishes affected by Hurricanes Katrina and Rita, whether those inmates have been sentenced with or without hard labor, convicted of a traffic, municipal or misdemeanor offense, or are awaiting trial as a pretrial detainee, and to allow any extraordinary medical expenses incurred for the care of a parish inmate temporarily transferred from one of the affected parish prisons or any Department of Public Safety and Corrections inmates transferred to another parish prison to be reimbursed in accordance with R.S. 15:824(B)(1)(b);

WHEREAS, as the local facilities are continuing to experience additional costs and expenses due to their increased inmate population, extraordinary medical care, and special needs of the evacuated inmates, the secretary of the Department of Public Safety and Corrections has requested that this Order be extended; and

WHEREAS, Executive Order No. KBB 2005-59, issued on October 12, 2005, was amended by Executive Order No. KBB 2006-14, issued on March 14, 2006, and will expire on June 30, 2006;

NOW THEREFORE I, KATHLEEN BABINEAUX BLANCO, Governor of the state of Louisiana, by virtue of the authority vested by the Constitution and laws of the state of Louisiana, do hereby order and direct as follows:

SECTION 1: Section 5 of Executive Order No. KBB 2005-59, issued on October 12, 2005, amended by Executive Order No. KBB 2006-14, issued on March 14, 2006, is amended as follows:

This Order is effective upon signature and shall apply retroactive from Monday, August 29, 2005 through Tuesday, August 15, 2006, unless amended, modified, terminated, or rescinded by the governor, or terminated by operation of law.

SECTION 2: All other sections, subsections, and paragraphs of Executive Order No. KBB 2005-59, issued on October 12, 2005, amended by Executive Order No. KBB 2006-14, issued on March 14, 2006, shall remain in full force and effect.

SECTION 3: This Order is effective upon signature and shall continue in effect until amended, modified,

terminated, or rescinded by the governor, or terminated by operation of law.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, on this 30th day of June, 2006.

Kathleen Babineaux Blanco
Governor

ATTEST BY
THE GOVERNOR
Al Ater
Secretary of State
0607#067

EXECUTIVE ORDER KBB 06-30

Rules and Policies on Leave for Unclassified Service

WHEREAS, no permanent rules or policies on annual, compensatory, sick, special, military, and other leave exist for certain officers and employees who are in the unclassified service of the state;

NOW THEREFORE I, KATHLEEN BABINEAUX BLANCO, Governor of the state of Louisiana, by virtue of the authority vested by the Constitution and laws of the state of Louisiana, do hereby order and direct as follows:

SECTION 1: Applicability:

A. The rules and policies established by this Order shall be applicable to all officers and employees in the unclassified service of the executive branch of the state of Louisiana with the exception of elected officials and their officers and employees, and the officers and employees of a system authorized by the Louisiana Constitution or legislative act to manage and supervise its own system. Elected officials of the executive branch may adopt the rules and policies set forth in this Order to govern the unclassified officers and employees within their department.

B. Nothing in this Order shall be applied in a manner which violates, or is contrary to, the Fair Labor Standards Act (hereafter "FLSA"), the Family and Medical Leave Act, or any other applicable federal or state law, rule, or regulation.

SECTION 2: Definitions:

Unless the context of this Order clearly indicates otherwise, the words and terms used in this Order shall be defined as follows:

A. "Annual leave" means leave with pay granted to an officer or employee for the purpose of rehabilitation, restoration, or maintenance of work efficiency, or the transaction of personal affairs.

B. "Appointing authority" means the agency, department, board, or commission, or the officers and employees thereof, authorized by statute or lawfully delegated authority to make appointments to positions in state service.

C. "Compensatory leave" means time credited for hours worked outside the regularly assigned work schedule.

D. "Continuing position" means an office or position of employment with the state which reasonably can be expected to continue for more than one (1) calendar year or twelve (12) consecutive months.

E. "Educational leave" means leave that may be granted by an appointing authority to an officer or employee for a limited educational purpose in accordance with the uniform rules developed by the commissioner of administration. "Educational leave with pay" is a subclass of educational leave and is for the purpose of attending an accredited educational institution to receive formalized training which will materially assist the officer or employee in performing the type of work performed by the officer or employee's department.

F. "Duty for military purposes" means the performance of continuous and uninterrupted military duty on a voluntary or involuntary basis and includes active duty, active duty for training, initial active duty for training, full-time National Guard duty, annual training, and inactive duty for training (weekend drills).

G. "Intermittent employee" means a person employed in state service who is not hired to work on a regularly scheduled basis.

H. "Leave without pay" and/or "leave of absence without pay" means a period of leave or time off from work granted by the appointing authority, or the appointing authority's designee, for which the officer or employee receives no pay.

I. "Overtime hour" means an hour worked at the direction of the appointing authority, or the appointing authority's designee, by an unclassified officer or employee who is serving in a position which earns compensatory leave:

1. On a day which is observed as a holiday in the department and area of the officer or employee's employment and falls on a day within the workweek, or is observed as a designated holiday in lieu of a regular holiday observed in the department;

2. In excess of the regular duty hours in a regularly scheduled workday;

3. In excess of the regular duty hours in a regularly scheduled workweek;

4. In excess of forty (40) hours worked during any regularly recurring and continuous seven (7) day calendar work period where excessive hours are systematically scheduled;

5. In excess of eighty (80) hours worked during any regularly recurring and continuous fourteen (14) day calendar work period where excessive hours are systematically scheduled;

6. In excess of the hours worked in a regularly established, continuous, and regularly recurring work period where hours average forty (40) hours per week, regardless of the manner in which scheduled; or

7. For the hours an officer or employee works on a day in which a department or division thereof is closed due to an emergency, within the meaning of R.S. 1:55(B)(5).

J. "Regular tour of duty" means an established schedule of work hours and days recurring regularly on a weekly, biweekly, or monthly basis for full-time or part-time unclassified officers or employees.

K. "Seasonal employee" means a person employed on a non-continuous basis for a recognized peak work load project.

L. "Sick leave" means leave with pay granted to an officer or employee who is unable to perform their usual duties and responsibilities due to illness, injury, or other disability, or when the officer or employee requires medical, dental, or optical consultation or treatment.

M. "State service" means employment in the executive branch of state government, including state supported schools, agencies and universities; public parish school systems; public student employment; membership on a public board or commission; and employment in the legislative and judicial branches. To constitute state service, the service or employment must have been performed for a Louisiana public entity. Contract service does not constitute state service.

N. "Temporary employee" means any person, other than an unclassified appointee, who is continuously employed in the unclassified service of the executive branch for a period which does not exceed and is not reasonably expected to exceed one (1) year or twelve (12) consecutive calendar months.

O. "Unclassified appointee," a subclass of officers and employees in the unclassified service of the executive branch, means certain unclassified officers who are appointed

1) by the governor to serve on the governor's executive staff, the governor's cabinet, and the executive staff of the governor's cabinet, or to serve as the head of a particular agency;

2) by a cabinet member to serve on the cabinet member's executive staff;

3) by the superintendent of the Department of Education to serve on the superintendent's executive staff;

4) by an elected official in the executive branch who has adopted the rules and policies set forth in this Order, to serve on the elected official's executive staff; or

5) by the secretary of the Department of Economic Development to serve in the unclassified service in the Office of Business Development. An unclassified appointee shall be on duty and available to serve and in contact with their appointing authority throughout the term of their appointment except when on leave.

P. "Unclassified service" means those positions of state service as defined in Article X, Sections 2 and 42 of the Louisiana Constitution of 1974, which are not positions in the classified service.

SECTION 3: Full-time Employees:

For each full-time unclassified officer or employee, each appointing authority shall establish administrative work weeks of not less than forty (40) hours per week.

SECTION 4: Granting Leave:

A. At the discretion of their appointing authority, or the appointing authority's designee, unclassified officers and employees may be granted time off for vacations, illnesses, and emergencies.

B. At the discretion of their appointing authority, or the appointing authority's designee, an unclassified officer or employee may, for disability purposes, be granted annual leave, leave without pay, or sick leave.

SECTION 5: Earning of Annual and Sick Leave:

A. Annual and sick leave shall not be earned by the following persons:

1. Members of boards, commissions, or authorities;
2. Student employees, as defined under Civil Service Rules;
3. Temporary, intermittent, or seasonal employees; and
4. Part-time employees of the executive department, Office of the Governor.

B. The earning of annual and sick leave shall be based on the equivalent of years of full time state service and shall be credited at the end of each calendar month, or at the end of each regular pay period, in accordance with the following general schedule:

1. Less than three (3) years of service, at the rate of .0461 hour of annual leave and .0461 hour of sick leave for each hour of regular duty;
 2. Three (3) or more years but less than five (5) years of service, at the rate of .0576 hour of annual leave and .0576 hour of sick leave for each hour of regular duty;
 3. Five (5) or more years but less than ten (10) years of service, at the rate of .0692 hour of annual leave and .0692 hour of sick leave for each hour of regular duty;
 4. Ten (10) or more years but less than fifteen (15) years of service, at the rate of .0807 hour of annual leave and .0807 hour of sick leave for each hour of regular duty; and
 5. Fifteen (15) or more years of service, at the rate of .0923 hour of annual leave and .0923 hour of sick leave for each hour of regular duty.
6. For purposes of this Section, an unclassified appointee shall only accrue sick and annual leave on the basis of a forty (40) hour work week. Unclassified appointees shall earn annual and sick leave based on their equivalent years of full-time state service in accordance with the following general schedule.
7. Less than three (3) years of service, at the rate of twelve (12) days per year each for annual and sick leave;
 8. Three (3) or more years but less than five (5) years of service, at the rate of fifteen (15) days per year each for annual and sick leave;
 9. Five (5) or more years but less than ten (10) years of service, at the rate of eighteen (18) days per year each for annual and sick leave;
 10. Ten (10) or more years but less than fifteen (15) years of service, at the rate of twenty-one (21) days per year each for annual and sick leave; and
 11. Fifteen (15) or more years of service, at the rate of twenty-four (24) days per year each for annual and sick leave.
 12. For purposes of this Section, contract service does not constitute either full-time or part-time state service and cannot be used to determine, and has no effect upon, the rate at which annual leave and sick leave is earned by, accrued by, or credited to a full-time or part-time officer or employee in unclassified state service.

C. No unclassified officer or employee shall be credited with annual or sick leave:

1. For any overtime hour(s);

2. For any hour(s) of leave without pay, except as set forth in Section 17 of this Order;

3. For any hour(s) of on-call status outside the officer or employee's regular duty hour(s);

4. For any hour(s) of travel or other activity outside the officer or employee's regular duty hours; or

5. For any hour(s) of a holiday or other non-work day which occurs while on leave without pay, except as set forth in Section 17 of this Order.

SECTION 6: Carrying Annual and Sick Leave Forward:

Accrued unused annual and sick leave earned by an unclassified officer or employee shall be carried forward to succeeding calendar years without limitation.

SECTION 7: Use of Annual Leave:

A. An unclassified officer or employee shall apply for use of annual leave, but it may be used only with the approval of the appointing authority, or the appointing authority's designee.

B. An unclassified officer or employee shall apply for use of, and use, annual leave, compensatory leave, or leave without pay when unavailable to serve their appointing authority as a result of voluntary or involuntary conditions, such as personal vacations or trips unrelated to the officer or employee's duties; performing political activities during regular tour of duty hours; or performing for compensation non-appointment related activities, duties, or work during regular tour of duty hours.

C. Annual leave shall not be charged for non-work days and/or non-regular tour of duty hours.

D. The minimum charge to annual leave records shall be in increments of not less than one-tenth (.1) of an hour, or six (6) minutes.

E. An appointing authority, or the appointing authority's designee, may require an unclassified officer or employee to use their accrued annual leave whenever such an action is determined by the appointing authority, or the appointing authority's designee, to be in the best interest of the department.

When such an instance occurs, no unclassified officer or employee shall be required to reduce their accrued annual leave to less than two hundred forty (240) hours except:

1. When granted leave without pay, but subject to the military leave provision of Section 17 of this Order; or

2. When the absence from work is due to a condition covered by the Family and Medical Leave Act.

SECTION 8: Use of Sick Leave:

A. Sick leave with pay shall be used by an unclassified officer or employee who has accrued sick leave, when an illness or injury prevents the officer or employee from reporting to duty, or when medical, dental, or optical consultation or treatment is attended. Nonetheless, an unclassified appointee shall apply for use of, or use, sick leave when the appointee is unavailable or mentally or physically unable to serve their appointing authority as a result of voluntary or involuntary conditions.

B. A medical certificate is not required for an unclassified officer or employee to use accrued sick leave, but the appointing authority, or the appointing authority's designee, has discretion to require such a certificate as justification for an absence.

C. Sick leave shall not be charged for non-work days, or for non-regular tour of duty hours.

D. The minimum charge to sick leave records shall be in increments of not less than one-tenth (.1) of an hour, or six (6) minutes.

E. Sick leave with pay shall only be granted after it has been accrued by an unclassified officer or employee. Sick leave with pay shall not be advanced.

F. An appointing authority, or the appointing authority's designee, has discretion to place an unclassified officer or employee on sick leave after an officer or employee asserts the need to be absent from work due to an injury or illness.

SECTION 9: Transfer of Annual and Sick Leave:

A. A classified or unclassified officer or employee shall have all accrued annual and sick leave credited to them when the officer or employee transfers without a break in state service into a position covered by this Order.

B. An officer or employee shall have all accumulated annual and sick leave, to the extent that it was earned, credited to them when the officer or employee transfers without a break in service from a department not covered by this Order into a department covered by this Order.

C. When an unclassified officer or employee transfers without a break in service to a position covered by other leave rules of the state, the officer or employee's accrued annual and sick leave shall be transferred to the new employing state department or agency. The new employing department or agency shall either hold the annual and sick leave in abeyance or integrate the leave into its own system. The officer or employee's accumulated leave shall not be reduced during such integration.

SECTION 10: Disbursement of Accrued Annual Leave Upon Separation:

A. Upon the resignation, death, removal, or other final termination from state service of an unclassified officer or employee, the officer or employee's accrued annual leave shall be paid in a lump sum, up to a maximum of three hundred (300) hours, disregarding any final fraction of an hour. The payment shall be computed as follows:

1. When the officer or employee is paid on an hourly basis, the regular hourly rate that the officer or employee received at the time of termination from state service shall be multiplied by the number of hours of their accrued annual leave, which number is not to exceed three hundred (300) hours; or

2. When the officer or employee is paid on other than an hourly basis, the officer or employee's hourly rate shall be determined by converting the salary the officer or employee received at the time of termination from service into a working hourly rate. The converted hourly rate shall be multiplied by the number of hours of their accrued annual leave, which number is not to exceed three hundred (300) hours.

B. An unclassified officer or employee who is paid for accrued annual leave upon termination from service and who is subsequently re-employed in a leave-earning classified or unclassified position shall reimburse the state service, through the employing agency, for the number of hours the officer or employee was paid which exceeded the number of work hours that transpired during the officer or

employee's break from state service. In turn, the officer or employee shall receive a credit for the number of hours of annual leave for which the officer or employee made reimbursement to state service.

SECTION 11: Disbursement of Accrued Sick Leave Upon Separation:

An unclassified officer or employee shall not receive payment, directly or in kind, for any accrued sick leave remaining at the time of their termination from unclassified service.

SECTION 12: Continuance of Annual and Sick Leave:

An unclassified officer or employee shall receive credit for all accrued unpaid annual leave and all unused sick leave upon re-employment by the state in the unclassified service within a period of five (5) years from date of their termination from state service if the officer or employee's re-employment occurs during the effective period of this Order.

SECTION 13: Compensatory Leave:

A. Compensatory leave shall not be earned by the following persons:

1. Unclassified appointees;
2. Student employees, as defined under the Civil Service Rules;
3. Temporary, intermittent, or seasonal employees;
4. Members of boards, commissions, or authorities;
5. The executive director or equivalent chief administrative officer of all boards, commissions, and authorities operating within the executive branch who are appointed by a board, commission, or authority; and
6. Other officers of the state who are appointed by the governor, including members of boards, commissions, and/or authorities; and
7. Part-time employees of the executive department, Office of the Governor.

B. Compensatory leave may be earned when an appointing authority, or the appointing authority's designee, requires an unclassified officer or employee in a compensatory leave earning position to work on a holiday or at a time that the officer or employee is not regularly required to be on duty. At the discretion of the appointing authority, compensatory leave may be granted for such overtime hours worked outside the regularly assigned work schedule or on holidays; however, officers or employees exempt from the FLSA shall be compensated for such overtime in accordance with the FLSA.

C. No unclassified officer or employee who sets his own work schedule shall be eligible to earn compensatory leave; however, for overtime work which the appointing authority judges to be extraordinary and which the appointing authority closely monitors, the appointing authority may grant compensatory leave to such an unclassified officer or employee.

D. If an appointing authority permits the earning of compensatory leave to an FLSA-exempt unclassified officer or employee, then the amount of such leave shall be equal to, and not in excess of, the number of extra hours such an officer or employee is required to work.

E. When earned, compensatory leave shall be promptly credited to the unclassified officer or employee and, upon the approval of the appointing authority, or the

appointing authority's designee, it may be used by the officer or employee at a future time.

SECTION 14: Use and Disbursement of Compensatory Leave While in Service:

A. An unclassified officer or employee who is not exempt from the FLSA shall be paid in cash for any overtime hours worked in excess of the maximum balance allowed by the FLSA.

B. At the discretion of the appointing authority, an unclassified officer or employee may be paid in cash for any compensatory leave earned at the hour for hour rate in excess of three hundred sixty (360) hours. However, an appointing authority, with approval of the commissioner of administration, may authorize cash payments for any compensatory hours earned by officers or employees holding non-management disaster recovery related positions.

C. An appointing authority may require an unclassified officer or employee to use their earned compensatory leave at any time.

SECTION 15: Disbursement of Accrued Compensatory Leave Upon Separation:

A. When an unclassified officer or employee transfers without a break in service to another department within state service, at the discretion of the new appointing authority, the new department may credit accrued compensatory leave to the transferring officer or employee.

B. When the unclassified officer or employee, who is not exempt from the FLSA, separates from state service or transfers from the department in which the officer or employee earned compensatory leave to a department not crediting the officer or employee with the accrued balance of compensatory leave, the accrued compensatory leave shall be paid at the higher of the following rates:

1. The average regular rate of pay received by the officer or employee during the last three (3) years of his or her employment; or

2. The final regular rate of pay received by the officer or employee.

C. When an unclassified officer or employee, who is exempt from the FLSA, separates from state service or transfers from the department in which the officer or employee earned compensatory leave to a department not crediting the officer or employee with the accrued balance of compensatory leave, the accrued compensatory leave, if paid, shall be paid at the higher of the following rates:

1. The average regular rate of pay received by the officer or employee during the last three (3) years of his or her employment; or

2. The final regular rate of pay received by the officer or employee.

SECTION 16: Special Leave:

A. An unclassified officer or employee who is serving in a position that earns annual and sick leave shall be given time off, without loss of pay, annual leave, or sick leave when:

1. Performing state or federal grand or petit jury duty;

2. Appearing as a summoned witness before a court, grand jury, or other public body or commission;

3. Performing emergency civilian duty in relation to national defense;

4. Voting in a primary, general, or special election which falls on the officer or employee's scheduled work day, provided not more than two (2) hours of leave shall be allowed an officer or employee to vote in the parish of employment, and not more than one (1) day of leave shall be allowed an officer or employee to vote in another parish;

5. Participating in a state civil service examination on a regular work day, or taking a required examination pertinent to the officer or employee's state employment before a state licensing board;

6. The appointing authority determines an act of God prevents the performance of the duties of the officer or employee;

7. The appointing authority determines that, due to local conditions or celebrations, it is impracticable for the officer or employee to work in the locality;

8. The officer or employee is ordered to report for a pre-induction physical examination incident to possible entry into the armed forces of the United States;

9. The officer or employee is a member of the National Guard and is ordered to active duty incidental to a local emergency, an act of God, a civil or criminal insurrection, a civil or criminal disobedience, or a similar occurrence of an extraordinary and emergency nature which threatens or affects the peace or property of the people of the state of Louisiana or the United States;

10. The officer or employee is engaged in the representation of a pro-bono client in a civil or criminal proceeding pursuant to an order of a court of competent jurisdiction;

11. The officer or employee is a current member of Civil Air Patrol and, incident to such membership, is ordered to perform duty with troops or participate in field exercises or training, except that such leave shall not exceed fifteen (15) working days in any one (1) calendar year and shall not be used for unit meetings or training conducted during such meetings.

B. At the discretion of their appointing authority, an unclassified officer or employee who is not serving in a position which earns annual or sick leave, but who is regularly employed by the state of Louisiana in the executive branch within the meaning of R.S. 23:965(B) and who is called to serve or is serving on a state or federal grand or petit jury during regular tour of duty hours, may, in conjunction with the provisions of R.S. 23:965(B), be granted a leave of absence without loss of pay or use of accrued leave for a period of up to twelve (12) days per year.

SECTION 17: Military Leave:

A. An unclassified officer or employee serving in a position that earns annual and sick leave who is a member of a reserve component of the armed forces of the United States and called to duty for military purposes, or who is a member of a National Guard unit called to active duty as a result of a non-local or non-state emergency, shall be granted a leave of absence from a state position without loss of pay or deduction of leave for a period not to exceed fifteen (15) working days per calendar year (hereafter "military leave with pay"). In addition, an appointing authority may grant annual leave, compensatory leave, leave without pay or any combination thereof, for a period in excess of fifteen (15)

working days per calendar year, in accordance with this Order and/or as required by state and/or federal law.

B. An unclassified officer or employee who is a member of a reserve competent of the armed forces of the United States or a National Guard unit, ordered and/or called to duty for military purposes, shall give prompt notice of the duty to their appointing authority, or the appointing authority's designee.

SECTION 18: Other Leave:

An unclassified officer or employee serving in a position that earns annual and sick leave may be eligible to use the following additional types of leave:

A. Optional Leave with Pay:

An unclassified officer or employee who is absent from work due to a disability for which the officer or employee is entitled to receive worker's compensation benefits, may use accrued sick or annual leave to receive combined leave and worker's compensation payments equal to and, in an amount not to exceed, the officer or employee's regular salary.

B. Law Enforcement Disability Leave:

When an unclassified officer or employee in law enforcement becomes disabled while in the performance of a duty of a hazardous nature which results in their being unable to perform their usual or normal duties, the disabled officer or employee's appointing authority may, with the approval of the commissioner of administration, grant the disabled officer or employee a leave of absence with full pay during the period of such disability without charge against accrued sick or annual leave, provided the officer or employee pays to the employing department all amounts of weekly worker's compensation benefits received by the officer or employee during that period of leave with full pay.

C. Funeral Leave:

An unclassified officer or employee may, at the discretion of the appointing authority, be granted leave without loss of pay, or use of accrued leave to attend the funeral, burial, or last rites of a spouse, parent, step-parent, child, step-child, brother, step-brother, sister, step-sister, mother-in-law, father-in-law, grandparent, grandchild, or any other person that the officer or employee's appointing authority deems appropriate, provided such leave shall not exceed a period of two (2) days for any single occurrence. Whenever possible, prior notice of the need to take such leave shall be given by the officer or employee to the appointing authority. At all other times, the officer or employee shall give notice of the need to take such leave at the time it is taken.

D. Educational Leave:

1. An appointing authority may grant an unclassified officer or employee educational leave without pay for an approved educational purpose, for a maximum period of twelve (12) months, in accordance with the rules developed by the commissioner of administration. Consecutive periods of leave without pay may be granted to the officer or employee by the appointing authority.

2. Upon the approval of the commissioner of administration and in accordance with the rules developed by the commissioner of administration, an appointing authority may grant an unclassified officer or employee educational leave with pay for a maximum period of thirty (30) calendar days during one (1) calendar year. Upon the

approval of the commissioner of administration and in accordance with the rules developed by the commissioner of administration, an appointing authority may grant an unclassified officer or employee educational leave with pay for a maximum of ninety (90) calendar days during one (1) calendar year if, in addition to the general prerequisites necessary for qualification for educational leave with pay, the educational instruction or training to be taken by the officer or employee is also necessary to, or will substantially aid, the administration of the state agency.

3. In accordance with the rules developed by the commissioner of administration, an appointing authority may grant a stipend to an unclassified officer or employee who has been granted educational leave if 1) funds are available for such purposes, 2) the commissioner of administration approves the stipend, and 3) the commissioner of administration finds the stipend will be used for a proper, designated purpose and its proper use is clearly supported with appropriate documentation.

SECTION 19: Leave of Absence Without Pay:

A. An appointing authority may extend a leave of absence without pay to an unclassified officer or employee for a period not to exceed one (1) year, provided that such leave shall not prolong the period of the officer or employee's appointment or employment in state service.

B. If an unclassified officer or employee fails to report for, or refuses to be restored to, duty in pay status on the first working day following the expiration of an approved leave of absence without pay, or at an earlier date upon reasonable and proper notice from the appointing authority or the appointing authority's designee, then the officer or employee shall be considered as having deserted their position of appointment or employment.

C. At the discretion of the appointing authority, or at the request of the unclassified officer or employee, a period of leave of absence without pay that has been extended to an officer or employee may be credited, provided such curtailment is in the best interest of state service and reasonable and proper notice thereof is furnished to the officer or employee.

SECTION 20: Holidays:

A. Holidays shall be observed as provided in R.S. 1:55 and by proclamation issued by the governor.

B. An unclassified officer or employee in state service in a compensatory leave earning or part-time position may, at the discretion of their appointing authority, receive additional compensation when required to work on an observed holiday.

C. When an unclassified officer or employee is on leave without pay during the period immediately preceding and following an observed holiday, that officer or employee shall not receive compensation for that holiday unless the holiday is worked by the officer or employee.

SECTION 21: Record Keeping:

A. Leave records shall be maintained for all unclassified appointees. Daily attendance and leave records shall be maintained for all other unclassified officers and employees who are eligible to accrue or use annual, sick and/or compensatory leave.

B. An accrued balance of unused annual, compensatory, and/or sick leave shall be held in abeyance for an officer or employee who becomes ineligible to earn

EXECUTIVE ORDER KBB 06-31

**Declaration of Public Health Emergency for
Control and Disposition of Human Remains
Amends Executive Order No. 06-05**

and/or use the particular type of leave pursuant to the terms of this Order. The accrued balance(s) shall be available to the officer or employee, in accordance with the provisions of this Order, when he or she again becomes eligible to earn and/or use said leave, or when he or she separates from state service.

SECTION 22: Compliance:

A. All departments, commissions, boards, agencies, and officers or employees of the state, or any political subdivision thereof within the executive branch of state government effected by this Order shall comply with, be guided by, and cooperate in the implementation of the provisions of this Order.

B. The head of each department shall be responsible for deciding the extent to which the discretionary provisions of this Order shall be implemented within their department.

SECTION 23: Effective Dates:

Unless specifically designated otherwise, upon signature of the governor, the provisions of this Order shall be applicable to all current and future unclassified officers and employees and, as to current officers and employees, be retroactive to noon on January 12, 2004. Any rights accrued to unclassified officers and employees prior to December 31, 2003, pursuant to the provisions of Executive Order No. MJF 98-23, as amended by Executive Order No. MJF 2001-58 or MJF 2002-22, shall not be adversely affected by the retroactive application of this Order. The provisions of this Order shall remain in effect until amended, modified, terminated, or rescinded by the governor, or until terminated by operation of law.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, on this 30th day of June, 2006.

Kathleen Babineaux Blanco
Governor

ATTEST BY
THE GOVERNOR
Al Ater
Secretary of State
0607#068

WHEREAS, Executive Order No. KBB 2006-5, issued on February 10, 2006, designated a state medical examiner within the Office of Public Health, Department of Health and Hospitals to exercise control over the disposition of human remains of people who died in or as a result of Hurricanes Katrina and Rita, and exercise control over identification and re-casketing of disinterred remains; and

WHEREAS, Executive Order No. KBB 2006-5 will expire on June 30, 2006, and the secretary of the Department of Health and Hospitals and the state health officer have requested this executive order be continued due to the amount of work left regarding the identification and re-casketing of disinterred human remains and to the lack of legislation during the 2006 Regular Session of the Louisiana Legislature;

NOW THEREFORE I, KATHLEEN BABINEAUX BLANCO, Governor of the state of Louisiana, by virtue of the authority vested by the Constitution and laws of the state of Louisiana, do hereby order and direct as follows:

SECTION 1: Section 8 of Executive Order No. KBB 2006-5, issued on February 10, 2006, is amended as follows:

This Order is effective upon signature and shall be applicable from Sunday, January 1, 2006 through Tuesday, October 31, 2006, unless amended, modified, terminated, or rescinded by the governor, or terminated by operation of law.

SECTION 2: All other sections, subsections, and paragraphs of Executive Order No. KBB 2006-5, issued on February 10, 2006, shall remain in full force and effect.

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, on this 30th day of June, 2006.

Kathleen Babineaux Blanco
Governor

ATTEST BY
THE GOVERNOR
Al Ater
Secretary of State
0607#069

Emergency Rules

DECLARATION OF EMERGENCY

Department of Environmental Quality
Office of the Secretary
Legal Affairs Division

Construction and Demolition Debris Tonnage Fee
(LAC 33:VII.529)(SW041E)

In accordance with the emergency provision of the Administrative Procedure Act, R.S. 49:953(B), which allows the Department of Environmental Quality to use emergency procedures to establish rules, and under the authority of R.S. 30:2011, the secretary of the department hereby declares that an emergency action is necessary to secure additional funding to support the department's continued surveillance and oversight activities to prevent improper disposal of solid waste in order to protect the public health and the environment.

Hurricanes Katrina and Rita of 2005 produced an extraordinary amount of waste that is being handled as construction or demolition debris. This has enlarged a pre-existing lack of adequate funding for surveillance of landfills permitted to accept construction or demolition debris collected from these facilities. Prior to Act 718 of the 2006 Regular Session of the Louisiana Legislature, there was no source of funding for the department to finance the additional surveillance and oversight necessary to assure the proper cleanup and disposal of this waste. This Emergency Rule implements the provisions of Act 718 of the 2006 Regular Session of the Louisiana Legislature regarding the imposition of a \$0.20 per ton fee assessed on construction or demolition debris deposited in a facility permitted as a construction or demolition debris landfill. Permitted, as defined in the regulations (LAC 33:VII.115), in brief, is any written authorization issued by the administrative authority. Written authorizations include, but are not limited to, standard permits, temporary disposal site authorizations, orders to upgrade, or orders to close. This fee will apply to construction or demolition debris which is subject to a fee imposed by the facility. Submittal of the fee is not due to the department until the invoicing for Fiscal Year 2007-2008. Recordkeeping of data on which invoicing will be based will begin on July 1, 2006. The department will begin rulemaking to promulgate this regulation change.

This Emergency Rule is effective on July 10, 2006, and shall remain in effect for a maximum of 120 days or until a final rule is promulgated, whichever occurs first. For more information concerning SW041E you may contact the Regulation Development Section at (225) 219-3550.

This Emergency Rule is available on the Internet at www.deq.louisiana.gov under Rules and Regulations, and is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles,

LA 70615; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374; 645 N. Lotus Drive, Suite C, Mandeville, LA 70471.

Title 33

ENVIRONMENTAL QUALITY

Part VII. Solid Waste

Subpart 1. Solid Waste Regulations

Chapter 5. Solid Waste Management System

Subchapter D. Solid Waste Fees

§529. Annual Monitoring and Maintenance Fee

A. - B.2.b. ...

c. for construction or demolition debris deposited at permitted construction or demolition debris facilities (Type III facilities), \$0.20/ton; and the fee is only applicable to construction or demolition debris that is subject to a fee imposed by the facility;

d. for surface impoundments, no tonnage fee;

e. for publicly operated facilities that treat domestic sewage sludge, no tonnage fee; and

f. for Type I-A, II-A, III (except for construction or demolition debris disposal facilities), and beneficial-use facilities, no tonnage fee.

B.3. - G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq and specifically 2014(D)(5).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Solid Waste Division, LR 19:187 (February 1993), amended by the Office of Management and Finance, Fiscal Services Division, LR 22:18 (January 1996), LR 25:427 (March 1999), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 29:689 (May 2003), LR 29:2051 (October 2003), amended by the Office of the Secretary, Legal Affairs Division, LR 32:

Mike D. McDaniel, Ph.D.
Secretary

0607#087

DECLARATION OF EMERGENCY

Department of Environmental Quality
Office of the Secretary
Legal Affairs Division

Laboratory Accreditation Exemption for Analyses
of Target Volatile Organic Compounds
(LAC 33:I.4719)(OS064E4)

In accordance with the emergency provisions of R.S. 49:953(B) of the Administrative Procedure Act, which allows the Department of Environmental Quality (department) to use emergency procedures to establish rules, and of R.S. 30:2011, which allows the department to establish standards, guidelines, and criteria, to promulgate rules and regulations, and to issue compliance schedules, the secretary of the department hereby finds that imminent peril to the public welfare exists and accordingly adopts the following Emergency Rule.

This is a renewal of Emergency Rule OS064E3, which was effective on March 13, 2006, and published in the *Louisiana Register* on March 20, 2006.

The department has issued a number of Administrative Orders (AOs) to certain facilities requiring monitoring and testing of ozone precursors. The intent of the fenceline monitoring program in the AOs is to make the data generated similar to and comparable to the data generated in the EPA Photochemical Assessment Monitoring Stations (PAMS) program. This Emergency Rule establishes laboratory requirements outlined in the Technical Assistance Document for Sampling and Analysis of Ozone Precursors (TAD) as guidance to those responsible for implementing the PAMS program. Compliance with these AOs will drastically increase the number of samples collected and analyzed. The department relies on analytical data submitted both directly and indirectly to the department to determine compliance with state and federal regulations. As a result of deadlines established in current Louisiana regulations, the department is prohibited from accepting data from commercial laboratories that have not received departmental accreditation. A finding of imminent peril to public health, safety, and welfare is based on the insufficient number of accredited laboratories existing at this time that are capable of performing the volume of sample analyses within the time frame required by the department. The department relies on analytical data to determine permit compliance, enforcement issues, and effectiveness of remediation of soils and groundwater. Permit issuance and compliance are effective means of determining the impact on human health and the environment. The department must have access to accurate, reliable, precise analytical data in order to meet its mandate to protect human health and the environment. This Emergency Rule will allow the department to accept data from laboratories that have supporting documentation showing the quality assurance and quality control program used to generate analytical data by the laboratory.

This Emergency Rule is effective on July 11, 2006, and shall remain in effect for a maximum of 120 days or until a final Rule is promulgated, whichever occurs first. For more information concerning OS064E4, you may contact the Regulation Development Section at (225) 219-3550.

This Emergency Rule is available on the Internet at www.deq.louisiana.gov under Rules and Regulations, and is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374; 645 N. Lotus Drive, Suite C, Mandeville, LA 70471.

Title 33

ENVIRONMENTAL QUALITY

Part I. Office of the Secretary

Subpart 3. Laboratory Accreditation

Chapter 47. Program Requirements

§4719. Implementation

A. All commercial laboratories analyzing data as of the effective date of these regulations that are directly or indirectly submitting data to the department must submit an application for accreditation as required in LAC

33:I.4701.A.1, including the review fee, by July 1, 2000. The department shall not accept laboratory data generated by laboratories that do not comply with this deadline until such laboratories receive accreditation and fully comply with the requirements of this Section. Except as provided in Subsection E of this Section, the department shall not accept environmental data submitted to the department either directly or indirectly until the laboratory has applied for accreditation under these regulations.

B. All laboratories subject to these regulations must receive accreditation from the department, as provided in these regulations, undergo an on-site inspection as specified in LAC 33:I.4701.A.2, and successfully participate in proficiency evaluations as required in LAC 33:I.4701.A.3 by December 31, 2000, or as otherwise agreed to by the department and the applicant, not to exceed one year from December 31, 2000. Except as provided in Subsection E of this Section, the department shall not accept data generated by laboratories that do not comply with these deadlines until such laboratories receive accreditation and fully comply with the requirements of this Section.

C. - D. ...

E. The department shall accept, until December 31, 2007, analytical data generated by a laboratory that is not accredited under these regulations, provided that:

1. the laboratory has supporting documentation, and produces the documentation upon request by the department, showing the quality assurance and quality control programs used in generating analytical data by the laboratory and that the laboratory follows all requirements established by the Technical Assistance Document for Sampling and Analysis of Ozone Precursors, EPA 600-R-98/161 (TAD);

2. the laboratory is submitting analytical data pursuant to a departmental administrative order to a facility requiring monitoring and testing of ozone precursors; and

3. the laboratory is submitting analytical data for any of the target volatile organic compounds listed in Table 1 of this Section using the TAD, with modifications as specified below:

a. a reporting limit of at least 10 parts per billion (ppb) must be used;

b. any analytical result below the method detection limit (MDL) must be reported and flagged as an estimated value; and

c. any analytical result at the instrument detection limit (IDL) must be reported and flagged as an estimated value.

Table 1
Target Volatile Organic Compounds
Ethylene
Acetylene
Ethane
Propylene
Propane
Isobutane
1-butene
n-Butane
trans-2-Butene
cis-2-Butene
Isopentane (2-methylbutane)
1-Pentene
n-Pentane
Isoprene

Table 1
Target Volatile Organic Compounds
trans-2-Pentene
cis-2-Pentene
2,2-dimethylbutane
Cyclopentane
2,3-dimethylbutane
2-methylpentane
3-methylpentane
1-Hexene
n-Hexane
Methylcyclopentane
2,4-dimethylpentane
Benzene
Cyclohexane
2-methylhexane
2,3-dimethylpentane
3-methylhexane
2,2,4-trimethylpentane
n-Heptane
Methylcyclohexane
2,3,4-trimethylpentane
Toluene
2-methylheptane
3-methylheptane
n-Octane
Ethylbenzene
m/p Xylene
Styrene
o-Xylene
1,3-butadiene

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 24:922 (May 1998), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:1436 (July 2000), LR 29:312 (March 2003), amended by the Office of the Secretary, Legal Affairs Division, LR 32:

Mike D. McDaniel, Ph.D.
Secretary

0607#028

DECLARATION OF EMERGENCY

**Department of Environmental Quality
Office of the Secretary
Legal Affairs Division**

**Oil and Gas Construction Activities Storm Water Waiver
(LAC 33:IX.2511)(WQ069E)**

In accordance with the emergency provisions of R.S. 49:953(B) of the Administrative Procedure Act, which allow the Department of Environmental Quality to use emergency procedures to establish rules, and of R.S. 30:2011 and 2074, which allow the department to establish standards, guidelines, and criteria, to promulgate rules and regulations, and to issue compliance schedules, the secretary of the department hereby declares that an emergency action is necessary in order to implement the Environmental Protection Agency (EPA) provisions finalized effective June 12, 2006, in 71 FR 33628-33640, to waive regulation of construction storm water for oil and gas related construction activities.

This Emergency Rule will allow operators at construction sites related to oil and gas exploration, production, processing, or treatment operations or transmission facilities to legally conduct those construction activities without being permitted until the regulations found at LAC 33:IX.2511 can be revised to incorporate the new June 12, 2006, federal permit waiver for those construction activities. The Department of Environmental Quality, Office of Environmental Services, became the National Pollutant Discharge Elimination System (NPDES) permit issuing authority for the State of Louisiana on August 27, 1996. An emergency rule is necessary for the Louisiana Pollutant Discharge Elimination System (LPDES) program to be consistent with the EPA NPDES program. The department has begun rulemaking to promulgate these regulation changes.

This Emergency Rule is effective on July 5, 2006, and shall remain in effect for a maximum of 120 days or until a final rule is promulgated, whichever occurs first. For more information concerning WQ069E you may contact the Regulation Development Section at (225) 219-3550.

This Emergency Rule is available on the Internet at www.deq.louisiana.gov under Rules and Regulations, and is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374; 645 N. Lotus Drive, Suite C, Mandeville, LA 70471.

Title 33

ENVIRONMENTAL QUALITY

Part IX. Water Quality

Subpart 2. The Louisiana Pollutant Discharge Elimination System (LPDES) Program

Chapter 25. Permit Application and Special LPDES Program Requirements

§2511. Storm Water Discharges

A. - A.1.e.iv. ...

2. The state administrative authority may not require a permit for discharges of storm water runoff from the following:

a. mining operations composed entirely of flows that are from conveyances or systems of conveyances (including but not limited to pipes, conduits, ditches, and channels) used for collecting and conveying precipitation runoff and that are not contaminated by contact with, or that have not come into contact with, any overburden, raw material, intermediate products, finished product, byproduct, or waste products located on the site of such operations, except in accordance with Subparagraph C.1.d of this Section; and

b. all field activities or operations associated with oil and gas exploration, production, processing, or treatment operations or transmission facilities, including activities necessary to prepare a site for drilling and for the movement and placement of drilling equipment, whether or not such field activities or operations may be considered to be construction activities, except in accordance with Subparagraph C.1.c of this Section. Discharges of sediment

from construction activities associated with oil and gas exploration, production, processing, or treatment operations or transmission facilities are not subject to the provisions of Clause C.1.c.iii of this Section.

[Note to Subparagraph A.2.b: The department encourages operators of oil and gas field activities or operations to implement and maintain Best Management Practices (BMPs) to minimize discharges of pollutants, including sediment, in storm water both during and after construction activities to help ensure protection of surface water quality during storm events. Appropriate controls would be those suitable to the site conditions and consistent with generally accepted engineering design criteria and manufacturer specifications. Selection of BMPs could also be affected by seasonal or climate conditions.]

A.3. - E.7.c. ...

8. Any storm water discharge associated with small construction activities identified in Subparagraph B.15.a of this Section requires permit authorization by March 10, 2003, unless designated for coverage before then.

E.9. - G.4.d, certification. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq., and in particular Section 2074(B)(3) and (B)(4).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 21:945 (September 1995), amended LR 23:957 (August 1997), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2273 (October 2000), LR 26:2552 (November 2000), repromulgated LR 27:40 (January 2001), amended LR 28:467 (March 2002), LR 29:701 (May 2003), repromulgated LR 30:230 (February 2004), amended by the Office of Environmental Assessment, LR 31:1321 (June 2005), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2510 (October 2005), LR 32:

Mike D. McDaniel, Ph.D.
Secretary

0607#029

DECLARATION OF EMERGENCY

Office of the Governor Division of Administration Racing Commission

Exacta
(LAC 35:XIII.10701, 10707, and 10709)

The Louisiana State Racing Commission is exercising the emergency provisions of the Administrative Procedure Act, R.S. 49:953(B), and pursuant to the authority granted under R.S. 4:141 et seq., adopts the following Emergency Rule effective June 23, 2006, and it shall remain in effect for 120 days or until this Rule takes effect through the normal promulgation process, whichever comes first.

The Louisiana State Racing Commission finds it necessary to amend this Rule to further promote horseracing and increased revenues therefrom, by ensuring fair and alternate wagering opportunities to the public.

Title 35

HORSE RACING

Part XIII. Wagering

Chapter 107. Exacta

§10701. Object; Separate Pool

A. ...

B. An exacta "Jackpot" may be offered instead of the exacta wager. The exacta "Jackpot" wager shall be held entirely separate from all other pools and is in no way a part of the daily double or the win, place or show pools. It may not be offered concurrently with an exacta wager during any race meet. The exacta "Jackpot" shall identify as such by the association conducting the meet, and may be given a distinctive name, subject to approval by the commission. The exacta "Jackpot" wager is the same in all respects as the exacta, except that the net pool from which wagers are paid is subject to a withholding of three percent to fund a separate jackpot pool. The exacta "Jackpot" pool shall be calculated and paid follows.

1. Ninety-seven percent of the net exacta pari-mutuel pool shall be distributed to ticket holders correctly selecting, in order, the official first and second place finisher in the designated exacta race.

2. Three percent of a net exacta pari-mutuel pool shall be withheld in a separate "Jackpot" pool to be paid as follows.

a. When the official second-place finisher of a race on which an exacta wager is authorized pays \$40 or greater in the place pool, then the "Jackpot" pool shall be distributed to ticket holders correctly selecting the official first and third place finishers.

b. Whenever the conditions of an exacta "Jackpot" wager are not met in a race, the three percent withheld shall be deposited in a separate "Jackpot" pool and carried over from race to race until such time as the conditions for payout are met.

c. Whenever the conditions of an exacta "Jackpot" wager are met in a race, all sums then held in the "Jackpot" pool shall be paid.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:149.

HISTORICAL NOTE: Promulgated by the Department of Commerce, Racing Commission, LR 2:442 (December 1976), amended LR 3:38 (January 1977), LR 4:283 (August 1978), amended by the Office of the Governor, Division of Administration, Racing Commission, LR 32:

§10707. Dead Heats

A. ...

B. Where there is a dead heat for win or place on an exacta "Jackpot" race, the conditions to payout the "Jackpot" are met if any horse pays a sum of \$40 or greater in the place pool. In this event, the exacta "Jackpot" funds will be disbursed equally between all combinations of exacta "Jackpot" tickets correctly selecting, in order, the first and third place finishers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:149.

HISTORICAL NOTE: Promulgated by the Department of Commerce, Racing Commission, LR 2:442 (December 1976), amended LR 3:38 (January 1977), LR 4:283 (August 1978), amended by the Office of the Governor, Division of Administration, Racing Commission, LR 32:

§10709. No Ticket Sold with Winning Combination

A. ...

B. If the conditions for payout of the exacta "Jackpot" pool are not met on or before the second to last race of the association meeting, all funds accumulated in the "Jackpot" wager pool shall be added and equally distributed to the win, place, show, exacta, trifecta and superfecta pools on the last

race of the meet. There shall be no deduction made for the exacta "Jackpot" wager on the last race of the meet.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:149.

HISTORICAL NOTE: Promulgated by the Department of Commerce, Racing Commission, LR 2:442 (December 1976), amended LR 3:38 (January 1977), LR 4:283 (August 1978), amended by the Office of the Governor, Division of Administration, Racing Commission, LR 32:

Charles A. Gardiner III
Executive Director

0607#016

DECLARATION OF EMERGENCY

Office of the Governor Division of Administration Racing Commission

Pick Four (LAC 35:XIII.11615)

The Louisiana State Racing Commission is exercising the emergency provisions of the Administrative Procedure Act, R.S. 49:953(B), and pursuant to the authority granted under R.S. 4:141 et seq., adopts the following Emergency Rule effective June 23, 2006, and it shall remain in effect for 120 days or until this Rule takes effect through the normal promulgation process, whichever comes first.

The Louisiana State Racing Commission finds it necessary to amend this Rule to further promote horseracing and increased revenues therefrom, by ensuring fair and alternate wagering opportunities to the public.

Title 35

HORSE RACING

Part XIII. Wagering

Chapter 116. Pick Four

§11615. Dead Heats

A. In the event of a dead heat for win between two or more horses in any pick four race, all such horses in the dead heat for win shall be considered as winning horses in the race for the purpose of calculating the pool and payoffs. There shall be a separate payoff price, per dollar calculated, for each winning combination as follows: from the gross pool is deducted the takeout, consolation payoff amounts, if any, and amounts wagered on all winning combinations. The balance shall be divided by the number of different winning combinations upon which bets were sold, each resulting allocated part being assigned to each respective winning combination. An allocated part plus the amounts bet on each winning combination when divided by the amount bet on each winning combination (less breakage) shall be the resulting payoff per dollar per respective winning combination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:149, R.S. 4:149.1 and R.S. 4:149.2.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Racing Commission, LR 28:1015 (May 2002), amended by the Office of the Governor, Division of Administration, Racing Commission, LR 32:

Charles A. Gardiner III
Executive Director

0607#020

DECLARATION OF EMERGENCY

Office of the Governor Division of Administration Racing Commission

Triple Play
(LAC 35:XIII.11515 and 11517)

The Louisiana State Racing Commission is exercising the emergency provisions of the Administrative Procedure Act, R.S. 49:953(B), and pursuant to the authority granted under R.S. 4:141 et seq., adopts the following Emergency Rule effective June 23, 2006, and it shall remain in effect for 120 days or until this Rule takes effect through the normal promulgation process, whichever comes first.

The Louisiana State Racing Commission finds it necessary to amend this Rule to further promote horseracing and increased revenues therefrom, by ensuring fair and alternate wagering opportunities to the public.

Title 35

HORSE RACING

Part XIII. Wagering

Chapter 115. Triple Play

§11515. Scratches and Nonstarters

A. In the event a triple play ticket designates a selection in any one or more of the races comprising the triple play and that selection is scratched, excused or determined by the stewards to be a nonstarter in the race, prior to the official start of the first leg, all tickets designating that horse shall be refunded and the money deducted from the pool.

B. In the event the scratch was made in the second leg after the start of the first leg, a consolation payoff shall be computed for those bets combining the winners of the first and third legs with the scratched betting interest as follows: from the gross pool shall be deducted the statutory take-out and then the amount represented by bets on combinations involving betting interests scratched from the third leg (reduced by the take-out thereon). The resulting remainder shall be divided by the amounts bet on the combination of such first and third leg winners with all betting interests (less breakage) to determine the consolation price per dollar payable to those bets combining winners of the first and third legs with a betting interest scratched in the second leg. The breakage shall not be deducted from the pool.

C. If a betting interest is scratched in the third leg after the start of the first leg, a consolation payoff shall be computed as for those bets combining the winners of the first and second legs with such scratched betting interest as follows: from the gross pool shall be deducted the statutory take-out and then the amount represented by bets on combinations involving betting interests scratched from the second leg (reduced by the rate of the take-out thereon). The resulting remainder shall be divided by the amount bet on the combination of such first and second leg winners with all betting interests in the third leg (less breakage) to determine the consolation price per dollar payable to those bets combining winners of the first and second legs with an betting interest scratched in the third leg. The breakage shall not be deducted from the pool.

D. If betting interests are scratched in both the second and third legs after the start of the first leg, a consolation

payoff shall be computed for those bets combining the winner of the first leg with the betting interests scratched in both the second and third legs as follows: from the gross pool shall be deducted the takeout and the remainder shall be divided by the amount bet on the winner of the first leg combined with all other betting interests (less breakage) to determine the consolation price per dollar payable to those tickets combining the winner of the first leg with the scratched betting interests from both the second and third legs. The breakage shall not be deducted from the pool.

E. If all three legs of the triple play are cancelled or declared "no contest," the entire pool shall be refunded.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:149, R.S. 4:149.1 and R.S. 4:149.2.

HISTORICAL NOTE: Promulgated by the Department of Commerce, Racing Commission, LR 14:80 (February 1988), amended by the Office of the Governor, Division of Administration, Racing Commission, LR 32:

§11517. Dead Heats

A. In the event of a dead heat for win between two or more horses in any triple play race, all the horses in the dead heat for win shall be considered as official winning horses in the race for the purpose of calculating the pool and payoffs. There shall be a separate payoff price, per dollar calculated, for each winning combination as follows: from the gross pool is deducted the takeout, consolation payoff amounts, if any, and amounts wagered on all winning combinations. The balance shall be divided by the number of different winning combinations upon which bets were sold, each resulting allocated part being assigned to each respective winning combination. An allocated part plus the amounts bet on each winning combination when divided by the amount bet on each winning combination (less breakage) shall be the resulting payoff per dollar per respective winning combination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:149, R.S. 4:149.1 and R.S. 4:149.2.

HISTORICAL NOTE: Promulgated by the Department of Commerce, Racing Commission, LR 14:80 (February 1988), amended by the Office of the Governor, Division of Administration, Racing Commission, LR 32:

Charles A. Gardiner III
Executive Director

0607#018

DECLARATION OF EMERGENCY

Department of Health and Hospitals Board of Dentistry

General Supervision for Dental Hygienists (LAC 46:XXXIII.701)

In accordance with the emergency provisions of the Administrative Procedure Act, R.S. 49:953(B), which allows the Louisiana State Board of Dentistry to use emergency procedures to establish rules, and under the authority of Act 744 of the Louisiana Regular Legislative Session of 2006 and R.S. 37:760(6), the Board of Dentistry hereby declares that an emergency action is necessary in order to regulate general supervision of dental hygienists by dentists. This Emergency Rule becomes effective on July 20 2006, and shall remain in effect for a maximum of 120 days or until a

final Rule is promulgated, whichever occurs first. For more information concerning this Emergency Rule, you may contact Mr. C. Barry Ogden, Executive Director at (504) 568-8574.

This Emergency Rule is available on the internet at www.doa.state.la.us/osr/osr.htm, and is available for inspection at the board office from 8 a.m. until 4:30 p.m. Monday through Friday, 365 Canal Street, Suite 2680, New Orleans, Louisiana 70130. Copies of this Emergency Rule may also be requested via telephone.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XXXIII. Dental Health Profession

Chapter 7. Dental Hygienists

§701. Authorized Duties

A. - D. ...

E. In accordance with Act 744 of the regular session of the Louisiana legislature, effective June 29, 2006, dental hygienists may work under the general supervision of dentists licensed to practice in the state of Louisiana.

F. Under general supervision, a dental hygienist may provide to patients of record, for not more than five consecutive business days, all dental hygiene services (except local anesthesia and root planning which must be under direct supervision) if all of the following conditions are satisfied:

1. the dental hygienist has at least three years, or an equivalent amount of experience, in the practice of dental hygiene;

2. the dental hygienist has current CPR certification and complies with the established protocols for emergencies which the supervising dentist has established;

3. the supervising dentist has examined the patient of record not more than nine months prior to the date that the dental hygienist provides the dental hygiene services;

4. the dental hygienist provides dental hygiene services to the patient of record in accordance with a written treatment protocol prescribed by the supervising dentist for the patient;

5. the patient of record is notified in advance of the appointment that the supervising dentist will be absent from the location;

6. no licensed dental hygienist, under general supervision, may delegate or supervise any dental hygiene duties for an expanded duty dental assistant; and

7. the dentist is responsible for all actions of the dental hygienist during treatment of patients under general supervision.

G. The following limitations also apply to the practice of dental hygiene under general supervision.

1. No entity other than a public institution or school supervised by a Louisiana licensed dentist, or an office owned by a dentist or group of dentists licensed in Louisiana, may employ dental hygienists to provide treatment for patients of record under general supervision.

2. No duly licensed and registered dentist shall supervise more than two dental hygienists under general supervision at any one time.

3. No duly licensed and registered dentist shall supervise a dental hygienist for more than five consecutive

business days or for more than 20 total days in any calendar year.

4. No patient can be seen twice consecutively under general supervision.

5. An examination fee must not be charged if a patient is seen under general supervision.

6. No person shall practice dental hygiene in a manner which is separate or independent from a supervising dentist, or establish or maintain an office or a practice that is primarily devoted to providing dental hygiene services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:791 (November 1988), amended LR 15:965 (November 1989), LR 19:206 (February 1993), LR 22:22 (January 1996), LR 22:1217 (December 1996), LR 24:1116 (June 1998), LR 27:1892 (November 2001), LR 32:

C. Barry Ogden
Executive Director

0607#082

DECLARATION OF EMERGENCY

Department of Health and Hospitals Board of Examiners for Speech Language and Pathology

Temporary Credentialing during a
Declared Public Health Emergency
(LAC 46:LXXV.117)

The Department of Health and Hospital, Board of Examiners for Speech-Language Pathology and Audiology (the "Board") has adopted this Emergency Rule, effective June 29, 2006, in accordance with the provisions of the Administrative Procedure Act. R.S. 49:953, and the Speech-Language Pathology and Audiology Practice Act R.S. 37:2652-2666, as well as R.S. 29:769(E), as amended in Act No. 207 of the 2006 Regular Session of the Louisiana Legislature, which became effective upon the governor's signature on June 2, 2006. The Emergency Rule is to remain in effect for a period of 120 days or until adoption of the final Rule, whichever occurs first.

In keeping with its function as set forth by the State Legislature in R.S. 29:769(E), as amended in the 2006 Regular Session, the board has developed and adopted this Emergency Rule thereby creating the process for adoption of a future Emergency Rule implementing temporary registration in Louisiana, during a public health emergency lawfully declared as such by the governor, for out of state audiologists, speech-language pathologists, or speech-language pathology assistants, whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States.

The 2006 hurricane season began June 1, 2006. The immediate implementation of this Emergency Rule is in the best interest for the protection of the public health and safety in the event a public health emergency is lawfully declared by the governor prior to the final promulgation of the Rule through regular rule-making procedure. This Emergency Rule will allow the implementation by subsequent Emergency Rule for the temporary registration in Louisiana,

during a public health emergency lawfully declared as such by the governor, for out of state audiologists, speech-language pathologists, or speech-language pathology assistants, whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States. The Emergency Rule will not limit or adversely impact the practices of Louisiana licensed audiologists, speech-language pathologists, or speech-language pathology assistants at the present time or during a declared state of public health emergency.

Title 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXXV. Speech-Language Pathology and Audiology Chapter 1. General Rules

§117. Application Procedures

A. - K.1.f. ...

L. Temporary Registration During a Declared Public Health Emergency

1. In a public health emergency lawfully declared as such by the Governor of Louisiana, the requirement for a Louisiana License as an audiologist, speech-language pathologist, or speech-language pathology assistant may be suspended by the board at that time to those out of state audiologists, speech-language pathologists, or speech-language pathology assistants, whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States, for a period of time not to exceed the duration and scope of R.S. 29:769(E.), as more particularly set forth in this rule.

2. The following requirements for temporary registration may be imposed pursuant to the declared state of emergency and shall be in accordance with rules promulgated by the board.

3. An audiologist, speech-language pathologist, or speech-language pathology assistant not licensed in Louisiana, whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States, may gratuitously provide audiology and speech-language pathology services if:

a. the audiologist, speech-language pathologist, or speech-language pathology assistant has photo identification and a license to verify a current and unrestricted license, certification or registration in another jurisdiction of the United States, and properly registers with the board prior to providing audiology or speech language pathology services in Louisiana as follows:

i. the audiologist, speech-language pathologist, or speech-language pathology assistant is engaged in a legitimate relief effort during the emergency period, and provides satisfactory documentation to the board of the location site(s) that he will be providing gratuitous audiology or speech-language pathology services;

ii. the audiologist, speech-language pathologist, or speech-language pathology assistant shall comply with the Louisiana Speech-Language Pathology and Audiology Practice Act, board rules, and other applicable laws, as well as practice in good faith, and within the reasonable scope of his skill, training, and ability; and

iii. the audiologist, speech-language pathologist, or speech-language pathology assistant renders services on a gratuitous basis with no revenue of any kind to be derived

whatsoever from the provision of services within the state of Louisiana.

4. The authority provided for in the Emergency Rule shall be applicable for a period of time not to exceed 60 days at the discretion of the board, with the potential extension of up to two additional periods not to exceed 60 days for each extension as determined appropriate and necessary by the board.

5. All interested audiologists, speech-language pathologists, and speech-language pathology assistants shall submit a copy of their respective current and unrestricted licenses, certifications or registrations issued in other jurisdictions of the United States and photographic identification, as well as other requested information, to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology for registration with this agency prior to gratuitously providing audiology or speech-language pathology services in Louisiana.

6. Should a qualified audiologist, speech-language pathologist, or speech-language pathology assistant registered with the board thereafter fail to comply with any requirement or condition established by this rule, the board may terminate his registration upon notice and hearing.

7. In the event an audiologist, speech-language pathologist, or speech-language pathology assistant fails to register with the board, but practices audiology or speech-language pathology, whether gratuitously or otherwise, then such conduct will be considered the unlawful practice of audiology or speech-language pathology and prosecuted accordingly.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2650 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners for Speech-Language Pathology and Audiology, LR 22:352 (May 1996), amended LR 27:199 (February 2001), LR 28:1974 (September 2002), LR 32:

Richard N. Burt
Administrator

0607#026

DECLARATION OF EMERGENCY

Department of Health and Hospitals Board of Social Work Examiners

Temporary Credentialing during a
Declared Public Health Emergency
(LAC 46:XXV.309)

The Department of Health and Hospital, Board of Social Work Examiners (the "board") has adopted this Emergency Rule, effective June 29, 2006, in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953, and the Louisiana Social Work Practice Act R.S. 37:2701-2723, as well as R.S. 29:769(E), as amended in Act. No. 207 of the 2006 Regular Session of the Louisiana Legislature, which became effective upon the governor's signature on June 2, 2006. The Emergency Rule is to remain in effect for a period of 120 days or until adoption of the final Rule, whichever occurs first.

In keeping with its function as set forth by the State Legislature in R.S. 29:769(E), as amended in the 2006

Regular Session, the board has developed and adopted this Emergency Rule thereby creating the process for adopting of a future Emergency Rule implementing temporary registration in Louisiana, during a public health emergency lawfully declared as such by the governor, for out of state social workers whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States.

The 2006 hurricane season began June 1, 2006. The immediate implementation of this Emergency Rule is in the best interest for the protection of the public health and safety in the event a public health emergency is lawfully declared by the governor prior to the final promulgation of the Rule through regular rule-making procedure. This Emergency Rule will allow the implementation by subsequent Emergency Rule for the temporary registration in Louisiana, during a public health emergency lawfully declared as such by the governor, for out of state social workers whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States. The Emergency Rule will not limit or adversely impact the practices of Louisiana social workers at the present time or during a declared state of public health emergency.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XXV. Certified Social Workers

Chapter 309. General Provisions

§309. Application Procedure

A. - P.3. ...

Q. Temporary Registration During a Declared Public Health Emergency

1. In a public health emergency lawfully declared as such by the Governor of Louisiana, the requirement for a Louisiana License or credential as a Social Worker may be suspended by the board at that time to those out of state social workers, whose credentials are current and unrestricted in another North American jurisdiction, for a period of time not to exceed the duration and scope of R.S. 29:769E, as more particularly set forth in this rule.

2. The following requirements for temporary credentialing may be imposed pursuant to the declared state of emergency and shall be in accordance with rules promulgated by the board.

3. A social worker not credentialed in Louisiana, whose credential is current and unrestricted in another jurisdiction of North America, may gratuitously provide services under the Louisiana Social Work Practice Act if:

a. the social worker has photo identification and a license to verify a current and unrestricted license in another jurisdiction of the United States, and properly registers with the board prior to providing social work services in Louisiana as follows, provided:

i. the social worker is engaged in a legitimate relief effort during the emergency period, and provides satisfactory documentation to the Board of the location site(s) where gratuitous social work services will be provided;

ii. the social worker shall comply with the Louisiana Social Work Practice Act, board rules, and other applicable laws, as well as practice in good faith, and within the reasonable scope of his skill, training, and ability; and

ii. the social worker renders services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of services within the state of Louisiana.

4. The authority provided for in the Emergency Rule shall be applicable for a period of time not to exceed 60 days at the discretion of the board, with the potential extension of up to two additional periods not to exceed 60 days for each extension as determined appropriate and necessary by the board.

5. All interested social workers shall submit a copy of their respective current and unrestricted licenses, certifications or registrations issued in other jurisdictions of North America and photographic identification, as well as other requested information, to the Louisiana Board of Social Work Examiners for credentialing with this agency prior to gratuitously providing social work services in Louisiana.

6. Should a qualified social worker credentialed with the board thereafter fail to comply with any requirement or condition established by this Section, the board may terminate his registration upon notice and hearing.

7. In the event a social worker fails to become credentialed with the board, but practices social work, whether gratuitously or otherwise, then such conduct will be considered the unlawful practice of social work and prosecuted accordingly.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2705.C. and R. S. 37:2701 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certified Social Work Examiners, LR 26:302 (February 2000), amended LR 29:2383 (November 2003), LR 32:

Richard N. Burt
Administrator

0607#025

DECLARATION OF EMERGENCY
Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

CommunityCARE Program
Immunization Pay-for-Performance Initiative
(LAC 50:I.2915)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to amend LAC 50:I.2915 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing compiled the previously promulgated Rules governing the CommunityCARE Program to establish LAC 50:I.Chapter 29 (*Louisiana Register*, Volume 29, Number 6). The CommunityCARE Program provides a medical home for designated Medicaid recipients by linking the recipient to a primary care provider selected by the recipient. The bureau

now proposes to amend the provisions governing the CommunityCARE Program in order to implement an immunization pay-for-performance initiative fee based on the provider's participation in the Louisiana Immunization Network for Kids Statewide and performance in achieving immunization benchmarks.

This action is being taken to enhance federal revenue. It is estimated that the implementation of this Emergency Rule will increase the expenditures in the CommunityCARE Program by approximately \$1,048,152 for fiscal year 2006-07.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part I. Administration
Subpart 3. Medicaid Managed Care

Chapter 29. CommunityCARE
§2915. Immunization Pay-for-Performance

A. Effective July 1, 2006, a supplemental payment will be implemented as an incentive to promote the immunization of Medicaid eligible children.

1. Qualification for the supplemental payment shall be based on the CommunityCARE primary care provider's participation in the Louisiana Immunization Network for Kids Statewide (LINKS) and performance in achieving state-established immunization benchmarks for children being up to date with recommended immunizations.

2. The supplemental payment will be issued on a quarterly basis.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Jerry Phillips, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Frederick P. Cerise, M.D., M.P.H.
Secretary

0607#015

DECLARATION OF EMERGENCY
Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Disproportionate Share Hospital Payment Methodologies
Community Hospitals (LAC 50:V.Chapter 3)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends LAC 50:V.Chapter 3 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S.

49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated a Rule to adopt the provisions governing the disproportionate share payment methodologies for hospitals in May of 1999 (*Louisiana Register*, Volume 25, Number 5). The May 20, 1999 Rule was later amended to change the criteria used to define rural hospitals and to clarify the policy governing final payments and adjustments (*Louisiana Register*, Volume 29, Number 1). The department adopted an Emergency Rule to repeal and replace all provisions governing disproportionate share hospital payments in compliance with Act 491, Act 1024 and Senate Concurrent Resolution 94 of the 2001 Regular Session and Senate Concurrent Resolution 27 of the 2002 Regular Session (*Louisiana Register*, Volume 29, Number 6).

The June 20, 2003 Emergency Rule has been subsequently amended to amend: the qualifying criteria and the payment methodology for disproportionate share payments to small rural hospitals (*Louisiana Register*, Volume 29, Number 9); designated provisions of the disproportionate share payment methodologies as directed by Act 182 of the 2005 Regular Session (*Louisiana Register*, Volume 31, Number 7); and the definition of a rural hospital as directed by Act 323 of the 2005 Regular Session (*Louisiana Register*, Volume 31, Number 9). The department hereby amends the October 25, 2005 Emergency Rule governing the provisions for disproportionate share payments to other uninsured hospitals and establishes provisions governing payments to private community hospitals for services rendered to displaced, uninsured citizens from mandatory evacuation parishes affected by Hurricanes Katrina and Rita. In addition, the department amends the provisions governing disproportionate share payments to high uninsured hospitals and establishes provisions governing payments to public community hospitals.

This action is being taken to enhance federal revenue. It is estimated that the implementation of this Emergency Rule will increase revenues by approximately \$23,600,000 in federal funds only for state fiscal year 2005-06.

Effective June 28, 2006, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the disproportionate share hospital qualifications, establishes provisions governing payment to private community hospitals for services provided to designated hurricane evacuees and establishes provisions governing payments to public community hospitals.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Medical Assistance Program—Hospital Services

Subpart 1. Inpatient Hospitals

Chapter 3. Disproportionate Share Hospital Payment Methodologies

§303. Disproportionate Share Hospital Qualifications

A. In order to qualify as a disproportionate share hospital, a hospital must:

1. have at least two obstetricians who have staff privileges and who have agreed to provide obstetric services to individuals who are Medicaid eligible. In the case of a hospital located in a rural area (i.e., an area outside of a

metropolitan statistical area), the term *obstetrician* includes any physician who has staff privileges at the hospital to perform nonemergency obstetric procedures; or

2. treat inpatients who are predominantly individuals under 18 years of age; or

3. be a hospital which did not offer nonemergency obstetric services to the general population as of December 22, 1987; and

4. have a utilization rate in excess of one or more of the following specified minimum utilization rates:

a. Medicaid utilization rate is a fraction (expressed as a percentage). The numerator is the hospital's number of Medicaid (Title XIX) inpatient days. The denominator is the total number of the hospital's inpatient days for a cost reporting period. Inpatient days include newborn and psychiatric days and exclude swing bed and skilled nursing days. Hospitals shall be deemed disproportionate share providers if their Medicaid utilization rates are in excess of the mean, plus one standard deviation of the Medicaid utilization rates for all hospitals in the state receiving payments; or

b. hospitals shall be deemed disproportionate share providers if their low-income utilization rates are in excess of 25 percent. Low-income utilization rate is the sum of:

i. the fraction (expressed as a percentage). The numerator is the sum (for the period) of the total Medicaid patient revenues plus the amount of the cash subsidies for patient services received directly from state and local governments. The denominator is the total amount of revenues of the hospital for patient services (including the amount of such cash subsidies) in the cost reporting period from the financial statements; and

ii. the fraction (expressed as a percentage). The numerator is the total amount of the hospital's charges for inpatient services which are attributable to charity (free) care in a period, less the portion of any cash subsidies as described in §303.A.4.b.i in the period which are reasonably attributable to inpatient hospital services. The denominator is the total amount of the hospital's charges for inpatient hospital services in the period. For public providers furnishing inpatient services free of charge or at a nominal charge, this percentage shall not be less than zero. This numerator shall not include contractual allowances and discounts (other than for indigent patients ineligible for Medicaid), i.e., reductions in charges given to other third-party payers, such as HMOs, Medicare, or Blue Cross; nor charges attributable to Hill-Burton obligations. A hospital providing "free care" must submit its criteria and procedures for identifying patients who qualify for free care to the Bureau of Health Services Financing for approval. The policy for free care must be posted prominently and all patients must be advised of the availability of free care and the procedures for applying. Hospitals not in compliance with free care criteria will be subject to recoupment of DSH and Medicaid payments; or

5. effective November 3, 1997, be a small rural hospital as defined in §311.A.1.a-h; and

6. effective June 28, 2006, be a private community hospital as defined in §307.A.; or

7. effective June 28, 2006, be a public community hospital as defined in §305.A.; and

8. effective July 1, 1994, must also have a Medicaid inpatient utilization rate of at least 1 percent.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

§305. Public Community Hospitals

A. Definitions

Public Community Hospital—a hospital owned by a parish, city, or other local government instrumentality that does not qualify as a small rural hospital.

Uncompensated Care Costs—net uncompensated care cost is the total allowable cost of inpatient and outpatient hospital services less Medicare costs, Medicaid payments (excluding DSH payments), costs associated with patients who have insurance for services provided, private payer payments and all other inpatient and outpatient payments received from patients.

B. DSH payments to a public community hospital shall be calculated as follows.

1. Each qualifying public community hospital shall certify to the Department of Health and Hospitals its uncompensated care costs. The basis of the certification shall be 100 percent of the hospital's allowable costs for these services, as determined by the most recently filed Medicare/Medicaid cost report. The certification shall be submitted in a form satisfactory to the department each fiscal year. The department will claim the federal share for these certified public expenditures. The department's subsequent reimbursement to the hospital may be more or less than the federal share so claimed.

C. It is mandatory that hospitals seek all third party payments including Medicare, Medicaid and other third party carriers and payments from patients. Hospitals must certify that excluded from net uncompensated cost are any costs for the care of persons eligible for Medicaid at the time of registration. Hospitals must maintain a log documenting the provision of uninsured care as directed by the department. Hospitals must adjust uninsured charges to reflect retroactive Medicaid eligibility determination. Hospitals shall submit an attestation that patients whose care is included in the hospital's net uncompensated costs are not Medicaid eligible at the time of registration.

D. A hospital receiving DSH payments shall furnish emergency and non-emergency services to uninsured persons with family incomes less than or equal to 100 percent of the federal poverty level on an equal basis to insured patients.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

§307. Private Community Hospitals

A. Definitions

Community Hospital—a private hospital that is not a small rural hospital which provided services to uninsured evacuees during the period February 1, 2006 through June 30, 2006.

Evacuee—a Louisiana citizen who resided in one of the mandatory evacuated parishes for Hurricane Katrina on August 24, 2005 or Hurricane Rita on September 23, 2005.

Mandatory Evacuated Parish or Area—a parish or a designated area of a parish for which a mandatory evacuation order was issued for Hurricane Katrina or Hurricane Rita. The parishes and designated areas include:

a. the mandatory evacuated parishes and designated areas for Hurricane Katrina include:

- i. Orleans Parish;
- ii. Jefferson Parish;
- iii. St. Bernard Parish;
- iv. Plaquemines Parish;
- v. Assumption Parish;
- vi. St. John Parish;
- vii. St. Charles Parish;
- viii. Lafourche Parish;
- ix. Terrebonne Parish;
- x. St. James Parish (south of Vacherie past LA Highway 20 and LA Highway 3127 and part of Paulina [Grand Point] past LA Highway 642 and LA Highway 3125, [zip codes 70090 and 70763]);

xi. St. Tammany Parish (all areas south of Interstate 12 including Slidell, Lacombe, Mandeville, and Covington, [zip codes 70458, 70461, 70445, 70471, 70448, 70447, 70433, and 70435]);

xii. Tangipahoa Parish (areas south of LA Highway 22 including Akers, Bedico & Lee's Landing, [zip codes 70454 and 70421]);

xiii. St. Mary Parish (Cypremont Point, [zip code 70538] and Burns [zip code 70522]); and

xiv. Iberia Parish (areas south of LA Highway 90 and down LA Highway 14 including Delcambre, [zip codes 70560 and 70528]).

b. the mandatory evacuated parishes and designated areas for Hurricane Rita include:

- i. Calcasieu Parish;
- ii. Cameron Parish;
- iii. Jefferson Davis Parish;
- iv. Plaquemines Parish;
- v. Acadia Parish (areas south of LA Highway 92);
- vi. Jefferson Parish (Lafitte, Crown Point, Barataria and Grand Isle);
- vii. Iberia Parish (Delcambre and areas south of LA Highway 90);

viii. Lafourche Parish (south of Leon Theriot Floodgate and the lower portion of Pointe-Aux-Chenes);

ix. St. Mary Parish (all areas south of the Intercoastal Canal including Cypremont Point, Burns, Four Corners, and Louisa);

x. Terrebonne Parish (Grand Caillou/Dulac, Bayou du Large/Theriot, Pointe-Aux-Chenes and from the Montegut Fire Station south); and

xi. Vermilion Parish (south of LA Highway 14 between Cameron Parish line and LA Highway 335, south of La 335, below Kaplan and Abbeville; south of Jacqueline Street in Abbeville and back to LA Highway 14 [near Erath and Delcambre], and all mobile homes south of LA Highway 14).

Uncompensated Care Costs—net uncompensated care cost is the total allowable cost of inpatient and outpatient hospital services less Medicare costs, Medicaid payments (excluding DSH payments), costs associated with patients who have insurance for services provided, private payer

payments, and all other inpatient and outpatient payments received from patients.

Uninsured—a person having no health insurance or sources of third party payment for services provided.

B. DSH payments to a private community hospital shall be calculated as follows.

1. Payment for allowable evacuee uninsured services shall be calculated by multiplying each qualifying hospital's allowable uninsured evacuee charges by its hospital specific cost-to-charge ratio as determined by the department. DSH payments to each qualifying community hospital shall not exceed the hospital specific net uncompensated care costs for the state fiscal year.

C. Hospitals shall submit supporting evacuee uninsured patient specific data for hospital services provided from February 1, 2006 through June 30, 2006 in a format specified by the department. The deadline for submission of all payment requests is September 30, 2006. Submitted uninsured patient data shall be subject to verification by the department before DSH payments are made.

D. It is mandatory that hospitals seek all third party payments including Medicare, Medicaid and other third party carriers and payments from patients. Hospitals must certify that excluded from net uncompensated cost are any costs for the care of persons eligible for Medicaid at the time of registration. Hospitals must maintain a log documenting the provision of uninsured care as directed by the department. Hospitals must adjust uninsured charges to reflect retroactive Medicaid eligibility determination. Hospitals shall submit an attestation that patients whose care is included in the hospital's net uncompensated costs are not Medicaid eligible at the time of registration.

E. Aggregate DSH payments for qualifying community hospitals shall be limited to the state DSH appropriated amount for community hospitals. In the event that aggregate allowable uninsured evacuee costs for community hospitals exceeds the state appropriated amount, each qualifying hospital's payment shall be calculated as follows:

1. dividing each hospital's uninsured evacuee cost by the total uninsured evacuee cost for all qualifying other community hospitals during the state fiscal year; and then

2. multiplying by the state DSH-appropriated amount for community hospitals.

F. A hospital receiving DSH payments shall furnish emergency and non-emergency services to uninsured persons with family incomes less than or equal to 100 percent of the federal poverty level on an equal basis to insured patients.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services

Interested persons may submit written comments to Jerry Phillips, Department of Health and Hospitals, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this

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

Frederick P. Cerise, M.D., M.P.H.
Secretary

0607#071

DECLARATION OF EMERGENCY

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

Targeted Case Management Nurse Family Partnership Program (LAC 50:XV.11101 and 11103)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends LAC 50.XV.11101-11103 under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing clarified the provisions governing the Nurse Family Partnership (NFP) Program by adopting all existing Rules in codified format in Title 50 of the *Louisiana Administrative Code (Louisiana Register, Volume 30, Number 5)*. The Nurse Family Partnership Program provides case management services to a targeted population group composed of first-time mothers in certain Department of Health and Hospitals (DHH) administrative regions. The bureau amended the May 20, 2004 Rule to expand the DHH administrative regions served and to amend the eligibility criteria and staffing qualifications (*Louisiana Register, Volume 31, Number 8*). The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) has provided clarification that eligibility for targeted case management services is not transferable between target groups. In compliance with the CMS directive, the bureau hereby amends the August 20, 2005 Rule to clarify that the first-time mother continues to be the focus of the NFP program after the birth of the child.

This action is being taken to avoid federal sanctions. It is anticipated that the implementation of this Emergency Rule will be cost neutral for state fiscal year 2006-2007.

Effective July 20, 2006, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the provisions of the August 20, 2005 Rule addressing the program description and recipient qualifications in the Nurse Family Partnership Program.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XV. Services for Special Populations

Subpart 7. Targeted Case Management

Chapter 111. Nurse Family Partnership Program

§11101. Introduction

A. Nurse Family Partnership (NFP) targeted case management is a prenatal program designed to improve the

health and social functioning of Medicaid eligible first-time mothers and their babies.

B. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services LR 30:1041 (May 2004), amended LR 31:2028 (August 2005), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 32:

§11103. Recipient Qualifications

A. Medicaid recipient must not be beyond the twenty-eighth week of pregnancy and must attest that she meets one of the following definitions of a first-time mother in order to receive NFP case management services. The recipient:

A.1. - B.3. ...

C. Nurse Family Partnership case management services to the mother may continue up to two years after the birth of the child.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services LR 30:1041 (May 2004), amended LR 31:2028 (August 2005), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 32:

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Jerry Phillips, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Frederick P. Cerise, M.D., M.P.H.
Secretary

0607#072

DECLARATION OF EMERGENCY

Department of Health and Hospitals Office of the Secretary

Office for Citizens with Developmental Disabilities

Division of Long Term Supports and Services
Home and Community Based Services Waivers
Termination of Services for Displaced Recipients
(LAC 50:XXI.301)

The Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities and the Division of Long Term Supports and Services adopts LAC 50:XXI.301 as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is being promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et

seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted provisions governing eligibility for home and community-based services waivers (*Louisiana Register*, Volume 24, Number 3). The Office for Citizens with Developmental Disabilities and the Division of Long Term Supports and Services adopted provisions governing the termination of services and limited retention of waiver opportunities for waiver recipients displaced by Hurricanes Katrina and Rita (*Louisiana Register*, Volume 32, Number 4). This Emergency Rule is being promulgated to continue the provisions of the April 20, 2006 Emergency Rule. This action is being taken to avoid federal sanctions for failure to comply with federal requirements to assure the health and welfare of recipients of home and community-based waiver services.

Effective August 19, 2006, the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities and the Division of Long Term Supports and Services adopts the following provisions governing the eligibility for home and community-based waiver services.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE Part XXI. Home and Community Based Services Waivers

Subpart 1. General Provisions

Chapter 3. Eligibility

§301. Termination of Coverage for Displaced Recipients

A. Effective July 1, 2006, waiver recipients who have been displaced by Hurricanes Katrina or Rita and are currently residing in other states will no longer be able to receive waiver services under the Louisiana Medicaid Program.

B. This termination of coverage is applicable to recipients receiving services in the following home and community-based waivers:

1. the New Opportunities Waiver;
2. Children's Choice;
3. the Elderly and Disabled Adult Waiver; and
4. the Adult Day Health Care Waiver.

C. If the individual returns to live in Louisiana on or before June 2008, he/she must contact the department to report his/her address and to request that waiver services be restarted.

D. The individual's name will be placed on a preferred registry with other hurricane evacuees who have returned to live in Louisiana and requested that their waiver services be restarted.

E. Waiver opportunities shall be offered to individuals on the preferred registry on a first come, first served basis.

1. The first available waiver opportunity shall be offered to an individual on this registry based on the date that the request to restart services was received.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities and the Division of Long Term Supports and Services, LR 32:

Implementation of this Emergency Rule is contingent upon approval by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Kathy Kliebert, Office for Citizens with Developmental Disabilities, P. O. Box 3117, Baton Rouge, LA 70821-3117 or Hugh Eley, Division of Long Term Supports and Services, P.O. Box 3767, Baton Rouge, LA 70821-3767. They are responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Frederick P. Cerise, M.D., M.P.H.
Secretary

0607#073

DECLARATION OF EMERGENCY

Department of Social Services Office of Family Support

Electronic Disbursement of Child Support Payments (LAC 67:III.2518)

The Department of Social Services, Office of Family Support, has exercised the emergency provisions of the Administrative Procedure Act, R.S. 49:953(B) to amend LAC 67:III, Subpart 4, Support Enforcement Services, §2518 Electronic Disbursement of Child Support Payments, effective July 30, 2006. This declaration is necessary to extend the original Emergency Rule, effective April 1, 2006, since it is effective for a maximum of 120 days and will expire before the final Rule takes effect. (The final Rule will be published in the August 2006 issue.) Pursuant to Section 454A(g) of the Social Security Act the agency will make it mandatory that all child support payments be distributed electronically. This Emergency Rule will remain in effect for 120 days.

As a result of delays with the distribution of child support payments experienced after Hurricanes Katrina and Rita, the agency chose to offer direct deposit and stored valued cards to eligible clients in certain designated parishes effective November 1, 2005. With the approaching 2006 hurricane season and the possibility of further delays in the distribution of child support payments, the agency will make electronic disbursement of child support payments mandatory effective April 1, 2006. This electronic disbursement process will allow the state to provide effective and efficient collections and disbursement of support payments. Failure to amend this Rule by emergency action may result in federal penalties and sanctions by the Administration for Children and Families, Office of Child Support Enforcement, the governing authority of the Support Enforcement Program in Louisiana.

Title 67

SOCIAL SERVICES

Part III. Family Support

Subpart 4. Support Enforcement Services

Chapter 25. Support Enforcement

Subchapter D. Collection and Distribution of Child Support Payments

§2518. Electronic Distribution of Child Support Payments

A.1. Effective April 1, 2006, electronic disbursement of child support payments shall be mandatory except in the following situations:

- a. payments are forwarded to private collection agencies;
- b. physical or other disabilities impose a hardship to receive payments via electronic disbursement;
- c. the custodial parent is receiving FITAP benefits;
- d. payments are forwarded to the non-custodial parent;
- e. payments received are in excess of FITAP benefits; and
- f. any other exceptions as shall be determined by Support Enforcement Services to be necessary for effective program operations.

2. Electronic disbursement of child support includes direct deposits to the custodial parent's bank account (checking or savings) or payments to a stored value card account.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with Section 454A(g) of the Social Security Act and PIQ-04-02.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 32:442 (March 2006), amended LR 32:

Ann S. Williamson
Secretary

0607#088

DECLARATION OF EMERGENCY

Department of Social Services Office of Family Support

Individual Development Account Program (LAC 67:III.5555)

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 amend LAC 67:III, Subpart 15, Chapter 55 TANF Initiatives, §5555, Individual Development Account Program (IDA). This Emergency Rule effective July 1, 2006, will remain in effect for a period of 120 days.

Pursuant to the authority granted to the Department by Louisiana TANF Block Grant, the agency is amending language in §5555 so that the Department's focus may be on one or more of the qualified purposes listed in §5555.C based on the needs of the community.

The authorization for emergency action in this matter is contained in HB 1 of the 2006 Regular Session of the Louisiana Legislature.

Title 67

SOCIAL SERVICES

Part III. Family Support

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

Chapter 55. TANF Initiatives

§5555. Individual Development Account Program (Effective July 1, 2002)

A. - B. ...

C. Effective July 1, 2006, IDA funds may be used for one or more of the following qualified purposes as determined by the secretary:

C.1 - D. ...

E. These services meet the TANF goal to provide assistance to needy families so that children may be cared for in their own homes or in homes of relatives.

F. Eligibility is limited to low-income families at or below 200 percent of the federal poverty level.

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

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; R.S. 36:474 and 46:231; Act 1098, 2001 Reg. Session; Act 84, 2002 First Extraordinary Session; Act 13, Reg. Session; HB 1, 2006 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 29:45 (January 2003), amended LR 32:

Ann Silverberg Williamson
Secretary

0607#023

DECLARATION OF EMERGENCY

Department of Social Services Office of Family Support

Temporary Emergency Disaster Assistance Program (LAC 67.III.5583)

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 §5583, Temporary Emergency Disaster Assistance Program (TEDAP) effective June 15, 2006. This Emergency Rule shall remain in effect for a period of 120 days.

As a result of Hurricanes Katrina and Rita, there are an estimated 350,000 displaced individuals within the state of Louisiana who have urgent, unmet needs for basic human services as well as for intermediate and long-term assistance in restoring their lives and communities.

Pursuant to the TANF Emergency Response and Recovery Act of 2005, the agency adopted the Temporary Emergency Disaster Assistance Program as a new TANF Initiative effective October 26, 2005. The program provides disaster emergency services to families with dependent children or pregnant women who are displaced because of disasters. A Declaration of Emergency adopting this program was published in the November issue of the *Louisiana Register*. The Declaration was republished in January 2006 to clarify eligibility and verification requirements with an effective date of January 10, 2006. This Emergency Rule was

extended May 10, 2006, as the January Declaration expired May 9, 2006. The final Rule was to be published in the June 2006 issue of the *Register*. However, it is the agency's decision at this time to expand the type of services provided by TEDAP and to allow the provision of certain services beyond four months. The TANF goal to prevent and reduce out-of-wedlock pregnancies is also being added. Therefore, the program is being adopted as a new TANF Initiative with expanded services and goals effective June 15, 2006.

The authorization for emergency action in this matter is contained in Act 16 of the 2005 Regular Session of the Louisiana Legislature.

Title 67

SOCIAL SERVICES

Part III. Office of Family Support

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

Chapter 55. TANF Initiatives

§5583. Temporary Emergency Disaster Assistance Program

A. Effective October 26, 2005, the agency will enter into contracts to provide disaster emergency services to needy families with dependent children or pregnant women who are displaced because of disasters. The program will provide the following services.

1. Services or benefits considered to meet on-going basic needs. These services shall not be provided for a period (in whole or in part) to exceed four months. Such services and benefits include, but are not limited to, the provision of such items as cash assistance, food assistance, child care and transportation for unemployed participants, basic personal items, household items, housing and utility assistance.

2. Services or benefits not considered to meet ongoing basic needs. These services may be provided to participant families for a period exceeding four months if considered vital to the long-term recovery of participant families. Such services may include, but are not limited to, supportive services such as transportation for employed participants, child care for employed participants, non-medical substance abuse treatment, employment assistance or job training, or other necessary supportive services as determined by the Department of Social Services, Office of Family Support.

B. These services meet the TANF goals to end dependence of needy parents by promoting job preparation, work and marriage; to encourage the formation and maintenance of two-parent families; and to prevent and reduce out-of-wedlock pregnancies.

C. Eligibility for services is limited to needy families with minor dependent children, or minor dependent children living with caretaker relatives within the fifth degree of relationship, or pregnant women:

1. who are displaced citizens of parishes or counties for which a major disaster has been declared under the Robert T. Stafford Disaster Relief and Assistance Act; and

2. whose income is at or below 200 percent of the federal poverty level or who are categorically eligible because a member of the family receives a Family Independence Temporary Assistance Program (FITAP) grant, Kinship Care Subsidy Program (KCSP) grant, Food Stamps, Child Care Assistance Program (CCAP) benefits, Medicaid, Louisiana Children's Health Insurance Program

(LaCHIP), Supplemental Security Income (SSI), or Free or Reduced School Lunch.

D. The secretary may establish criteria whereby needy families are deemed to be needy based on their statement, circumstances, or inability to access resources and may also relax verification requirements for other eligibility factors.

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

F. The program shall be effective for the parishes or counties and time frames as designated by the secretary.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; R.S. 46:231 and R.S. 36:474; Act 16, 2005 Reg. Session, TANF Emergency Response and Recovery Act of 2005.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 32:

Ann Silverberg Williamson
Secretary

0607#005

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries Office of Fisheries

Freshwater Mussel Harvest (LAC 76:VII.161)

In accordance with the emergency provisions of R.S. 49:953(B), the Administrative Procedure Act, and R.S. 56:450, which allows the secretary to promulgate rules and regulations for the harvest of freshwater mussels, the Secretary of the Department of Wildlife and Fisheries hereby finds that an imminent peril to the public welfare exists and accordingly adopts the following Emergency Rule. Any provisions of LAC 76:VII.161 in conflict herewith are hereby temporarily superseded by this declaration of emergency for the 2006 mussel season. This Emergency Rule shall be effective 12:01 a.m., June 15, 2006, and shall remain in effect for the maximum period allowed under the Administrative Procedure Act.

The secretary has promulgated the Emergency Rule to implement scientific collections by Department of Wildlife and Fisheries, Inland Fish Division biologists from mussel harvesters and buyers for the purpose of determining potential harmful impacts to mussel populations from commercial harvest. These provisions are: require mussel harvesters to keep mussels separated by waterbody and tagged indicating the harvest location until sold to a mussel buyer; require mussel buyers to buy mussels on Wednesdays and Fridays only; require mussel buyers to agree to provide the department at the point of sale, not to exceed 5 percent by number by specie, any mussel harvested and sold by location. Since mussel harvest information is captured under trip tickets, this Emergency Rule eliminates the requirement for mussel harvesters to submit separate monthly reports to the department. The provisions of the Emergency Rule prohibit the harvest of mussels in the Pearl River where the federally threatened inflated heelsplitter (*Potamilus inflatus*) is found. The Emergency Rule also reduces the mussel season to begin on June 15, 2006 and end on August 30, 2006.

Title 76

WILDLIFE AND FISHERIES

Part VII. Fish and Other Aquatic Life

Chapter 1. Freshwater Sports and Commercial Fishing

§161. Freshwater Mussel Harvest

A. - C.2. ...

D. Species for Harvest

1. - 2. ...

3. Minimum size will be measured by passing the specimen through a ring or appropriate circular measuring device so designed as to allow undersized mussels to pass through the opening. There is no allowance for undersized shell. All mussels must be sized (graded) immediately after each dive and undersized shell returned to the mussel bed before the harvester moves his boat or begins another dive. All mussels harvested shall be removed from the water daily during daylight hours only and shall be kept separated by waterbody and tagged with harvest location until sold. All mussels harvested must be sold on a daily basis unless stored and tagged as required herein. Mussels may not be stored in the water after sunset. All mussels not sold at the end of each day shall be sacked and tagged before official sunset. The tag shall contain the following information:

3.a. - 5. ...

E. Time of Harvest

1. Mussels may be harvested from June 15 through August 30 during 2006 between official sunrise and official sunset; except that harvest of mussels will be closed on national holidays (July 4 and Labor Day) and Saturdays and Sundays of each week.

2. ...

F. Areas Open to Harvest

1. - 2.d. ...

e. Pearl River and any tributary within 1/2 mile of the main channel of Pearl River in Washington and St. Tammany Parishes from the Mississippi-Louisiana state line to its mouth at Lake Borgne.

3. - 3.h. ...

G. Reporting

1. ...

2. Mussel buyers must contact the department either in the region where they will be conducting buying operations, or at the department's toll-free telephone number, and provide information as to which site these operations are to be set up. This notification is to be made on the day previous to setting up these operations. The buyer must also notify the department within 24 hours when buying activities at that location have been completed. Mussel buyers may not conduct buying activities outside of designated and/or approved sites. Mussel buyers may conduct buying activities on Wednesdays and Fridays only.

3.a. Mussel buyers are limited to setting up buying operations at department approved sites in or nearby to these cities:

- i. Bogalusa;
- ii. Columbia;
- iii. Coushatta;
- iv. Delhi;
- v. Kinder;

- vi. Ferriday;
- vii. Leesville;
- viii. Livingston;
- ix. Minden;
- x. Port Barre;
- xi. Ramah;
- xii. Simmesport;
- xiii. Tioga.

b. Additional buyer's sites may be set up at department discretion to facilitate harvest.

4. Each permittee harvesting mussels for sale is responsible for department notification. The permittee shall notify the department at a designated phone number (1-800-442-2511) at least four hours prior to harvesting any mussels. The permittee shall provide, at the time of notification, the parish and area to be fished. Such notification will be on a daily basis, unless the harvester fishes in the same area during a Monday through Friday period. However, even if harvesting in the same location for an extended period, weekly notification will be required. The permittee will be given a confirmation number at the time of initial notification.

5. Each permittee must again notify the department at 1-800-442-2511 immediately prior to selling any mussels. The permittee must report their confirmation number and the name and mussel buyer's permit number of the individual who will be purchasing mussels obtained under the permit.

H. Special Restrictions

1. - 7. ...

8. The mussel buyer agrees to provide the department at the point of sale, not to exceed 5 percent by number by specie, any mussel harvested and sold by location. The maximum number of mussels the department will collect by specie by location will be 50 annually.

I. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:450.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Office of Fisheries, LR 19:510 (April 1993), amended LR 21:193 (February 1995), LR 22:374 (May 1996), LR 23:1327 (October 1997), LR 32:

Dwight Landreneau
Secretary

0607#001

DECLARATION OF EMERGENCY

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

2006 Spring Inshore Shrimp Season Closure—Zone 1

In accordance with the emergency provisions of R.S. 49:953(B) and R.S. 49:967 of the Administrative Procedure Act which allows the Wildlife and Fisheries Commission to use emergency procedures to set shrimp seasons and R.S. 56:497 which provides that the Wildlife and Fisheries Commission shall fix no less than two open seasons each year for all or part of inside waters and a resolution adopted by the Wildlife and Fisheries Commission on May 4, 2006 which authorized the Secretary of the Department of Wildlife and Fisheries to close the 2006 Spring Inshore

Shrimp Season in any portion of Louisiana's inside waters to protect small white shrimp if biological and technical data indicate the need to do so, or if enforcement problems develop, the secretary hereby declares:

The 2006 spring shrimp season in inside waters will close in Shrimp Management Zone 1 on Wednesday, July 5, at 6 a.m., except for that portion of Mississippi Sound from a position along the Mississippi-Louisiana state line at 30 degrees 09 minutes 39.6 seconds north latitude and 89 degrees 30 minutes 00 seconds west longitude southeastward to the US Coast Guard navigational light off the eastern shore of Three-Mile Pass at latitude 30 degrees 03 minutes 12 seconds north latitude and 89 degrees 21 minutes 30 seconds west longitude thence northeastward to a position which intersects the double-rig line as described in (R.S. 56:495.1(A)2) north of Isle au Pitre at 30 degrees 10 minutes 00 seconds west latitude, and the open waters of Breton and Chandeleur Sounds as described by the double-rig line. Zone 1 comprises State inside waters from the Mississippi-Louisiana state line to the eastern shore of South Pass of the Mississippi River.

The 2006 spring inshore shrimp season within Shrimp Management Zone 3 will remain open until further notice. Zone 3 comprises State inside waters from the western shore of Vermilion Bay and Southwest Pass at Marsh Island to the Louisiana-Texas state line. State territorial waters south of the Inside/Outside Shrimp Line, as described in R.S. 56:495 will also remain open to shrimping.

The number, distribution and percentage of small juvenile white shrimp taken in biological samples within Zone 1 has progressively increased in recent weeks and the region is being closed to protect these developing shrimp.

Dwight Landreneau
Secretary

0607#024

DECLARATION OF EMERGENCY

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

2006 Spring Inshore Shrimp Season Closure—Zone 2

In accordance with the emergency provisions of R.S. 49:953(B) and R.S. 49:967 of the Administrative Procedure Act, which allows the Wildlife and Fisheries Commission to use emergency procedures to set shrimp seasons, and R.S. 56:497, which provides that the Wildlife and Fisheries Commission shall fix no less than two open seasons each year for all or part of inside waters, and a resolution adopted by the Wildlife and Fisheries Commission on April 26, 2006, which authorized the Secretary of the Department of Wildlife and Fisheries to close the 2006 Spring Inshore Shrimp Season in any portion of Louisiana's inside waters to protect small white shrimp if biological and technical data indicate the need to do so, or if enforcement problems develop, the Secretary hereby declares:

The 2006 spring inshore shrimp season within Shrimp Management Zone 2 will close on Monday, June 19, at 6 a.m. Zones 1 and 3 will remain open until further notice.

The state territorial waters south of the Inside/Outside Shrimp Line, as described in R.S. 56:495, shall remain open.

The number, distribution and percentage of small juvenile white shrimp taken in biological samples within Zone 2 have progressively increased in recent weeks and the region is being closed to protect these developing shrimp.

Dwight Landreneau
Secretary

0607#004

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries Wildlife and Fisheries Commission

Commercial Deepwater Grouper Closure

The commercial season for the harvest of deepwater groupers in Louisiana state waters will close effective 12:01 a.m. on June 27, 2006. The deepwater grouper assemblage includes misty, snowy, yellowedge, Warsaw grouper, and speckled hind. The secretary has been informed that the commercial season for deepwater groupers in the Federal waters of the Gulf of Mexico off the coast of Louisiana will close at 12:01 a.m. on June 27, 2006, and will remain closed until 12:01 a.m., January 1, 2007.

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 January 5, 2006 to modify opening and closing dates of 2006 commercial reef fish seasons in Louisiana

state waters when he is informed by the Regional Director of the National Marine Fisheries Service that the seasons have been closed in adjacent federal waters, and that the NMFS requests that the season be modified in Louisiana state waters, the secretary hereby declares:

The commercial fishery for deepwater groupers in Louisiana waters will close at 12:01 a.m. on June 27, 2006, and remain closed until 12:01 a.m., January 1, 2007. Effective with this closure, no person shall commercially harvest, possess, purchase, barter, trade, sell or attempt to purchase, barter, trade or sell deepwater groupers whether within or without Louisiana waters. Effective with closure, no person shall possess deepwater grouper in excess of a daily bag limit, which may only be in possession during the open recreational season. Nothing shall prohibit the possession or sale of fish legally taken prior to the closure providing that all commercial dealers possessing deepwater grouper taken legally prior to the closure shall maintain appropriate records in accordance with R.S. 56:306.5 and R.S. 56:306.6.

The secretary has been notified by National Marine Fisheries Service that the commercial deepwater grouper season in Federal waters of the Gulf of Mexico will close at 12:01 a.m. on June 27, 2006, and the season will remain closed until 12:01 a.m., January 1, 2007. Having compatible season regulations 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.

Dwight Landreneau
Secretary

0607#010

Rules

RULE

Board of Elementary and Secondary Education

Bulletin 122—Trade and Industrial Education Curricula
(LAC 28:CXXVII.Chapters 1-7)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted *Bulletin 122—Trade and Industrial Education Curricula*. Bulletin 122 will be printed in codified format as Part CXXVII of the *Louisiana Administrative Code*. This action updates Career and Technical course offerings. In updating these courses offerings our Career and Technical program of studies will be more aligned with national standards.

Title 28 EDUCATION

Part CXXVII. Bulletin 122—Trade and Industrial Education Curricula

Chapter 1. General Provisions

§101. Introduction

A. The National Center for Construction Education and Research (NCCER) is a nonprofit 501(c)(3) foundation for education providing curricula to diversified craft-based businesses. These include industries tied to construction, pipeline, and maintenance. Various industries such as trade associations, construction, schools, contractors, and maintenance users, manufacturers, third-party training providers, and pipeline operators support the efforts of NCCER.

B. The NCCER has coordinated with industry to develop curricula that is respected and acknowledged nationwide. Their curricula are nationally standardized, portable, and competency based. The NCCER has earned the respect and acknowledgement of industry and is partnered with various industry sectors such as construction, pipeline and maintenance. A National Registry has been developed which lists all students who have been awarded industry-based certifications in a number of crafts which allows employers to draw from a workforce they know have been trained by using a nationally consistent curricula.

C. The Louisiana Department of Education (LDE) serves as the state sponsor for NCCER certification for both secondary and postsecondary students. Adoption of common curricula for craft-based courses by both the LDE and Louisiana Technical College (LTC) will facilitate articulation. Upon successful completion of NCCER training, students can earn industry-based certifications in heating, venting, air conditioning, and refrigeration (HVAC-R); carpentry; and electrical. Documentation of these certifications is maintained on the NCCER National Registry offering students a portable credential recognized by industry.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1200 (July 2006).

Chapter 3. Carpentry Competencies/Objectives

§301. Level One

- A. Module 27101-01. Orientation to The Trade
1. Describe the history of the carpentry trade.
 2. Identify the stages of progress within the carpentry trade.
 3. Identify the responsibilities of a person working in the construction industry.
 4. State the personal characteristics of a professional.
 5. Explain the importance of safety in the construction industry.
- B. Module 27102-01. Wood Building Materials, Fasteners, and Adhesives
1. Explain the terms commonly used in discussing wood and lumber.
 2. State the uses of various types of hardwoods and softwoods.
 3. Identify various types of imperfections that are found in lumber.
 4. Explain how lumber is graded.
 5. Interpret grade markings on lumber and plywood.
 6. Explain how plywood is manufactured, graded, and used.
 7. Identify various types of building boards and identify their uses.
 8. Identify the uses of and safety precautions associated with pressure-treated and fire-retardant lumber.
 9. Describe the proper method of caring for lumber and wood building materials at the job site.
 10. State the uses of various types of engineered lumber.
 11. Calculate the quantities of lumber and wood products using industry-standard methods.
 12. List the basic nail and staple types and their uses.
 13. List the basic types of screws and their uses.
 14. Identify the different types of anchors and their uses.
 15. Describe the common types of adhesives used in construction work and explain their uses.
- C. Module 27103-01. Hand and Power Tools
1. Identify the hand tools commonly used by carpenters and describe their uses.
 2. Use hand tools in a safe and appropriate manner.
 3. State the general safety rules for operating all power tools, regardless of type.
 4. State the general rules for properly maintaining all power tools, regardless of type.
 5. Identify the portable power tools commonly used by carpenters and describe their uses.
 6. Use portable power tools in a safe and appropriate manner.
 7. Identify the stationary power tools commonly used by carpenters and describe their uses.
 8. Use stationary power tools in a safe and appropriate manner.
- D. Module 27104-01. Floor Systems
1. Identify the different types of framing systems.

2. Read and understand drawings and specifications to determine floor system requirements.

3. Identify floor and sill framing and support members.

4. Name the methods used to fasten sills to the foundation.

5. Given specific floor load and span data, select the proper girder/beam size from a list of available girders/beams.

6. List and recognize different types of floor joists.

7. Given specific floor load and span data, select the proper joist size from a list of available joists.

8. List and recognize different types of bridging.

9. List and recognize different types of flooring materials.

10. Explain the purposes of subflooring and underlayment.

11. Match selected fasteners used in floor framing to their correct uses.

12. Estimate the amount of material needed to frame a floor assembly.

13. Demonstrate the ability to:

a. lay out and construct a floor assembly;

b. install bridging;

c. install joists for a cantilever floor;

d. install a subfloor using butt-joint plywood/OSB panels;

e. install a single floor system using tongue-and-groove plywood/OSB panels.

E. Module 27105-01. Wall and Ceiling Framing

1. Identify the components of a wall and ceiling layout.

2. Describe the procedure for laying out a wood frame wall, including:

a. plates;

b. corner posts;

c. door and window openings;

d. partition Ts;

e. bracing; and

f. firestops.

3. Describe the correct procedure for assembling and erecting an exterior wall.

4. Describe the common materials and methods used for installing sheathing on walls.

5. Lay out, assemble, erect, and brace exterior walls for a frame building.

6. Describe wall framing techniques used in masonry construction.

7. Explain the use of metal studs in wall framing.

8. Describe the correct procedure for laying out a ceiling.

9. Cut and install ceiling joists on a wood frame building.

10. Estimate the materials required to frame walls and ceilings.

F. Module 27106-01. Roof Framing

1. Understand the terms associated with roof framing.

2. Identify the roof framing members used in gable and hip roofs.

3. Identify the methods used to calculate the length of a rafter.

4. Identify the various types of trusses used in roof framing.

5. Use a rafter framing square, speed square, and calculator in laying out a roof.

6. Identify various types of sheathing used in roof construction.

7. Frame a gable roof with vent openings.

8. Frame a roof opening.

9. Construct a frame roof, including:

a. hips;

b. valleys;

c. commons;

d. jack rafters; and

e. sheathing.

10. Erect a gable roof using trusses.

11. Estimate the materials used in framing and sheathing a roof.

G. Module 27107-01. Windows and Exterior Doors

1. Identify various types of fixed, sliding, and swinging windows.

2. Identify the parts of a window installation.

3. State the requirements for a proper window installation.

4. Install a pre-hung window.

5. Identify the common types of skylights and roof windows.

6. Describe the procedure for properly installing a skylight.

7. Identify the common types of exterior doors and explain how they are constructed.

8. Identify the parts of a door installation.

9. Identify the types of thresholds used with exterior doors.

10. Install a threshold on a concrete floor.

11. Install a pre-hung exterior door with weather-stripping.

12. Identify the various types of locksets used on exterior doors and explain how they are installed.

13. Explain the correct installation procedure for a rollup garage door.

14. Install a lockset.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1200 (July 2006).

§303. Level Two

A. Module 27201-01. Reading Plans and Elevations

1. Describe the types of drawings usually included in a set of plans and list the information found on each type.

2. Identify the different types of lines used on construction drawings.

3. Identify selected architectural symbols commonly used to represent materials on plans.

4. Identify selected electrical, mechanical, and plumbing symbols commonly used on plans.

5. Identify selected abbreviations commonly used on plans.

6. Read and interpret plans, elevations, schedules, sections, and details contained in basic construction drawings.

7. State the purpose of written specifications.

8. Identify and describe the parts of a specification.
9. Demonstrate or describe how to perform a quantity takeoff for materials.

B. Module 27202-01. Site Layout One: Distance Measurement and Leveling

1. Describe the major responsibilities of the carpenter relative to site layout.
2. Convert measurements stated in feet and inches to equivalent measurements stated in decimal feet, and vice versa.
3. Use and properly maintain tools and equipment associated with taping.
4. Use taping and/or chaining equipment and procedures to make distance measurements and perform site layout tasks.
5. Determine approximate distances by pacing.
6. Recognize, use, and properly care for tools and equipment associated with differential leveling.
7. Use a builder's level or transit and differential leveling procedures to determine site and building elevations.
8. Record site layout data and information in field notes using accepted practices.
9. Check and/or establish 90° angles using the 3/4/5 rule.

C. Module 27203-01. Introduction to Concrete and Reinforcing Materials

1. Identify various types of cement and describe their uses.
2. Identify types and sizes of concrete aggregates.
3. Identify types of concrete admixtures and describe their uses.
4. Identify special types of concrete and describe their uses.
5. Identify concrete curing methods and materials.
6. Identify concrete testing methods.
7. Demonstrate sampling methods used for the testing of concrete.
8. Perform slump testing of concrete.
9. Perform casting of specimens for strength testing of concrete.
10. Perform volume estimates for concrete quantity requirements.
11. Identify types of concrete reinforcement bars and describe their uses.
12. Identify types of reinforcement bar supports and describe their uses.
13. Identify types of welded-wire fabric (WWF) reinforcement material and describe their uses.

D. Module 27204-01. Foundations and Flatwork

1. Identify various kinds of footings, including:
 - a. continuous or spread;
 - b. stepped;
 - c. pier;
 - d. grade beam.
2. Identify the parts of footing forms and explain their purpose.
3. Identify the parts of pier forms and explain their purpose.
4. Demonstrate the ability to lay out and construct selected footing forms, including:
 - a. continuous footing;

- b. pier footing;
- c. pile cap;
- d. grade beam.

5. Strip a pier footing form and prepare it for erection at another location.

6. Identify types of concrete structures that require the construction of edge forms:

- a. slabs with or without a foundation;
- b. parking lots;
- c. driveways and streets;
- d. sidewalks;
- e. approaches.

7. Identify the parts of edge forms and explain their purpose.

8. Demonstrate the ability to construct and disassemble edge forms for:

- a. a slab-on-grade with an existing foundation;
- b. a slab-on-grade with an integral foundation.

9. Explain the purpose of a screed and identify the different types of screeds.

10. Demonstrate the ability to set screeds on grade.

E. Module 27205-01. Concrete Forms

1. Identify the various types of concrete forms.
2. Identify the components of each type of form.
3. Explain the safety procedures associated with using concrete forms.
4. Erect, plumb, and brace selected concrete forms, including:
 - a. basic wall form;
 - b. ganged wall form;
 - c. radius wall form;
 - d. column form;
 - e. beam form and shoring;
 - f. stair form.

F. Module 27206-01. Reinforcing Concrete

1. Describe the applications of reinforcing bars, the uses of reinforced structural concrete, and the basic processes involved in placing reinforcing bars.
 2. Recognize and identify the bar bends standardized by the American Concrete Institute (ACI).
 3. Read and interpret bar lists and describe the information found on a bar list.
 4. List the types of ties used in securing reinforcing bars.
 5. State the tolerances allowed in the fabrication of reinforcing bars.
 6. Demonstrate the proper use of common ties for reinforcing bars.
 7. Describe methods by which reinforcing bars may be cut and bent in the field.
 8. Use the tools and equipment needed for installing reinforcing bars.
 9. Demonstrate the ability to safely use selected tools and equipment to cut, bend, and install reinforcing materials.
 10. Explain the necessity of concrete cover in placing reinforcing bars.
 11. Explain and demonstrate how to place bars in walls, columns, beams, girders, joists, and slabs.
 12. Identify lapped and welded splices.
- G. Module 27207-01. Handling and Placing Concrete
1. Identify and state the purpose of different types of concrete joints.

2. Recognize the various equipment used to transport and place concrete.
3. Describe the factors that contribute to the quality of concrete placement.
4. Demonstrate and/or describe the correct methods for placing and consolidating concrete into forms.
5. Demonstrate and/or describe how to use a screed to strike off and level concrete to the proper grade in a form.
6. Demonstrate and/or describe how to use a bullfloat and/or darby to level and smooth concrete.
7. Determine when conditions permit the concrete finishing operation to start.
8. Demonstrate and/or describe how to use a hand float and finishing trowel.
9. Demonstrate and/or describe how to use an edger.
10. Demonstrate and/or describe how to use a jointer.
11. Name the factors that affect the curing of concrete and describe the methods used to achieve proper curing.
12. Properly care for and safely use hand and power tools used when working with concrete.

H. Module 27208-01. Manufactured Forms

1. Recognize various types of manufactured forms.
2. Identify the components of manufactured wall-forming systems.
3. State the differences in construction and use among different types of forms.
4. Describe how a flying form system is moved.
5. Erect, plumb, and brace a manufactured wall form.
6. Use a manufactured hardware system to erect forms of lumber and sheathing.
7. Erect, plumb, and brace a manufactured column form.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1201 (July 2006).

§305. Level Three

A. Module 27301-02. Exterior Finishing

1. Describe the purpose of wall insulation and flashing.
2. Identify the types and parts of common cornices.
3. Demonstrate the installation of selected common cornices.
4. Demonstrate lap and panel siding estimating methods.
5. Describe the types and applications of common wood siding:
 - a. beveled;
 - b. tongue-and-groove;
 - c. shiplap;
 - d. board-and-batten;
 - e. shake or shingle;
 - f. plywood;
 - g. hardboard and particleboard.
6. Install selected types of wood siding.
7. Describe fiber-cement siding and its uses.
8. Demonstrate the installation of fiber-cement siding.
9. Describe the types and styles of vinyl and metal siding.
10. Install selected types of vinyl or metal siding.
11. Describe the types and applications of stucco and masonry veneer finishes.

12. Describe the types and applications of special exterior finish systems.

13. Describe the types and styles of gutters and downspouts and their accessories.

14. Install selected types of metal or vinyl gutters and downspouts.

B. Module 27302-02. Roofing Applications

1. Identify the materials and methods used in roofing.
2. Explain the safety requirements for roof jobs.
3. Install fiberglass shingles on gable and hip roofs.
4. Close up a valley using fiberglass shingles.
5. Explain how to make various roof projections watertight when using fiberglass shingles.
6. Complete the proper cuts and install the main and hip ridge caps using fiberglass shingles.
7. Lay out, cut, and install a cricket or saddle.
8. Install wood shingles and shakes on roofs.
9. Describe how to close up a valley using wood shingles and shakes.
10. Explain how to make roof projections watertight when using wood shakes and shingles.
11. Complete the cuts and install the main and hip ridge caps using wood shakes/shingles.
12. Demonstrate the techniques for installing other selected types of roofing materials.

C. Module 27303-02. Thermal and Moisture Protection

1. Describe the requirements for insulation.
2. Describe the characteristics of various types of insulation material.
3. Calculate the required amounts of insulation for a structure.
4. Demonstrate the installation of selected insulation materials.
5. Describe the requirements for moisture control and ventilation.
6. Install selected vapor barriers.
7. Describe various methods of waterproofing.
8. Describe air infiltration control requirements.
9. Install selected building wraps.

D. Module 27304-02. Stairs

1. Identify the various types of stairs.
2. Identify the various parts of stairs.
3. Identify the materials used in the construction of stairs.
4. Interpret construction drawings of stairs.
5. Explain the methods of constructing various types of stairs.
6. Understand the various terms and definitions relating to stairs.
7. Lay out and cut stringers.
8. Determine the number and sizes of risers and treads required for a stairway.
9. Build a small stair unit with a handrail.
10. Lay out a skirt board.

E. Module 27305-02. Framing with Metal Studs

1. Identify the components of a metal stud system.
2. Identify and select the tools and fasteners used in a metal stud system.
3. Identify applications for metal stud systems.
4. Lay out and install a metal stud wall with openings.
5. Lay out and install a metal door frame.
6. Lay out and install a metal stud radius wall.

F. MODULE 27306-02. Drywall One: Installation

1. Identify the different types of gypsum wallboard (drywall) and their uses.
2. Select the type and thickness of drywall required for specific installations.
3. Select fasteners for drywall installation.
4. Explain the fastener schedules for different types of drywall installations.
5. Perform single-layer and multi-layer drywall installations using different types of fastening systems, including:
 - a. nails;
 - b. drywall screws;
 - c. adhesives.
6. Install gypsum drywall on metal studs.
7. Explain how soundproofing is achieved in drywall installations.
8. Estimate material quantities for a drywall installation.

G. Module 27307-02. Drywall Two: Finishing

1. Explain the different levels of finishing as defined in A Recommended Specification for Levels of Gypsum Board Finish.
2. Identify the hand tools used in drywall finishing and demonstrate the ability to use these tools.
3. Identify the automatic tools used in drywall finishing.
4. Identify the materials used in drywall finishing and state the purpose and use of each type of material, including:
 - a. compounds;
 - b. joint reinforcing tapes;
 - c. trim materials;
 - d. textures and coatings.
5. Demonstrate the ability to properly finish drywall using hand tools.
6. Recognize various types of problems that occur in drywall finishes and identify the cause and correct method for solving each type of problem.
7. Demonstrate the ability to patch damaged drywall.

H. Module 27308-02. Interior Finish One: Doors

1. Identify various types of door jambs and frames and demonstrate the installation procedures for placing selected door jambs and frames in different types of interior partitions.
2. Identify different types of interior doors.
3. Identify different types of interior door hardware and demonstrate the installation procedures for selected types.
4. Demonstrate the correct and safe use of the hand tools described in this module.
5. Demonstrate the correct and safe use of the power tools described in this module.
6. List and identify specific items included on a typical door schedule.
7. Demonstrate the procedure for placing and hanging a selected door.

I. Module 27309-02. Interior Finish Two: Suspended Ceilings

1. Establish a level line.
2. Understand the common terms related to sound waves and acoustical ceiling materials.
3. Identify the different types of suspended ceilings.

4. Interpret plans and shop drawings related to ceiling layout.
5. Sketch the ceiling layout for a basic suspended ceiling.
6. Perform a material takeoff for a suspended ceiling.
7. Install selected suspended ceilings.

J. Module 27310-02. Interior Finish Three: Window, Door, Floor, and Ceiling Trim

1. Identify the different types of standard moldings and describe their uses.
2. Make square and miter cuts using a miter box or power miter saw.
3. Make coped joint cuts using a coping saw.
4. Select and properly use fasteners to install trim.
5. Install interior trim, including:
 - a. door trim;
 - b. window trim;
 - c. base trim;
 - d. ceiling trim;
6. Estimate the quantities of different trim materials required for selected rooms.

K. Module 27311-02. Interior Finish Four: Cabinet Installation

1. State the classes and sizes of typical base and wall kitchen cabinets.
2. Recognize the common types of woods used to make cabinets.
3. Identify cabinet components and hardware and describe their purpose.
4. Install factory-made cabinets, countertops, and backsplashes.
5. Install plastic laminate on a countertop core.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1203 (July 2006).

§307. Level Four

A. Module 27401-03. Site Layout Two: Angular Measurement

1. Perform calculations pertaining to angular measurements.
 - a. Use the Pythagorean theorem to determine unknown values.
 - b. Use right triangle trigonometry to determine unknown values.
 - c. Convert feet and inches to decimal feet, and vice versa.
 - d. Convert angular measurements stated in decimal degrees to degrees, minutes, seconds, and vice versa.
 - e. Convert azimuth to bearing, and vice versa.
 - f. Convert polar coordinates to rectangular coordinates, and vice versa.
 - g. Convert distance and direction into latitudes and departures.
2. Recognize, safely use, and properly care for site layout tools and instruments, including:
 - a. construction laser instruments;
 - b. transits;
 - c. theodolites;
 - d. electronic distance measurement instruments (EDMIs);
 - e. total stations.

3. Lay out building lines using traditional and radial layout techniques.

4. Use a laser level to determine unknown elevations.

5. Use trigonometric leveling techniques to determine unknown elevations.

B. Module 27402-03. Advanced Roof Systems

1. Describe the characteristics and properties of metals as they relate to roofing applications.

2. Identify the types of trusses and joists used in commercial roofing.

3. Demonstrate the installation of panels for a lap seam metal roof, including the preparation of eaves.

4. Demonstrate the installation of panels for a standing seam metal roof.

5. Describe the proper installation procedures for a built-up roof.

6. Demonstrate the installation of endlapped panels for a standing seam metal roof.

7. Demonstrate the sealing of a sidelap standing seam metal roof.

C. MODULE 27403-03. Advanced Floor Systems

1. Identify different types of floor systems.

2. Explain the purpose of working drawings as they relate to flooring systems.

3. Identify the different types of floor coverings and discuss their applications.

4. Explain the various methods of fireproofing floor systems.

5. Demonstrate the ability to install various types of floor coverings.

D. Module 27404-03. Advanced Wall Systems

1. Explain the different types of wall systems.

2. Explain the different types of wall finishes.

3. Explain the various methods of fireproofing a wall system.

4. Demonstrate the ability to install paneling with wainscoting.

5. Describe the process used in forming and installing tilt-up wall panels.

6. Identify various advanced wall systems and explain the techniques used in their construction.

7. Demonstrate the ability to build penetration firewalls and sound control walls per specifications.

E. Module 27405-03. Advanced Stair Systems

1. Identify the various stair parts.

2. Explain and demonstrate the procedure for cutting and installing various stair parts, including:

a. mitered finish stringers;

b. mitered risers;

c. treads;

d. newel posts;

e. handrails;

f. balusters.

3. Describe the method for finishing service stairs and main stairs, and demonstrate instructor-selected finishing for one or more of the following:

a. open;

b. closed;

c. combination open/closed;

d. L-shaped;

e. u-shaped

4. Identify what materials can be used to build stairs for commercial construction.

F. Module 27406-03. Introduction to Light Equipment

1. Identify and explain the operation and use of various pieces of light equipment, including:

a. aerial lifts;

b. skid steer loaders;

c. trenchers;

d. generators;

e. compressors;

f. compactors;

g. forklifts;

h. backhoe.

2. State the safety precautions associated with light equipment.

3. Operate selected items of light equipment.

G. Module 27407-03. Welding

1. Identify and explain the parts of an oxyfuel cutting outfit.

2. State the safety rules for working with oxyfuel equipment.

3. Identify the proper protective clothing and eye protection to be used in oxyfuel cutting.

4. Explain the meaning of the terms backfire and flashback, describe how to avoid them, and what to do if they occur.

5. Match cutting torch tips to their applications.

6. Under the supervision of the instructor, demonstrate the ability to:

a. set up equipment for oxyfuel cutting;

b. turn on, light, and adjust the equipment to obtain a neutral flame;

c. cut mild steel, stop, and restart the cut

7. State the safety precautions associated with arc welding.

8. Identify the proper protective clothing and eye protection to be used in welding.

9. Identify the types of arc welding machines.

10. Identify the types of arc welding electrodes.

11. Interpret the meanings of the electrode classification codes.

12. Identify the factors to consider when selecting electrodes.

13. State the characteristics of a good weld.

14. Under the supervision of the instructor, demonstrate the ability to perform one or more of the following welding procedures:

a. start, stop, and restart a bead;

b. construct a pad weld;

c. construct a butt weld;

d. construct a lap-joint fillet weld in the overhead position;

e. construct a T-joint fillet weld in the vertical up position;

f. construct a square-groove butt-joint weld in the vertical down position.

H. Module 27408-03. Metal Buildings

1. Discuss the common applications and basic design principles of metal buildings and contrast them to standard construction.

2. State the safety precautions applicable to metal building assembly, including:

- a. power tool safety;
- b. rigging safety;
- c. electrical safety;
- d. concrete-related safety;
- e. fall protection;
- f. ladder and scaffold safety;
- g. welding safety.

3. Describe fastening methods used in metal building construction.

4. Describe the basic erection practices for interior and end bays of metal buildings.

5. Describe the procedures used in plumbing, leveling, and squaring a metal building and contrast them to those used in standard construction.

6. Identify and describe the types of roof panels and roofing materials used on metal buildings.

7. Identify and describe the types of walls and wall finishes used on metal buildings.

8. Describe the procedures used to install windows and doors in metal buildings.

9. Interpret metal building drawings and schematics.

I. Module 27409-03 (Mt101). Introductory Skills for the Crew Leader

1. Discuss current issues and organizational structure in the construction industry today.

2. Understand and incorporate leadership skills into work habits, including:

- a. communication;
- b. motivation;
- c. team building;
- d. problem solving; and
- e. decision-making skills.

3. Demonstrate an awareness of safety issues, including the cost of accidents and safety regulations.

4. Identify a supervisor's typical safety responsibilities.

5. Show a basic understanding of the planning process, scheduling, and cost and resource control.

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HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1204 (July 2006).

§309. Level Five

A. Module 27501-03. Cabinetmaking

1. State the classes and sizes of typical base and wall kitchen cabinets.

2. Recognize the common types of woods used to make cabinets.

3. Identify cabinet components and hardware and describe their purpose.

4. Correctly and safely use stationary power tools.

5. Identify and cut the various types of joints used in cabinetmaking.

6. Build a cabinet from a set of drawings.

7. Install plastic laminate on a countertop core.

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Chapter 5. Electrical Competencies/Objectives

§501. Level One

A. Module 26101-02. Electrical Safety

1. Demonstrate safe working procedures in a construction environment.

2. Explain the purpose of OSHA and how it promotes safety on the job.

3. Identify electrical hazards and how to avoid or minimize them in the workplace.

4. Explain:

a. safety issues concerning lockout/tagout procedures;

b. personal protection using assured grounding and isolation programs, confined space entry, respiratory protection; and

c. fall protection systems.

B. Module 26102-02. Hand Bending

1. Identify the methods of hand bending conduit.

2. Identify the various methods used to install conduit.

3. Use math formulas to determine conduit bends.

4. Make 90° bends, back-to-back bends, offsets, kicks, and saddle bends using a hand bender.

5. Cut, ream, and thread conduit.

C. Module 26103-02. Fasteners and Anchors

1. Identify and explain the use of threaded fasteners.

2. Identify and explain the use of non-threaded fasteners.

3. Identify and explain the use of anchors.

4. Demonstrate the correct applications for fasteners and anchors.

5. Install fasteners and anchors.

D. Module 26104-02. Electrical Theory One

1. Recognize what atoms are and how they are constructed.

2. Define voltage and identify the ways in which it can be produced.

3. Explain the difference between conductors and insulators.

4. Define the units of measurement that are used to measure the properties of electricity.

5. Explain how voltage, current, and resistance are related to each other.

6. Using the formula for Ohm's Law, calculate an unknown value.

7. Explain the different types of meters used to measure voltage, current, and resistance.

8. Using the power formula, calculate the amount of power used by a circuit.

E. Module 26105-02. Electrical Theory Two

1. Explain the basic characteristics of a series circuit.

2. Explain the basic characteristics of a parallel circuit.

3. Explain the basic characteristics of a series-parallel circuit.

4. Calculate, using Kirchoff's Voltage Law, the voltage drop in series, parallel, and series-parallel circuits.

5. Calculate, using Kirchoff's Current Law, the total current in parallel and series-parallel circuits.

6. Find the total amount of resistance in a series circuit.

7. Find the total amount of resistance in a parallel circuit.

8. Find the total amount of resistance in a series-parallel circuit.

F. Module 26106-02. Electrical Test Equipment

1. Explain the operation of and describe the following pieces of test equipment:

- a. ammeter;
- b. ohmmeter;
- c. wattmeter;
- d. frequency meter;
- e. continuity tester;
- f. recording instruments;
- g. voltmeter;
- h. volt-ohm-millimeter (VOM);
- i. megohmmeter;
- j. power factor meter;
- k. voltage tester;
- l. cable-length meters.

2. Explain how to read and convert from one scale to another using the test equipment listed in Subparagraphs a-l above.

3. Explain the importance of proper meter polarity.

4. Define frequency and explain the use of a frequency meter.

5. Explain the difference between digital and analog meters.

G. Module 26107-02. Introduction to The National Electrical Code®

1. Explain the purpose and history of the National Electrical Code® (NEC®).

2. Describe the layout of the NEC®.

3. Explain how to navigate the NEC®.

4. Describe the purpose of the National Electrical Manufacturers' Association (NEMA) and the National Fire Protection Association (NFPA).

5. Explain the role of testing laboratories.

H. Module 26108-02. Raceways, Boxes, and Fittings

1. Describe various types of cable trays and raceways.

2. Identify and select various types and sizes of raceways.

3. Identify and select various types and sizes of cable trays.

4. Identify and select various types of raceway fittings.

5. Identify various methods used to install raceways.

6. Demonstrate knowledge of NEC® raceway requirements.

7. Describe procedures for installing raceways and boxes on masonry surfaces.

8. Describe procedures for installing raceways and boxes on concrete surfaces.

9. Describe procedures for installing raceways and boxes in a metal stud environment.

10. Describe procedures for installing raceways and boxes in a wood frame environment.

11. Describe procedures for installing raceways and boxes on drywall surfaces.

12. Recognize safety precautions that must be followed when working with boxes and raceways.

I. Module 26109-02. Conductors

1. Explain the various sizes and gauges of wire in accordance with American Wire Gauge standards.

2. Identify insulation and jacket types according to conditions and applications.

3. Describe voltage ratings of conductors and cables.

4. Read and identify markings on conductors and cables.

5. Use the tables in the NEC® to determine the ampacity of a conductor.

6. State the purpose of stranded wire.

7. State the purpose of compressed conductors.

8. Describe the different materials from which conductors are made.

9. Describe the different types of conductor insulation.

10. Describe the color coding of insulation.

11. Describe instrumentation control wiring.

12. Describe the equipment required for pulling wire through conduit.

13. Describe the procedure for pulling wire through conduit.

14. Install conductors in conduit.

15. Pull conductors in a conduit system.

J. Module 26110-02. Introduction to Electrical Blueprints

1. Explain the basic layout of a blueprint.

2. Describe the information included in the title block of a blueprint.

3. Identify the types of lines used on blueprints.

4. Identify common symbols used on blueprints.

5. Understand the use of architect's and engineer's scales.

6. Interpret electrical drawings, including:

- a. site plans;
- b. floor plans; and
- c. detail drawings.

7. Read equipment schedules found on electrical blueprints.

8. Describe the type of information included in electrical specifications.

K. Module 26111-02. Wiring: Commercial and Industrial

1. Identify and state the functions and ratings of single-pole, double-pole, three-way, four-way, dimmer, special, and safety switches.

2. Explain NEMA classifications as they relate to switches and enclosures.

3. Explain the NEC® requirements concerning wiring devices.

4. Identify and state the functions and ratings of straight blade, twist lock, and pin and sleeve receptacles.

5. Identify and define receptacle terminals and disconnects.

6. Identify and define ground fault circuit interrupters.

7. Explain the box mounting requirements in the NEC®.

8. Use a wire stripper to strip insulation from a wire.

9. Use a solderless connector to splice wires together.

10. Identify and state the functions of limit switches and relays.

11. Identify and state the function of switchgear.

L. Module 26112-02. Wiring: Residential

1. Describe how to determine electric service requirements for dwellings.

2. Explain the grounding requirements of a residential electric service.
3. Calculate and select service-entrance equipment.
4. Select the proper wiring methods for various types of residences.
5. Explain the role of the NEC® in residential wiring.
6. Compute branch circuit loads and explain their installation requirements.
7. Explain the types and purposes of equipment grounding conductors.
8. Explain the purpose of ground fault circuit interrupters and tell where they must be installed.
9. Size outlet boxes and select the proper type for different wiring methods.
10. Describe rules for installing electric space heating and HVAC equipment.
11. Describe the installation rules for electrical systems around swimming pools, spas, and hot tubs.
12. Explain how wiring devices are selected and installed.
13. Describe the installation and control of lighting fixtures.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1206 (July 2006).

§503. Level Two

A. Module 26201-03. Alternating Current

1. Calculate the peak and effective voltage or current values for an AC waveform.
2. Calculate the phase relationship between two AC waveforms.
3. Describe the voltage and current phase relationship in a resistive AC circuit.
4. Describe the voltage and current transients that occur in an inductive circuit.
5. Define inductive reactance and state how it is affected by frequency.
6. Describe the voltage and current transients that occur in a capacitive circuit.
7. Define capacitive reactance and state how it is affected by frequency.
8. Explain the relationship between voltage and current in the following types of AC circuits:
 - a. RL circuit;
 - b. LC circuit;
 - c. RC circuit;
 - d. RLC circuit.
9. Describe the effect that resonant frequency has on impedance and current flow in a series or parallel resonant circuit.
10. Define bandwidth and describe how it is affected by resistance in a series or parallel resonant circuit.
11. Explain the following terms as they relate to AC circuits:
 - a. true power;
 - b. reactive power;
 - c. apparent power;
 - d. power factor.
12. Explain basic transformer action.

B. Module 26202-03. Motors: Theory and Application

1. Define the following terms:
 - a. ampacity;

- b. branch circuit;
- c. circuit breaker;
- d. controller;
- e. duty;
- f. equipment;
- g. full-load amps;
- h. remote control circuit;
- i. interrupting rating;
- j. motor circuit switch;
- k. thermal protector;
- l. NEMA design letter;
- m. nonautomatic;
- n. overcurrent;
- o. overload;
- p. power factor;
- q. rated full-load speed;
- r. rated horsepower;
- s. ground fault circuit interrupter;
- t. service factor;
- u. thermal cutout.

2. Describe the various types of motor enclosures.

3. Describe how the rated voltage of a motor differs from the system voltage.

4. Describe the basic construction and components of a three-phase squirrel cage induction motor.

5. Explain the relationships among speed, frequency, and the number of poles in a three-phase induction motor.

6. Describe how torque is developed in an induction motor.

7. Explain how and why torque varies with rotor reactance and slip.

8. Define percent slip and speed regulation.

9. Explain how the direction of a three-phase motor is reversed.

10. Describe the component parts and operating characteristics of a three-phase wound-rotor induction motor.

11. Describe the component parts and operating characteristics of a three-phase synchronous motor.

12. Define torque, starting current, and armature reaction as they apply to DC motors.

13. Explain how the direction of rotation of a DC motor is changed.

14. Describe the design and characteristics of a DC shunt, series, and compound motor.

15. Describe dual-voltage motors and their applications.

16. Describe the methods for determining various motor connections.

17. Describe general motor protection requirements as delineated in the NEC®.

C. Module 26203-03. Grounding

1. Explain the purpose of grounding and the scope of NEC Article 250.

2. Distinguish between a short circuit and a ground fault.

3. Define the NEC® ground-related terms.

4. Distinguish between system grounding and equipment grounding.

5. Use NEC® Table 250.66 to size the grounding electrode conductor for various AC systems.

6. Explain the NEC® requirements for the installation and physical protection of grounding electrode conductors.

7. Explain the function of the grounding electrode system and determine which grounding electrodes must be used.

8. Define electrodes and explain the resistance requirements for electrodes using NEC® Section 250.56.

9. Use NEC® Table 250.122 to size the equipment grounding conductor for raceways and equipment.

10. Explain the function of the main bonding jumper in the grounding system and size the main bonding jumper for various applications.

11. Size the main bonding jumper for a service utilizing multiple service disconnecting means.

12. Explain the NEC® requirements for bonding of enclosures and equipment.

13. Explain the NEC® requirements for grounding of enclosures and equipment.

14. Explain effectively grounded and its importance in clearing ground faults and short circuits.

15. Explain the purposes of the grounded conductor (neutral) in the operation of overcurrent devices.

16. Explain the NEC® requirements for grounding separately-derived systems, including transformers and generators.

17. Explain the NEC® requirements for grounding at more than one building.

18. Explain the NEC® grounding requirements for systems over 600 volts.

D. Module 26204-03. Conduit Bending

1. Describe the process of conduit bending using power tools.

2. Identify all parts of popular electric and hydraulic benders.

3. Avoid excessive waste when working with conduit systems.

4. Bend offsets, kicks, saddles, segmented, and parallel bends.

5. Explain the requirements of the NEC® for bending conduit.

6. Compute the radius, degrees in bend, developed length, and gain for conduit up to 6 inches.

7. Explain how to correct damaged conduit and modify existing bends.

E. Module 26205-03. Boxes and Fittings

1. Describe the different types of nonmetallic and metallic boxes.

2. Understand the NEC® requirements for box fill.

3. Calculate the required box size for any number and size of conductors.

4. Explain the NEC® regulations for volume required per conductor in outlet boxes.

5. Properly locate, install, and support boxes of all types.

6. Describe the NEC® regulations governing pull and junction boxes.

7. Explain the radius rule when installing conductors in pull boxes.

8. Understand the NEC® requirements for boxes supporting lighting fixtures.

9. Describe the purpose of conduit bodies and Type FS boxes.

10. Install the different types of fittings used in conjunction with boxes.

11. Describe the installation rules for installing boxes and fittings in hazardous areas.

12. Explain how boxes and fittings are selected and installed.

13. Describe the various types of box supports.

F. Module 26206-03. Conductor Installations

1. Describe the various methods of installing conductors in conduit.

2. Plan and set up for a cable pull.

3. Understand the importance of selecting the proper location for cable pulls.

4. Describe how cable reels are transported to the pulling site.

5. Set up reel stands and spindles for a wire-pulling installation.

6. Explain how mandrels, swabs, and brushes are used to prepare conduit for conductors.

7. Properly install a pull line for a cable-pulling operation.

8. Explain the operation of power fish tape systems.

9. Prepare the ends of conductors for pulling.

10. Describe the types of cable pullers.

11. Describe the process of high-force cable pulling.

12. Explain how to support conductors in vertical conduit runs.

13. Describe the installation of cables in cable trays.

14. Explain the importance of communication during a cable-pulling operation.

15. Calculate the probable stress or tension in cable pulls.

G. Module 26207-03. Cable Tray

1. Describe the components that make up a cable tray assembly.

2. Explain the methods used to hang and secure cable tray.

3. Describe how cable enters and exits cable tray.

4. Select the proper cable tray fitting for the situation.

5. Explain the NEMA standards for cable tray installations.

6. Explain the NEC® requirements for cable tray installations.

7. Select the required fittings to ensure equipment grounding continuity in cable tray systems.

8. Interpret electrical working drawings showing cable tray fittings.

9. Size cable tray for the number and type of conductors contained in the system.

10. Select rollers and sheaves for pulling cable in specific cable tray situations.

11. Designate the required locations of rollers and sheaves for a specific cable pull.

H. Module 26208-03. Conductor Terminations and Splices

1. Describe how to make a good conductor termination.

2. Prepare cable ends for terminations and splices.

3. Install lugs and connectors onto conductors.

4. Train cable at termination points.

5. Explain the role of the NEC® in making cable terminations and splices.

6. Explain why mechanical stress should be avoided at cable termination points.

7. Describe the importance of using proper bolt torque when bolting lugs onto busbars.
 8. Describe crimping techniques.
 9. Select the proper lug or connector for the job.
 10. Describe splicing techniques.
 11. Explain how to use hand and power crimping tools.
- I. Module 26209-03. Installation of Electric Services
1. Describe various types of electric services for commercial and industrial installations.
 2. Read electrical blueprints and diagrams describing service installations.
 3. Calculate and select service-entrance equipment.
 4. Explain the role of the NEC® in service installations.
 5. Install main disconnect switches, panelboards, and overcurrent protection devices.
 6. Identify the circuit loads, number of circuits required, and installation requirements for distribution panels.
 7. Explain the types and purposes of service grounding.
 8. Explain the purpose and required location(s) of ground fault circuit interrupters.
 9. Describe single-phase service connections.
 10. Describe both wye- and delta-connected three-phase services.
- J. Module 26210-03. Circuit Breakers and Fuses
1. Explain the necessity of overcurrent protection devices in electrical circuits.
 2. Define the terms associated with fuses and circuit breakers.
 3. Describe the operation of a circuit breaker.
 4. Select the most suitable overcurrent device for the application.
 5. Explain the role of the NEC® in specifying overcurrent devices.
 6. Describe the operation of single-element and time-delay fuses.
 7. Explain how ground fault circuit interrupters (GFCIs) can save lives.
 8. Calculate short circuit currents.
 9. Describe troubleshooting and maintenance techniques for overcurrent devices.
- K. Module 26211-03. Contactors and Relays
1. Describe the operating principles of contactors and relays.
 2. Select contactors and relays for use in specific electrical systems.
 3. Explain how mechanical contactors operate.
 4. Explain how solid-state contactors operate.
 5. Install contactors and relays according to the NEC® requirements.
 6. Select and install contactors and relays for lighting control.
 7. Read wiring diagrams involving contactors and relays.
 8. Describe how overload relays operate.
 9. Connect a simple control circuit.
 10. Test control circuits.
- L. Module 26212-03. Electric Lighting
1. Explain how the human eye works.
 2. Describe the characteristics of light.

3. Recognize the different kinds of lamps and explain the advantages and disadvantages of each type:
 - a. incandescent;
 - b. fluorescent;
 - c. halogen;
 - d. high-intensity discharge (HID).
4. Properly select and install lamps into lighting fixtures.
5. Recognize and install various types of lighting fixtures:
 - a. surface-mounted;
 - b. suspended;
 - c. recessed;
 - d. track-mounted.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1208 (July 2006).

§505. Level Three

A. Module 26301-02. Load Calculators—Branch and Feeder Circuits

1. Calculate loads for single-phase and three-phase branch circuits.
2. Size branch circuit overcurrent protection devices (circuit breakers and fuses) for noncontinuous duty and continuous duty circuits.
3. Apply derating factors to size branch circuits.
4. Calculate ampacity for single-phase and three-phase loads.
5. Use load calculations to determine branch circuit conductor sizes.
6. Use NEC® Table 220-19 to calculate residential cooking equipment loads.
7. Select branch circuit conductors and overcurrent protection devices for:
 - a. electric heat;
 - b. air conditioning equipment;
 - c. motors; and
 - d. welders.

B. Module 26302-02. Conductor Selection and Calculations

1. Select electrical conductors for specific applications.
2. Calculate voltage drop in both single-phase and three-phase applications.
3. Apply NEC® regulations governing conductors to a specific application.
4. Calculate and apply NEC® tap rules to a specific application.
5. Size conductors for the load.
6. Derate conductors for fill, temperature, and voltage drop.
7. Select conductors for various temperature ranges and atmospheres.

C. Module 26303-02. Overcurrent Protection

1. Apply the key NEC® requirements regarding overcurrent protection.
2. Check specific applications for conformance to NEC® sections that cover short circuit current, fault currents, interrupting ratings, and other sections relating to overcurrent protection.
3. Determine let-through current values (peak and rms) when current-limiting overcurrent devices are used.

4. Select and size overcurrent.
- D. Module 26304-02. Raceway, Box, and Fitting Fill Requirements
 1. Size raceways according to conductor fill and NEC installation requirements.
 2. Size outlet boxes according to NEC® installation requirements.
 3. Size and select pull and junction boxes according to NEC® installation requirements.
 4. Calculate conduit fill using a percentage of the trade size conduit inside diameter (ID).
 5. Calculate the required bending radius in boxes and cabinets.
- E. Module 26305-02. Wiring Devices
 1. Select wiring devices according to the National Electrical Manufacturers' Association (NEMA) classifications.
 2. Size wiring devices in accordance with NEC® requirements.
 3. Discuss the NEMA enclosure classifications.
 4. Follow NEC® regulations governing the installation of wiring devices.
 5. Explain the types and purposes of grounding wiring devices.
 6. Determine the maximum load allowed on specific wiring devices.
- F. Module 26306-02. Distribution Equipment
 1. Describe the purpose of switchgear.
 2. Describe the four general classifications of circuit breakers and list the major circuit breaker ratings.
 3. Describe switchgear construction, metering layouts, wiring requirements, and maintenance.
 4. List NEC® requirements pertaining to switchgear.
 5. Describe the visual and mechanical inspections and electrical tests associated with low-voltage and medium-voltage cables, metal-enclosed busways, and metering and instrumentation.
 6. Describe a ground fault relay system and explain how to test it.
- G. Module 26307-02. Distribution System Transformers
 1. Describe transformer operation.
 2. Explain the principle of mutual induction.
 3. Describe the operating characteristics of various types of transformers.
 4. Connect a multi-tap transformer for the required secondary voltage.
 5. Explain NEC® requirements governing the installation of transformers.
 6. Compute transformer sizes for various applications.
 7. Explain types and purposes of grounding transformers.
 8. Connect a control transformer for a given application.
 9. Size the maximum load allowed on open delta systems.
 10. Describe how current transformers are used in conjunction with watt-hour meters.
 11. Apply capacitors and rectifiers to practical applications.
 12. Calculate the power factor of any given electrical circuit.
- H. Module 26308-02. Lamps, Ballasts, and Components
 1. Recognize incandescent, fluorescent, and high-intensity discharge (HID) lamps and describe how each type of lamp operates.
 2. Recognize ballasts and describe their purpose for use in fluorescent and HID lighting fixtures.
 3. Explain the relationship of Kelvin temperature to the color of light produced by a lamp.
 4. Recognize basic occupancy sensors, photoelectric sensors, and timers used to control lighting circuits and describe how each device operates.
 5. Use troubleshooting checklists to troubleshoot fluorescent and HID lamps and lighting fixtures.
- I. Module 26309-02. Motor Calculations
 1. Size branch circuits and feeders for electric motors.
 2. Size and select overcurrent protective devices for motors.
 3. Size and select overload relays for electric motors.
 4. Size and select devices to improve the power factor at motor locations.
 5. Size motor short circuit protectors.
 6. Size multi-motor branch circuits.
 7. Size motor disconnects.
- J. Module 26310-02. Motor Maintenance, Part One
 1. Properly store motors and generators.
 2. Test motors and generators.
 3. Make connections for specific types of motors and generators.
 4. Clean open-frame motors.
 5. Lubricate motors that require this type of maintenance.
 6. Collect and record motor data.
 7. Select tools for motor maintenance.
 8. Select instruments for motor testing.
- K. Module 26311-02. Motor Controls
 1. Identify contactors and relays both physically and schematically and describe their operating principles.
 2. Identify pilot devices both physically and schematically and describe their operating principles.
 3. Interpret motor control wiring, connection, and ladder diagrams.
 4. Select and size contactors and relays for use in specific electrical motor control systems.
 5. Select and size pilot devices for use in specific electrical motor control systems.
 6. Connect motor controllers for specific applications according to NEC® requirements.
- L. Module 26312-02. Hazardous Locations
 1. Define the various classifications of hazardous locations.
 2. Describe the wiring methods permitted for branch circuits and feeders in specific hazardous locations.
 3. Select seals and drains for specific hazardous locations.
 4. Select wiring methods for Class I, Class II, and Class III hazardous locations.
 5. Follow NEC® requirements for installing explosionproof fittings in specific hazardous locations.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1210 (July 2006).

§507. Level Four

A. Module 26401-03. Load Calculations–Feeders and Services

1. Size feeders and services in accordance with NEC® requirements.
2. Calculate loads and ampacities for single-phase and three-phase feeders.
3. Understand and apply derating factors to size feeders.
4. Size feeder overcurrent protection devices (circuit breakers and fuses) for non-continuous duty and continuous duty loads.
5. Understand and apply tap rules.
6. Calculate loads for a retail store with a show window.
7. Calculate loads for an office building.
8. Calculate loads for both single-family and multi-family dwellings.
9. Calculate loads for a restaurant.
10. Calculate loads for hotels and motels.
11. Calculate loads for schools and other institutional projects.
12. Perform feeder and service calculations for farms.
13. Calculate the power and supply feeders for marinas and boatyards.
14. Calculate electric motor loads on feeders.

B. Module 26402-03. Practical Applications of Lighting

1. Explain how the lighting terms lumen, candlepower, and footcandle relate to one another.
2. Classify lighting fixtures by layout, location, fixture type, and type of service.
3. Identify the basic design configurations of incandescent, fluorescent, and HID lighting fixtures and describe the general lighting pattern (direct, indirect, etc.) produced by each type.
4. Identify the main lighting requirements associated with lighting systems used in selected applications such as office buildings, schools, theaters, etc.
5. Identify the special wiring and dimming system components used with incandescent, fluorescent, and HID lighting systems.
6. Use manufacturer's lighting fixture catalogs to select the appropriate lighting fixtures for specific lighting applications.

C. Module 26403-03. Standby and Emergency Systems

1. Explain the basic differences between emergency systems, legally required standby systems, and optional standby systems.
2. Describe the operating principles of an engine-driven standby AC generator.
3. Describe the different types and characteristics of standby and emergency generators.
4. Recognize and describe the operating principles of both automatic and manual transfer switches.
5. Recognize the different types of storage batteries used in emergency and standby systems and explain how batteries charge and discharge.
6. For selected types of batteries, describe their characteristics, applications, maintenance, and testing.
7. Recognize double-conversion and single-conversion types of uninterruptible power supplies (UPSs) and describe how they operate.

8. Describe the NEC requirements that pertain to the installation of standby and emergency power systems.

D. Module 26404-03. Basic Electronic Theory

1. Identify electronic system components.
2. Describe the electrical characteristics of solid-state devices.
3. Describe the basic materials that make up solid-state devices.
4. Describe and identify the various types of transistors, and explain how they operate.
5. Interpret electronic schematic diagrams.
6. Describe and connect diodes.
7. Describe and connect light-emitting diodes (LEDs).
8. Describe and connect silicon-controlled rectifiers (SCRs).
9. Identify the leads of various solid-state devices.

E. Module 26405-03. Fire Alarm Systems

1. Understand the unique terminology associated with fire alarm systems.
2. Describe the relationship between fire alarm systems and life safety.
3. Identify and explain the role that various codes and standards play in both commercial and residential fire alarm applications.
4. Describe the characteristics and functions of various fire alarm system components.
5. Explain and describe the different types of circuitry that connect fire alarm system components.
6. Describe the theory behind conventional, addressable, and analog fire alarm systems and explain how these systems function.

F. Module 26406-03. Specialty Transformers

1. Identify power transformer connections.
2. Identify specialty transformers.
3. Size and select buck-and-boost transformers.
4. Connect current and potential transformers.
5. Calculate and install overcurrent protection for specialty transformers.
6. Ground specialty transformers according to NEC® requirements.
7. Size, install, and connect control, shielded, constant-current, and other specialty transformers.
8. Check additive and subtractive polarities.
9. Derate transformers to account for the effects of harmonics.

G. Module 26407-03. Advanced Motor Controls

1. Select and install solid-state relays for specific applications in motor control circuits.
2. Install non-programmable/programmable motor circuit protectors (solid-state overload relays) in accordance with the manufacturer's instructions.
3. Select and install electromechanical and solid-state timing relays for specific applications in motor control circuits.
4. Recognize the different types of reduced-voltage starting motor controllers and describe their operating principles.
5. Connect and program adjustable frequency drives to control a motor in accordance with the manufacturer's instructions.

6. Demonstrate and/or describe the special precautions used when handling and working with solid-state motor controls.

7. Recognize common types of motor braking and explain the operating principles of motor brakes.

8. Perform preventive maintenance and troubleshooting tasks in motor control circuits.

H. Module 26408-03. HVAC Controls

1. Identify the major mechanical components common to all HVAC systems.

2. Explain the function of a thermostat in an HVAC system.

3. Describe different types of thermostats and explain how they are used.

4. Demonstrate the correct installation and adjustment of a thermostat using proper siting and wiring techniques.

5. Explain the basic principles applicable to all control systems.

6. Identify the various types of electromechanical and electronic HVAC controls, and explain their function and operation.

7. State the NEC® requirements applicable to HVAC controls.

I. Module 26409-03. Heat Tracing and Freeze Protection

1. Identify and describe the purpose for electric heat tracing equipment used with pipelines and vessels.

2. Select, size, and install electric heat tracing equipment on selected pipelines and vessels in accordance with the manufacturer's instructions and NEC® requirements.

3. Identify and describe the purpose for electric heating equipment used with roof, gutter, and downspout de-icing systems.

4. Select, size, and install selected roof, gutter, and downspout de-icing systems in accordance with the manufacturer's instructions and NEC® requirements.

5. Identify and describe the purpose for electric heating equipment used with snow-melting and anti-icing systems.

6. Select, size, and install selected snow-melting and anti-icing systems in accordance with the manufacturer's instructions and NEC® requirements.

7. Identify and describe the purpose for electric heat tracing equipment used with domestic hot-water temperature maintenance systems.

8. Select, size, and install selected electric heat traced domestic hot-water systems in accordance with the manufacturer's instructions and NEC® requirements.

9. Identify and describe the purpose for electric floor heating/warming systems.

10. Select, size, and install selected electric floor heating/warming systems in accordance with the manufacturer's instructions and NEC® requirements.

J. Module 26410-03. Motor Maintenance, Part Two

1. Test motor winding resistance.

2. Select and use motor testing equipment.

3. Clean and test open frame motors.

4. Clean, dry, and test motors that have been subjected to water damage.

5. Troubleshoot and repair electric motors.

K. Module 26411-03. High Voltage Terminations/Splices

1. Select proper materials and tools for high-voltage terminations and splices.

2. Prepare high-voltage cable for terminations and splices.

3. Complete cable assemblies with terminations and splices.

4. Inspect and test high-voltage terminations and splices.

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Chapter 7. Heating, Ventilation and Air Conditioning Competencies/Objectives

§701. Level One

A. Module 03101-01. Introduction to Heating, Ventilation and Air Conditioning (HVAC)

1. Explain the basic principles of heating, ventilation, and air conditioning.

2. Identify career opportunities available to people in the HVAC trade.

3. Explain the purpose and objectives of an apprentice training program.

4. Describe how certified apprentice training can start in high school.

5. Describe what the Clean Air Act means to the HVAC trade.

B. Module 03102-01. Trade Mathematics

1. Identify similar units of measurement in both the inch-pound (English) and metric systems and know which units are larger.

2. Convert measured values in the inch-pound system to equivalent metric values and vice versa.

3. Express numbers as powers of 10.

4. Determine the powers and roots of numbers.

5. Solve basic algebraic equations.

6. Recognize various geometric figures.

7. Use the Pythagorean theorem to make calculations involving right triangles.

8. Convert decimal feet to feet and inches and vice versa.

C. Module 03103-01. Tools of the Trade

1. Identify and state the use of the following tools:

a. pipe wrenches;

b. torque wrenches;

c. tinner's and soft-faced hammers;

d. hand cutting snips;

e. hand and power hacksaws;

f. drill press;

g. measuring tools.

2. Describe the general procedures for maintenance of most hand and power tools.

3. Describe or demonstrate the general safety precautions that must be followed when using most hand and power tools.

D. Module 03104-01. Copper and Plastic Piping Practices

1. State the precautions that must be taken when installing refrigerant piping.

2. Select the right tubing for a job.

3. Cut and bend tubing.

4. Safely join tubing by using flare and compression fittings.

5. Determine the kinds of hangers and supports needed for refrigerant piping.

6. State the basic requirements for pressure-testing a system once it has been installed.

E. Module 03105-01. Soldering and Brazing

1. Assemble and operate the tools used for soldering.
2. Prepare tubing and fittings for soldering.
3. Identify the purposes and uses of solder and solder fluxes.

4. Solder copper tubing and fittings.
5. Assemble and operate the tools used for brazing.
6. Prepare tubing and fittings for brazing.
7. Identify the purposes and uses of filler metals and fluxes used for brazing.

8. Braze copper tubing and fittings.
9. Identify the inert gases that can safely be used to purge tubing when brazing.

F. Module 03106-01. Ferrous Metal Piping Practices

1. Identify the types of ferrous metal pipes.
2. Measure the sizes of ferrous metal pipes.
3. Identify the common malleable iron fittings.
4. Cut, ream, and thread ferrous metal pipe.
5. Join lengths of threaded pipe together and install fittings.

6. Describe the main points to consider when installing pipe runs.

7. Describe the method used to join grooved piping.

G. Module 03107-01. Basic Electricity

1. State how electrical power is generated and distributed.

2. Describe how voltage, current, resistance, and power are related.

3. Use Ohm's law to calculate the current, voltage, and resistance in a circuit.

4. Use the power formula to calculate how much power is consumed by a circuit.

5. Describe the differences between series and parallel circuits.

6. Recognize and describe the purpose and operation of the various electrical components used in HVAC equipment.

7. State and demonstrate the safety precautions that must be followed when working on electrical equipment.

8. Make voltage, current, and resistance measurements using electrical test equipment.

H. Module 03108-01. Introduction to Cooling

1. Explain how heat transfer occurs in a cooling system, demonstrating an understanding of the terms and concepts used in the refrigeration cycle.

2. Calculate the temperature and pressure relationships at key points in the refrigeration cycle.

3. Under supervision, use temperature- and pressure-measuring instruments to make readings at key points in the refrigeration cycle.

4. Identify commonly used refrigerants and demonstrate the procedures for handling these refrigerants.

5. Identify the major components of a cooling system and explain how each type works.

6. Identify the major accessories available for cooling systems and explain how each type works.

7. Identify the control devices used in cooling systems and explain how each type works.

8. State the correct methods to be used when piping a refrigeration system.

I. Module 03109-01. Introduction to Heating

1. Explain the three methods by which heat is transferred and give an example of each.

2. Describe how combustion occurs and identify the by-products of combustion.

3. Identify the various types of fuels used in heating.

4. Identify the major components and accessories of a forced-air furnace and explain the function of each component.

5. State the factors that must be considered when installing a furnace.

6. Identify the major components of a gas furnace and describe how each works.

7. With supervision, use a manometer to measure and adjust manifold pressure on a gas furnace.

8. Identify the major components of an oil furnace and describe how each works.

9. Describe how an electric furnace works.

10. With supervision, perform basic furnace preventive maintenance procedures such as cleaning and filter replacement.

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§703. Level Two

A. Module 03201-01. Air Distribution Systems

1. Describe the airflow and pressures in a basic forced-air distribution system.

2. Explain the differences between propeller and centrifugal fans and blowers.

3. Identify the various types of duct systems and explain why and where each type is used.

4. Demonstrate or explain the installation of metal, fiberboard, and flexible duct.

5. Demonstrate or explain the installation of fittings and transitions used in duct systems.

6. Demonstrate or explain the use and installation of diffusers, registers, and grilles used in duct systems.

7. Demonstrate or explain the use and installation of dampers used in duct systems.

8. Demonstrate or explain the use and installation of insulation and vapor barriers used in duct systems.

9. Identify the instruments used to make measurements in air systems and explain the use of each instrument.

10. Make basic temperature, air pressure, and velocity measurements in an air distribution system.

B. Module 03202-01. Chimneys, Vents, and Flues

1. Describe the principles of combustion and explain complete and incomplete combustion.

2. Describe the content of flue gas and explain how it is vented.

3. Identify the components of a furnace vent system.

4. Describe how to select and install a vent system.

5. Perform the adjustments necessary to achieve proper combustion in a gas furnace.

6. Describe the techniques for venting different types of furnaces.

7. Explain the various draft control devices used with natural-draft furnaces.

C. Module 03203-01. Maintenance Skills for the Service Technician

1. Identify the types of threaded and non-threaded fasteners and explain their use.
2. Install threaded and non-threaded fasteners.
3. Identify the types of gaskets, packings, and seals and explain their use.
4. Remove and install gaskets, packings, and seals.
5. Identify the types of lubricants and explain their use.
6. Use lubrication equipment to lubricate motor bearings.
7. Identify the types of belt drives and explain their use.
8. Demonstrate and/or explain procedures used to install or adjust a belt drive.
9. Identify the types of couplings and explain their use.
10. Demonstrate and/or explain procedures used to remove, install, and align couplings.
11. Identify the types of bearings and explain their use.
12. Explain causes of bearing failures.
13. Demonstrate and/or explain procedures used to remove and install bearings.
14. Perform basic preventive maintenance inspection and cleaning procedures.
15. List work and personal habits that contribute to good customer relations.
16. Identify steps in the handling of a typical service call that will contribute to good customer relations.
17. Legibly fill out forms used for installation and service calls.

D. Module 03204-01. Alternating Current

1. Describe the operation of various types of transformers.
2. Explain how alternating current is developed and draw a sine wave.
3. Identify single-phase and three-phase wiring arrangements.
4. Explain how phase shift occurs in inductors and capacitors.
5. Describe the types of capacitors and their applications.
6. Explain the operation of single-phase and three-phase induction motors.
7. Identify the various types of single-phase motors and their applications.
8. Use a wattmeter, megger, capacitor analyzer, and chart recorder.
9. Test inductors and capacitors using an ohmmeter.
10. State and demonstrate the safety precautions that must be followed when working with electrical equipment.

E. Module 03205-01. Basic Electronics

1. Explain the basic theory of electronics and semiconductors.
2. Explain how various semiconductor devices such as diodes, LEDs, and photo diodes work, and how they are used in power and control circuits.
3. Identify different types of resistors and explain how their resistance values can be determined.

4. Describe the operation and function of thermistors and cad cells.

5. Test semiconductor components.

6. Identify the connectors on a personal computer.

F. Module 03206-01. Electric Heating

1. Describe and explain the basic operation of a fan coil equipped with electric heating elements.
2. Identify and describe the functions of major components of a fan coil equipped with electric heating elements.
3. Identify and describe the functions of electric heating controls.
4. Measure resistances and check components and controls for operation and safety.
5. Determine the cubic feet per minute (cfm) using the temperature rise method.
6. Describe and explain the basic operation of other electric heating systems.

G. Module 03207-01. Introduction to Control Circuit Troubleshooting

1. Explain the function of a thermostat in an HVAC system.
2. Describe different types of thermostats and explain how they are used.
3. Demonstrate the correct installation and adjustment of a thermostat using proper siting and wiring techniques.
4. Explain the basic principles applicable to all control systems.
5. Identify the various types of electromechanical, electronic, and pneumatic HVAC controls, and explain their function and operation.
6. Describe a systematic approach for electrical troubleshooting of HVAC equipment and components.
7. Recognize and use equipment manufacturer's troubleshooting aids to troubleshoot HVAC equipment.
8. Exhibit competence in isolating electrical problems to faulty power distribution, load, or control circuits.
9. Identify the service instruments needed to troubleshoot HVAC electrical equipment.
10. Make electrical troubleshooting checks and measurements on circuits and components common to all HVAC equipment.

H. Module 03208-01. Accessories and Optional Equipment

1. Explain how heat transfer by conduction, convection, radiation, and evaporation relates to human comfort.
2. Explain why it is important to control humidity in a building.
3. Recognize the various kinds of humidifiers used with HVAC systems and explain why each is used.
4. Demonstrate or describe how to install and service the humidifiers used in HVAC systems.
5. Recognize the kinds of air filters used with HVAC systems and explain why each is used.
6. Demonstrate or describe how to install and service the filters used in HVAC systems.
7. Use a manometer or differential pressure gauge to measure the friction loss of an air filter.

8. Identify accessories commonly used with air conditioning systems to improve indoor air quality and reduce energy cost, and explain the function of each.

I. Module 03209-01. Metering Devices

1. Explain the function of metering devices.
2. Describe the operation of selected metering devices and expansion valves.
3. Identify types of thermal expansion valves (TXVs).
4. Describe problems associated with replacement of TXVs.
5. Describe the procedure for installing and adjusting selected TXVs.

J. Module 03210-01. Compressors

1. Identify the different kinds of compressors.
2. Demonstrate or describe the mechanical operation for each type of compressor.
3. Demonstrate or explain compressor lubrication methods.
4. Demonstrate or explain methods used to control compressor capacity.
5. Demonstrate or describe how compressor protection devices operate.
6. Perform the common procedures used when field servicing open and semi-hermetic compressors:
 - a. shaft seal removal and installation;
 - b. valve plate removal and installation;
 - c. unloader adjustment.
7. Demonstrate the procedures used to identify system problems that cause compressor failures.
8. Demonstrate the system checkout procedure performed following a compressor failure.
9. Demonstrate or describe the procedures used to remove and install a compressor.
10. Demonstrate or describe the procedures used to clean up a system after a compressor burnout.

K. Module 03211-01. Heat Pumps

1. Describe the principles of reverse-cycle heating.
2. Identify heat pumps by type and general classification.
3. List the components of heat pump systems.
4. Demonstrate heat pump installation and service procedures.
5. Identify and install refrigerant circuit accessories commonly associated with heat pumps.
6. Analyze a heat pump control circuit.

L. Module 03212-01. Leak Detection, Evacuation, Recovery, and Charging

1. Identify the common types of leak detectors and explain how each is used.
2. Demonstrate skill in performing leak detection tests.
3. Identify the service equipment used for evacuating a system and explain why each item of equipment is used.
4. Demonstrate skill in performing system evacuation and dehydration.
5. Identify the service equipment used for recovering refrigerant from a system and for recycling the recovered refrigerant, and explain why each item of equipment is used.
6. Demonstrate skill in performing refrigerant recovery.
7. Demonstrate or explain how to use a recycle unit.

8. Identify the service equipment used for charging refrigerant into a system, and explain why each item of equipment is used.

9. Demonstrate skill in charging refrigerant into a system.

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HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1214 (July 2006).

§705. Level Three

A. Module 03301-02. Planned Maintenance

1. Describe planned maintenance and service procedures required for selected HVAC equipment and components.
2. Develop a planned maintenance and service checklist for selected HVAC equipment and accessories.
3. Perform identified service and maintenance tasks on selected HVAC equipment, components, and accessories.
4. Identify the tools and materials necessary for performing service and maintenance tasks.
5. State the safety practices associated with the servicing of selected HVAC equipment, components, and accessories.

B. Module 03302-02. Troubleshooting Gas Heating

1. Describe the basic operating sequence for natural-draft and induced-draft gas heating equipment.
2. Demonstrate skill in interpreting control circuit diagrams for gas heating systems.
3. Develop a troubleshooting chart for a gas heating system.
4. Identify the tools and instruments used when troubleshooting gas heating systems.
5. Demonstrate skill in using the tools and instruments required for troubleshooting gas heating systems.
6. Isolate and correct malfunctions in gas heating systems.

C. Module 03303-02. Troubleshooting Electric Heating

1. Explain the operating principles of various types of electric heating systems.
2. Describe the ways in which electric heating systems and components are likely to fail.
3. Analyze circuit diagrams to determine the operating sequence of a fan coil equipped with electric heaters.
4. Determine the operating sequence of an electric heater package for a cooling unit or heat pump.
5. Troubleshoot:
 - a. electric furnaces;
 - b. accessory heater packages;
 - c. baseboard heating systems;
 - d. duct heaters; and
 - e. radiant heating systems.
6. State the safety practices associated with the troubleshooting of selected electric heating systems.

D. Module 03304-02. Troubleshooting Oil Heating

1. Describe the basic operating sequence for oil-fired heating equipment.
2. Demonstrate skill in interpreting control circuit diagrams for oil heating systems.
3. Develop a troubleshooting chart for an oil heating system.
4. Identify the tools and instruments used in troubleshooting oil heating systems.

5. Demonstrate skill in using the tools and instruments required for troubleshooting oil heating systems.

6. Isolate and correct malfunctions in oil heating systems.

7. Describe the safety precautions that must be taken when servicing oil heating systems.

E. Module 03305-02. Troubleshooting Cooling

1. Describe a systematic approach for troubleshooting cooling systems and components.

2. Isolate problems to electrical and/or mechanical functions in cooling systems.

3. Recognize and use equipment manufacturer's troubleshooting aids to troubleshoot cooling systems.

4. Identify and use the service instruments needed to troubleshoot cooling systems.

5. Successfully troubleshoot selected problems in cooling equipment.

6. State the safety precautions associated with cooling troubleshooting.

F. Module 03306-02. Troubleshooting Heat Pumps

1. Describe the basic operating sequence for an air-to-air heat pump.

2. Demonstrate skill in interpreting control circuit diagrams for heat pumps.

3. Develop a troubleshooting chart for a heat pump.

4. Identify the tools and instruments used in troubleshooting heat pumps.

5. Demonstrate skill in using the tools and instruments required for troubleshooting heat pumps.

6. Isolate and correct malfunctions in heat pumps.

7. Describe the safety precautions associated with servicing heat pumps.

G. Module 03307-02. Troubleshooting Accessories

1. Describe a systematic approach for troubleshooting HVAC system accessories.

2. Exhibit competence in isolating problems to electrical and/or mechanical functions of HVAC system accessories.

3. Recognize and use equipment manufacturer's troubleshooting aids to troubleshoot HVAC system accessories.

4. Identify and properly use the service instruments needed to troubleshoot HVAC system accessories.

5. Successfully troubleshoot problems in selected HVAC system accessories.

6. State the safety precautions associated with the troubleshooting of HVAC accessories.

H. Module 03308-02. Troubleshooting Electronic Controls

1. Describe the similarities and differences between electronic controls and conventional controls.

2. Analyze circuit diagrams and other manufacturer's literature to determine the operating sequence of microprocessor-controlled systems.

3. Use standard and special test equipment to test a microprocessor-controlled comfort system.

I. Module 03309-02. Hydronic Heating and Cooling Systems

1. Explain the terms and concepts used when working with hot-water heating, steam heating, and chilled-water cooling systems.

2. Identify the major components of hot-water heating, steam heating, chilled-water cooling, and dual-temperature water systems.

3. Explain the purpose of each component of hot-water heating, steam heating, chilled-water cooling, and dual-temperature water systems.

4. Demonstrate the safety precautions used when working with hot-water/chilled-water systems.

5. Demonstrate or describe how to operate and balance selected hot-water and chilled-water systems.

6. Describe the basic steam heating cycle.

7. Demonstrate or describe how to safely perform selected operating procedures on low-pressure steam boilers and systems.

8. Demonstrate or describe how to install and maintain selected steam traps.

9. Identify the common piping configurations used with hot-water heating, steam heating, and chilled-water cooling systems.

10. Explain the principles involved, and describe the procedures used, in balancing hydronic systems.

11. Select, calibrate, and properly use the tools and instruments needed to balance hydronic systems.

12. Read the pressure across a water system circulating pump.

J. Module 03310-02. Airside Systems

1. Explain the operating principles of different types of commercial air systems.

2. Identify the components that make up a commercial air system.

3. Describe the functions of commercial air systems and their components.

4. Identify the type of building in which a particular type of system is used.

5. Explain the typical range of capacities for a commercial air system.

K. Module 03311-02. Air Properties and Air System Balancing

1. Explain the gas laws (Dalton, Boyle, and Charles) used when dealing with air and its properties.

2. Explain how the properties of air relate to one another.

3. Use a psychrometric chart to evaluate air properties and changes in air properties.

4. Explain the principles involved in the balancing of air distribution systems.

5. Define common terms used by manufacturers when describing grilles, registers, and diffusers.

6. Identify and use the tools and instruments needed to balance air distribution systems.

7. Demonstrate and/or describe the general procedures used to balance air distribution systems.

8. Demonstrate and/or describe the methods used to change the speed of air distribution system supply fans.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1216 (July 2006).

§707. Level Four

A. Module 03401-03. Construction Drawings and Specifications

1. Read blueprints and architect's plans.
2. Compare mechanical plans with the actual installation of duct run fittings and sections.
3. Interpret specification documents and apply them to the plans.
4. Interpret shop drawings and apply them to the plans and specifications.
5. Develop cut lists for duct runs as shown on shop drawings and develop elevations of installations.
6. Describe a submittal, its derivation, routing, and makeup.
7. Develop a field set of as-built drawings.
8. Identify the steps required for transferring design information to component production.
9. Identify, develop, and complete takeoff sheets.
10. List and classify materials most commonly used in HVAC systems.
11. Complete takeoff procedures for HVAC systems.

B. Module 03402-03. Indoor Air Quality

1. Explain the need for good indoor air quality.
2. Recognize the symptoms of poor indoor air quality.
3. Perform an inspection/evaluation of a building's structure and equipment for potential causes of poor indoor air quality.
4. Identify the causes and corrective actions used to remedy the more common indoor air problems.
5. Recognize the HVAC equipment and accessories that are used to sense, control, and/or enhance indoor air quality.
6. Use selected test instruments to measure or monitor the quality of indoor air.
7. Demonstrate and/or describe the general procedures used to clean HVAC air system ductwork and components.

C. Module 03403-03. Energy Conservation Equipment

1. Recognize selected air-to-air heat exchangers and describe how they operate.
2. Recognize selected condenser heat recovery systems and explain how they operate.
3. Recognize a coil energy recovery loop and explain how it operates.
4. Recognize a heat pipe heat exchanger and explain how it operates.
5. Recognize thermosiphon heat exchangers and explain how they operate.
6. Recognize a twin tower enthalpy recovery loop system and explain how it operates.
7. Recognize airside and waterside economizers and explain how each type operates.
8. Recognize selected steam system heat recovery systems and explain how they operate.
9. Recognize an ice bank-type off-peak hours energy reduction system.
10. Demonstrate and/or describe how to operate selected energy conversion equipment.

D. Module 03404-03. Building Management Systems

1. Define a building management system.
2. Explain the operation of a basic direct digital controller.
3. Demonstrate familiarity with the terms commonly used in discussing control loops and building management systems.
4. Identify the major components of a building management system and describe how they fit together.
5. Recognize the type of information available on a typical front-end computer screen for a building management system.
6. Describe the typical steps required to install a building management system.
7. Understand how to install typical sensors, actuators, power wiring, and communication wiring.
8. Recognize what programming a building management system entails.

E. Module 03405-03. Water Treatment

1. Explain the reasons why water treatment programs are needed.
2. Recognize symptoms in heating/cooling systems that indicate a water problem exists.
3. Describe the types of problems and related remedies associated with water problems that can occur in the different types of water and steam systems.
4. Recognize and perform general maintenance on selected mechanical types of HVAC equipment that are used to control and/or enhance water quality.
5. Use commercial water test kits to test water quality in selected water/steam systems.
6. Perform an inspection/evaluation of a cooling tower or evaporative condenser to identify potential causes and/or existing conditions that indicate water problems.
7. Demonstrate and/or describe the general procedures used to clean open recirculating water systems and related cooling towers.
8. Demonstrate and/or describe the general procedures used to inspect, blowdown, and clean steam boilers.

F. Module 03406-03. System Startup and Shutdown

1. Demonstrate and/or describe how to prepare a boiler for dry storage.
2. Demonstrate and/or describe how to prepare a boiler for wet storage.
3. Demonstrate and/or describe how to clean, start up, and shut down a steam boiler.
4. Demonstrate and/or describe how to clean, start up, and shut down a hot-water boiler.
5. Demonstrate and/or describe how to start up and shut down a reciprocating liquid chiller and related water system.
6. Demonstrate and/or describe how to start up and shut down a selected centrifugal or screw liquid chiller and related water system.
7. Demonstrate and/or describe how to start up and shut down an air handler and related forced-air distribution system.
8. Demonstrate and/or describe how to test compressor oil for acid contamination.

9. Demonstrate and/or describe how to add or remove oil from a semi-hermetic or open reciprocating compressor.

10. Demonstrate and/or describe how to inspect and clean shell and tube condensers/evaporators and other water-type heat exchangers.

G. Module 03407-03. Heating and Cooling System Design

1. Identify and describe the steps in the system design process.

2. From blueprints or an actual job site, obtain information needed to complete heating and cooling load estimates.

3. Identify the factors that affect heat gains and losses to a building and describe how these factors influence the design process.

4. With instructor supervision, complete a load estimate to determine the heating and/or cooling load of a building.

5. State the principles that affect the selection of equipment to satisfy the calculated heating and/or cooling load.

6. With instructor supervision, select heating and/or cooling equipment using manufacturers' product data.

7. Recognize the various types of duct systems and explain why and where each type is used.

8. Demonstrate the effect of fittings and transitions on duct system design.

9. Explain the use and installation of diffusers, registers, and grilles used in duct systems.

10. Demonstrate the use of a friction loss chart to size round duct.

11. Demonstrate the use of duct sizing tables to size rectangular duct.

12. Explain or demonstrate the use and installation of insulation and vapor barriers used in duct systems.

13. Apply proper design principles to the selection and installation of refrigerant and condensate piping.

14. Estimate the electrical load for a building and calculate the effect of the comfort system on the electrical load.

H. Module 03408-03. Commercial and Industrial Refrigeration

1. Recognize the different types of refrigerated coolers and display cases. For each type, give its common application.

2. Compare the basic components used in commercial/industrial refrigeration systems with those used in comfort air conditioning systems.

3. Recognize single, multiple, and satellite compressor systems. Describe the applications, installation considerations, and advantages and disadvantages of each type.

4. Recognize packaged condensing units and unit coolers. Describe their applications, operation, and installation considerations.

5. Recognize two-stage compressors. Explain their operation and applications.

6. Recognize the various accessories used in commercial refrigeration systems. Explain why each is used and where it should be installed in the system.

7. Recognize the various refrigeration control devices. Explain the purpose of each type and how it works.

8. Describe the various methods used to defrost evaporators.

9. Recognize ice cube and ice flake making machines. Describe their operation and installation considerations.

10. Describe the characteristics and properties of the refrigerants and oils being used to replace CFC refrigerants and mineral oils in existing systems.

11. Demonstrate or describe the general procedure for retrofitting a CFC refrigeration system to use an HCFC or HFC refrigerant.

12. Recognize basic ammonia refrigeration systems. Compare the components used in ammonia systems with those used in halocarbon-based refrigerant systems.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1218 (July 2006).

Weegie Peabody
Executive Director

0607#006

RULE

Board of Elementary and Secondary Education

Bulletin 1934—Starting Points Preschool Regulations (LAC 28:XXI.Chapter 5)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education amended *Bulletin 1934—Starting Points Preschool Regulations*. In an effort to align all early childhood Pre-Kindergarten programs under the jurisdiction of the Department of Education, the Starting Points Pre-Kindergarten Regulations were revised. These revisions approved at the January 2006 meeting of the state Board of Elementary and Secondary Education (BESE) seek to clarify certain policies.

Revisions include:

- deletion of any reference to non-public schools; and
- clarification of the program monitoring process.

Title 28

EDUCATION

Part XXI. Bulletin 1934 Starting Points Preschool Regulations

Chapter 5. Program Structure

§501. Health Requirements

A. All children enrolled in the Starting Points Prekindergarten Program must comply with the immunization requirements as established by the Department of Health and Hospitals. All local school systems will administer a vision and hearing-screening test to each student.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:275 (February 2002), LR 30:1654 (August 2004), LR 32:1219 (July 2006).

§507. Parent Involvement

A. Each school system is required to develop a plan that encourages parent/family participation in the education of their child. The plan must include a program orientation meeting for parents no later than 20 working days after the beginning of the program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:154.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 30:1654 (August 2004), LR 32:1220 (July 2006).

§511. Length of School Day and School Year

The length of the school day and the school year shall follow the provision established in R.S. 17:154.1. The school day that systems operate shall be a full day with a minimum of 360 minutes of instructional time per day exclusive of lunch, recess, and planning. Instructional days will be based upon the school calendar of each local school system with a minimum of 177 days of instruction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:275 (February 2002), LR 30:1654 (August 2004), LR 32:1220 (July 2006).

§521. Reporting

A. Each local school system will be required to report data to the Louisiana Department of Education documenting the effectiveness of the program and the progress toward attaining program goals. The school system must also submit a final budget detailing exactly how the allocated funds were spent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:275 (February 2002), LR 30:1655 (August 2004), LR 32:1220 (July 2006).

§523. Monitoring

A. The Department of Education will develop a schedule cycle for on-site visits to monitor program quality. Program compliance with guidelines and implementation of developmentally appropriate practices will be assessed during on-site visits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 27:1685 (October 2001), LR 28:276 (February 2002), LR 30:1655 (August 2004), LR 32:1220 (July 2006).

§527. Adherence to Regulations

A. Local school systems must adhere to all state and federal regulations and guidelines. Failure to do so will result in withdrawal of program funds.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:276 (February 2002), LR 30:1655 (August 2004), LR 32:1220 (July 2006).

Weegie Peabody
Executive Director

0607#007

RULE

**Department of Environmental Quality
Office of the Secretary
Legal Affairs Division**

**DMR Completion Requirement
(LAC 33:IX.2701)(WQ065)**

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary has amended the Water Quality regulations, LAC 33:IX.2701 (Log #WQ065).

This rule change will require discharge monitoring reports (DMRs) to be filled out completely before submittal. An incomplete DMR submittal will be considered a violation of the regulations. Incomplete DMR submittals are delaying the evaluation of facility compliance with facility permits for effluent discharges and are adding to the workload of department staff reviewing these submittals. The basis and rationale for this rule are to protect the waters of the state.

This rule meets an exception listed in R.S. 30:2019(D)(2) and R.S. 49:953(G)(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Title 33

ENVIRONMENTAL QUALITY

Part IX. Water Quality Regulations

**Subpart 2. The Louisiana Pollutant Discharge
Elimination System (LPDES) Program**

Chapter 27. LPDES Permit Conditions

§2701. Conditions Applicable to All Permits

The following conditions apply to all LPDES permits. Additional conditions applicable to LPDES permits are in LAC 33:IX.2703. All conditions applicable to LPDES permits shall be incorporated into the permits either expressly or by reference. If incorporated by reference, a specific citation to these regulations (or the corresponding approved state regulations) must be given in the permit.

A. - L.3. ...

4. Monitoring Reports. Monitoring results shall be reported at the intervals specified elsewhere in this permit.

a. Results of wastewater or effluent monitoring must be reported on a discharge monitoring report (DMR) EPA Form 3320-1, or an approved substitute. The results of monitoring of sludge use or disposal practices shall be reported on forms specified or approved by the administrative authority.

b. - c. ...

d. Discharge monitoring reports shall be completed in accordance with the instructions on EPA Form 3320-1.

L.5. - N.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq., and in particular Section 2074(B)(3) and (B)(4).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 21:945 (September 1995), amended by the Water Pollution Control Division, LR 23:724 (June 1997), amended by the Office of

Environmental Assessment, Environmental Planning Division, LR 26:2553 (November 2000), LR 28:468 (March 2002), repromulgated LR 30:230 (February 2004), amended LR 30:1676 (August 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2431, 2512 (October 2005), LR 32:1220 (July 2006).

Herman Robinson, CPM
Executive Counsel

0607#036

RULE

Office of the Governor Division of Administration Racing Commission

Total Dissolved Carbon Dioxide Testing (LAC 35:I.1720)

The Louisiana State Racing Commission hereby amends LAC 35:I.1720 "Total Dissolved Carbon Dioxide Testing" by lowering the post-race allowable levels of, and providing for pre-race testing of, TCO₂ (paragraphs B2-3). The commission finds this action necessary to be consistent with other racing jurisdictions.

Title 35 HORSE RACING

Part I. General Provisions

Chapter 17. Corrupt and Prohibited Practices

§1720. Total Dissolved Carbon Dioxide Testing

A. - B1. ...

2. Blood samples for TCO₂ may be drawn prior to, or after, the race. Samples drawn after the race shall not be drawn earlier than 90 minutes following official post time. Samples drawn pre-race shall be drawn prior to the official post time.

3. The pre- or post-race TCO₂ level in the blood shall not exceed 36.0 milliequivalents per liter (mEq/L).

4. - 6. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:148.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Racing Commission LR 26:1992 (September 2000), amended by the Office of the Governor, Division of Administration, Racing Commission LR 32:1221 (July 2006).

Charles A. Gardiner III
Executive Director

0607#022

RULE

Office of the Governor Recreational and Used Motor Vehicle Commission

Procedure for Adjudications (LAC 46:V.Chapter 47)

In accordance with the provisions of the Administrative Procedure Act R.S. 49:950 et seq., and in accordance with Revised Statutes Title 32, Chapters 4A and 4B, the Office of the Governor, Recreational and Used Motor Vehicle

Commission, the Recreational and Used Motor Vehicle Commission has repealed Chapter 47 and replaced it with new regulations and language.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part V. Automotive Industry

Subpart 2. Recreational and Used Motor Vehicle Commission

Chapter 47. Procedure for Adjudications before the Recreational and Used Motor Vehicle Commission

§4701. Hearing Officer

A. Designation and Appointment

1. The positions of the executive director and the Administrative Manager III shall have the powers of the hearing officer, unless as otherwise designated by the chairman.

2. In the absence of the executive director or the Administrative Manager III, the chairman shall designate the hearing officer.

B. Power and duties:

1. may be designated by the chairman to conduct hearings;

2. shall prepare and issue all notices for any hearings;

3. shall consider all relevant evidence in a request for an interlocutory cease and desist order and shall issue that order on the basis of the evidence presented;

4. shall set for hearing all rules to show cause why a cease and desist order should not be issued;

5. shall issue and enforce subpoenas in accordance with R.S. 32:776 C (3);

6. shall render rulings on preliminary matters, such as requests for continuances, requests for recusals, requests for subpoenas, other motions or objections and discovery disputes;

7. shall conduct and make rulings with regard to compliance hearings held in accordance with R.S. 49:961(C);

8. shall consult with the field investigators with regard to the calling of witnesses;

9. shall consult with the field investigators with regard to preparing exhibits for introduction at the hearing;

10. shall assist with the preparation of the findings of fact and conclusions of law and the judgment of the commission, including the delivery or service thereof;

11. shall assist with the preparation of the post-hearing record for any appeal.

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

HISTORICAL NOTE: Promulgated by the Office of the Governor, Recreational and Used Motor Vehicle Commission, LR 32:1221 (July 2006).

§4703. Hearing Chairman

A. The chairman of the commission shall designate the commissioner who shall serve as the hearing chairman.

B. Authority and duties:

1. may review and rule on preliminary matters prior to the adjudication;

2. shall preside over adjudications held before the commission and shall conduct them accordingly;

3. may administer oaths to witnesses;

4. shall make findings and/or rulings with regard to evidentiary matters presented during the course of the hearing;

5. shall only vote to resolve a split decision.

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

HISTORICAL NOTE: Promulgated by the Office of the Governor, Recreational and Used Motor Vehicle Commission, LR 32:1221 (July 2006).

§4705. Hearing Committee

A. The chairman of the commission shall designate the commissioners who shall serve as the hearing committee.

B. The hearing committee shall consist of a chairman and two other members.

C. The hearing committee shall hear adjudications as selected by the chairman to be heard in accordance with R.S. 49:957.

D. The hearing committee shall issue proposed findings of fact and conclusions of law for presentation to the commission for a final order or judgment.

E. Prior to the presentation of the proposed order to the commission, the proposed order shall be served on the party against whom the order is to be entered at least 15 days prior to the commission's consideration.

F. Any party affected by the proposed order may prepare a written brief which must be filed with the commission within 10 days following receipt of the proposed order, or the affected party may present an oral response at the meeting of the commission where the proposed order will be presented.

G. Parties may waive the requirements of this paragraph by written stipulation, and the commission, in the event there is no contest, may eliminate compliance with this paragraph.

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

HISTORICAL NOTE: Promulgated by the Office of the Governor, Recreational and Used Motor Vehicle Commission, LR 32:1222 (July 2006).

§4707. General Provisions on Hearings

A. Notice of Hearing. The notice of hearing shall comply with the requirements of R.S. 32:776(C) and R.S. 49:955.

B. Service of Notice. The notice of hearing shall be served:

1. by a field investigator on the licensee either personally or at its place of business on the licensee's employee (if service is made in this manner, the field investigator shall sign the acknowledgment of service); or

2. through the office by certified or registered mail (the return receipt shall serve as acknowledgment of service).

C. Discovery. The Louisiana Code of Civil Procedure, Articles 1420 et seq., shall apply to all requests of discovery. Discovery shall be timely and give a reasonable opportunity to respond.

D. Preliminary Motions and Exceptions. No preliminary motions or exceptions shall be considered by the commission unless filed five days prior to the hearing.

E. Subpoenas

1. Subpoenas shall be issued in accordance with R.S. 32:776(C)(3).

2. Subpoenas may be issued for the purpose of assisting in the investigation of any violation or dispute which is before the commission.

3. Subpoenas for the attendance of witnesses, and/or for the furnishing of information required by the commission and/or for the production of evidence of records of any kinds shall be issued by the hearing officer.

4. Subpoenas shall be served by a field investigator either personally on the witness or at the witness's place of business or abode or by certified mail or registered mail. A return shall be placed in the record designating the manner and date of service as well as the oath the person making the service.

5. Any party to a hearing desiring the attendance of witnesses upon his behalf shall have the right to seek compulsory attendance of such witnesses and the production of relevant documents provided said party has filed a list of names and addresses with the hearing officer at least 10 days prior to the date that the testimony expected to be taken.

6. The party requesting the issuance of a subpoena shall deposit with the hearing officer a sum consistent with R.S. 13:3661(B) to cover the costs of the issuance of the subpoena.

F. Conduct and Order of the Hearing

1. The chairman of the hearing committee shall preside over the conduct of the hearing and may set a reasonable time for the presentation of a matter depending on the nature of the case and the complexity of the issues.

2. The chairman may in his discretion sequester witnesses.

3. The chairman shall make rulings on evidentiary matters keeping in mind that the commission shall not be bound by the technical rules of the evidence and may admit material and relevant evidence. The principles underlying the Louisiana Code of Evidence shall serve as a guide to the admissibility of evidence in hearings before the commission. The specific exclusionary rules and other provisions shall be applied only to the extent that they tend to promote the purposes of proceedings before the commission.

4. The hearing shall begin with any stipulation as to the facts or issues.

5. Witness Examination

a. Witnesses shall be first examined by the presenting attorney or by the hearing officer.

b. Examination shall then be followed by the commissioners.

c. Thereafter, examination may be performed by the licensee or its counsel.

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

HISTORICAL NOTE: Promulgated by the Office of the Governor, Recreational and Used Motor Vehicle Commission, LR 32:1222 (July 2006).

§4709. Hearings on Application Appeals

A. Any person whose application for license has been denied in accordance with R.S. 32:776(A)(1) shall be provided written notice by certified or registered mail that the application has been denied, the grounds for which the application has been denied and that the applicant has the right to appeal to the commission by making a written request for the appeal within 30 days following the receipt of the denial. No appeals will be considered beyond 30 days from the receipt of the denial.

B. Based on the applicant's written request, the hearing officer will assign the appeal to be heard at the next available commission meeting. Notice of the appeal before

the commission shall be served on the applicant at least five days prior to the meeting.

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

HISTORICAL NOTE: Promulgated by the Office of the Governor, Recreational and Used Motor Vehicle Commission, LR 32:1222 (July 2006).

§4711. Hearings on Area of Responsibility Disputes under R.S. 32:773.2

A. Before a dealer can file a notice of intent under R.S. 32:773.2(F) to establish itself as a new dealer, it must provide to the commission written approval from the manufacturer and that the manufacturer has notified its existing dealer that it intends to establish a new dealer.

B. When the commission receives a timely objection in accordance with either R.S. 32:773.2(D)(3)(b) and (F)(4), the commission shall notice the dispute for hearing within 30 days following receipt of the objection; however, the hearing shall not be set any sooner than 10 days prior to the hearing date.

C. The notice of hearing shall apprise each party that there are no violations under consideration and that the commission's duties are only to allow the parties to present their dispute and to make an informed decision on the issues presented.

D. The manufacturer and/or proposed new dealer shall be responsible for presenting evidence showing whether the community can support an additional dealer, whether any change in the area of responsibility would increase competition or be in the public interest, and whether the existing dealer is providing adequate representation.

E. The existing dealer shall be responsible for presenting evidence showing the impact on their business.

F. No summary proceeding shall be allowed with regard to any final orders or judgments of the commission with regard to area of responsibility disputes.

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

HISTORICAL NOTE: Promulgated by the Office of the Governor, Recreational and Used Motor Vehicle Commission, LR 32:1223 (July 2006).

§4713. Hearings on a Repurchase Demands under R.S. 32:773.2

A. Prior to noticing a repurchase demand for hearing, the hearing office will determine the following:

1. that the dealer has on file with the commission a franchise agreement, service agreement or letter of authorization from the manufacturer;

2. that the dealer has made a request for repurchase by certified or registered mail within 30 days following the date it ceased to do business or ceased to carry that particular line. The dealer may combine this request with his final inventory;

3. that the dealer has forwarded his final inventory to the manufacturer by certified or registered mail;

4. that a field investigator has verified the existence of the product and has inspected the product.

B. The notice of hearing on the repurchase demand shall be served on all parties, and shall be served, in the case of all recreational products with the exception of marine products, at least 15 days prior to the hearing.

C. The notice of hearing on the repurchase demand for marine products shall be served on all parties at least 21 days prior to the hearing and shall notify the manufacturer of its option to appoint an independent marine surveyor. The marine manufacturer must identify the independent surveyor to the commission at least 10 days prior to the hearing and must furnish the surveyor's report to the commission at least five days prior to the hearing; otherwise, the report and the testimony of the surveyor may be excluded from the hearing at the discretion of the hearing chairman. The commission shall timely forward the identity and report of the independent marine surveyor to the dealer.

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

HISTORICAL NOTE: Promulgated by the Office of the Governor, Recreational and Used Motor Vehicle Commission, LR 32:1223 (July 2006).

John M. Torrance
Executive Director

0607#014

RULE

**Department of Health and Hospitals
Board of Chiropractic Examiners**

Peer Review Committee (LAC 46:XXVII.Chapter 7)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Chiropractic Examiners hereby amends and promulgates additions to Title 46, Part XXVII.Chapter 7 of the Rules governing the Board of Chiropractic Examiners.

The additions create an Impaired Chiropractic Substance Abuse Recovery Program that applies to all chiropractors licensed in the state of Louisiana and allows the Peer Review Committee, which functions under the authority of the Board of Chiropractic Examiners, to manage the newly created program. The amendments to the language of Chapter 7 were made to be consistent with the new additions to Chapter 7.

Title 46

**PROFESSIONAL AND OCCUPATIONAL
STANDARDS**

Part XXVII. Chiropractors

Chapter 7. Peer Review Committee

§701. Purpose and Composition of Committee

A. Area Covered—state of Louisiana.

B. Structure. The Peer Review Committee shall function under the Board of Chiropractic Examiners, a state agency created and empowered by the legislature to license and regulate the practice of chiropractic in Louisiana in accordance with R.S. 37:2801 et seq., R.S. 37:1734 and R.S. 49:950 et seq.

C. Purpose. The purpose of the committee is to review, upon request of any party involved including the chiropractic physician himself, any matter relative to the appropriateness of care rendered by any doctor of chiropractic licensed to practice and practicing in the state of Louisiana, as well as, substance abuse impairments.

D.1. Composition of Committee. The committee shall be comprised of five doctors of chiropractic currently licensed by the state of Louisiana and practicing within the state of Louisiana, and appointed by the Louisiana Board of Examiners.

2. All chiropractors chosen to serve on the committee shall attend a peer review school. In that the Board of Examiners will be administering and functioning as an appeals option, its members shall also attend the peer review school. The Board of Examiners shall bear the cost of this special training.

E. Per Diem/Expenses. Committee will be afforded a per diem payment and reimbursement for reasonable expenses incurred as a result of attending review meetings. Per diem shall not exceed \$50 per day plus mileage at the current state rate, all as required by and set forth in R.S. 37:2802.F. Members will be reimbursed only from review fees collected.

F. Who May Submit Claims. Chiropractic physicians, an impaired chiropractic physician requesting his own admittance for review through the substance abuse policy, an interested third party reporting an impaired chiropractic physician, third party reimbursement organizations, patients, professional standards review organizations, health maintenance organizations may request a review if they are directly involved in the claim by the fact of being the patient treated, the doctor administering or receiving payment for treatment or the third-party contracting to pay the claim. This shall also include an impaired chiropractic physician requesting his own admittance for review through the substance abuse policy.

G.1. All costs of administrating this program will be borne by the Peer Review Committee out of the fees charged.

2. Any party making a peer review request will be charged a fee to cover the administrative costs of performing the review. The fee will be commensurate with the administrative costs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2804.G

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Chiropractic Examiners, LR 15:964 (November 1989), amended LR 22:192 (March 1996), LR 32:1223 (July 2006).

§702. Guidelines

A. For the purpose of claims review, this board authorizes the use of the Chiropractic Manual, 2nd Edition, as a reference for assessing the appropriateness of chiropractic health care. Recognizing that it is impossible to set forth specific parameters of care appropriate for each individual case, the board intends this manual to serve only as a general guide for standards of care within the chiropractic profession. Specifically, these guidelines are not meant to provide absolute "cut-off" points for treatment. In assessing appropriateness of care, it is imperative that the reviewer remain sensitive to the normal variants in a chiropractic practice and the necessity for treatment tailored to the specific needs of each individual patient. The level and frequency of treatment implemented should be in accordance with the physical and analytical findings substantiated by the appropriate reports and diagnostic information.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2804.G

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Chiropractic Examiners, LR 17:968 (October 1991), repromulgated LR 32:1224 (July 2006).

§703. Procedure for Review (Except Those Concerning the Impaired Chiropractic Substance Abuse Recovery Program)

A. All reviews will be blind reviews. The identity of the patient and treating physician will be unknown to the committee.

B. The review will be conducted upon request by any party as defined in §701.F. Participation will be made available to non-requesting party or parties. Participation by the non-requesting party or parties is not mandatory.

C. No requests for review shall be assessed or actual reviews conducted by the committee unless a quorum is present and participating. Three of the five members shall constitute a quorum.

D. A member of the Board of Examiners appointed for a one-year term by the board shall serve as chairman of the Peer Review Committee and have voting power only in the case of a tie. The board member shall review all final decisions of the Peer Review Committee to insure proper procedure has been followed in the review process.

1. If the board member determines that proper procedure has been followed then the recommendation of the Peer Review Committee stands and any party to the review shall have the appeal options set out in Subsection E. The board member who serves as chairman of the Peer Review Committee shall be recused in the case of appeal to the board.

2. If the board member determines that proper procedure has not been followed, he shall state the violation of procedure in writing and submit same to the Peer Review Committee at which point the case will be reconsidered by the committee.

E. Appeals Process. An appeal of any decision rendered by the Peer Review Committee shall, at the option of the person appealing, either be:

1. submitted to the members of Board of Examiners for review:

a. any person aggrieved by a decision of the Peer Review Committee shall submit to the board within 10 days of receipt of notice of the ruling of the Peer Review Committee a notice of intent to appeal. All notices shall be forwarded via certified mail;

b. upon receipt of the notice of appeal, the board shall notify the opposing party of appeal and schedule a hearing date;

c. the Peer Review Committee will then transfer the record to the board;

d. the appealing party may submit additional evidence or material within 20 days of the hearing and the opposing party may reply within 10 days of the scheduled hearing;

e. the parties may present oral argument to the board at the appeal hearing. Each party will be allowed 20 minutes;

f. the decision of the Board of Chiropractic Examiners shall be final;

2. placed in binding arbitration:

a. arbitration shall be conducted by a committee of three chiropractors; one chosen by the treating chiropractor, one by the insurer, patient, or whoever constitutes the opposite party in dispute, and the third chiropractor chosen by the originally selected two. If no agreement can be reached by the original two chiropractors as to the third, within 10 days of their appointment, the board of examiners shall appoint the third chiropractor within 30 days of receiving notice of such lack of agreement. All parties involved shall agree in advance to abide by the decision of the Arbitration Committee;

b. the aggrieved party shall notify the board of his intent to appeal by binding arbitration within 10 days of receipt of notice of the ruling of the Peer Review Committee. All notices shall be forwarded via certified mail;

c. the board will schedule the appointment of arbitrators giving the appealing and opposing parties 25 days to select an arbitrator, then giving the two arbitrators an additional 10 days to select the third arbitrator;

d. the Arbitration Panel will schedule a hearing within 60 days of the formation of the panel;

e. the Peer Review Committee will forward the record to the Arbitration Committee;

f. the appealing party may submit additional evidence or material within 20 days of the hearing and the opposing party may reply within 10 days of the scheduled hearing;

g. the parties may present oral argument to the Arbitration Committee at the appeal hearing. Each party will be allowed 20 minutes;

h. the decisions of the Arbitration Panel shall be final.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2804.G.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Chiropractic Examiners, LR 15:964 (November 1989), amended LR 17:968 (October 1991), LR 22:193 (March 1996), LR 32:1224 (July 2006).

§ 704. Procedure for Review of Substance Abuse Policy

A. The purpose of this policy is to limit alcohol abuse and illegal use of other drugs that are associated with the numerous health, safety, and social problems. The performance of chiropractors may be adversely affected by engaging in substance abuse. This policy, including the prohibitions and provisions therein, will be used to promote and safeguard the public from the consequences of alcohol and drug abuse of the chiropractic profession.

B. The Peer Review Committee may permit an applicant or licensee to actively participate in the Impaired Chiropractic Substance Abuse Recovery Program if:

1. the Peer Review Committee has evidence that the applicant or licensee is impaired, which includes substance abuse;

2. the applicant or licensee has not been convicted of a felony relating to substance abuse, which includes alcohol or drug abuse, in a court of law of the United States or a court of law of any state or territory, or another country;

3. the applicant or licensee enters into a written consent order with the Peer Review Committee for a license with appropriate restrictions and he timely complies with all the terms of the consent order, including making satisfactory progress in the program and adhering to any limitations on

the licensee's practice imposed by the Peer Review Committee to protect the public; and

4. as part of the consent order, the applicant or licensee shall sign a waiver allowing the substance abuse program to release information to the Peer Review Committee if the applicant or licensee does not comply with the requirements of the consent order or the program or is unable to practice or work with reasonable skill or safety.

C. Failure to enter into a consent order pursuant to this Rule shall precipitate the board's right to pursue formal disciplinary action against the applicant or licensee which may result in denial, suspension, or revocation of a license to practice chiropractic after due notice and hearing.

D. Failure to comply with the requirements of the consent order or the substance abuse program or the inability to practice or work with reasonable skill or safety shall result in denial, suspension, or revocation of a license to practice chiropractic after due notice and hearing.

E. The applicant or licensee shall be responsible for any costs associated with the consent order and/or the substance abuse program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2804.G.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Chiropractic Examiners, LR 32:1225 (July 2006).

§705. Impaired Chiropractic Substance Abuse Recovery Program

A. Medical Evaluation. Participant will, at participant's expense, within seven days of agreeing to enroll in the Impaired Chiropractic Substance Abuse Recovery Program (the Program), or as otherwise specified in the Program Specifications in Subsections J and K, enter into an inpatient treatment facility (the "Primary Treatment Facility") approved by the Peer Review Committee, as designated in the Program Specifications, for inpatient assessment and diagnostic evaluation. The program shall be managed under the authority of the Peer Review Committee.

B. Initial Primary Treatment. (Defined as the initial treatment following the evaluation, whether it is inpatient, partial, outpatient or residential). If, upon such medical evaluation participant is diagnosed to be suffering from chemical dependency, substance abuse, or other condition which may impair the participant's capacity to practice chiropractic with reasonable skill and safety to patients, participant will immediately submit to such inpatient evaluation and treatment and/or continuing outpatient treatment and aftercare thereafter as may be prescribed or recommended by addictionologist and treatment team at the Primary Treatment Facility for not less than the treatment period specified in the Treatment Plan. The Peer Review Committee reserves the right to obtain further evaluations from other medical professionals to ensure public safety. Within 48 hours of participant's discharge from primary treatment, participant shall give telephonic notice of such discharge to the program.

C. Continuing Treatment and Aftercare. Participant shall confirm discharge in writing to the Peer Review Committee within five days of discharge from treatment. Such written notice shall be accompanied by a copy of the discharge treatment plan or contract prescribed or recommended by the treatment program for participant's continuing outpatient

care and aftercare and a designation of the name, address and telephone number of participant's primary treating physician for outpatient care and aftercare, which physician shall be knowledgeable in the treatment of chemical dependency. The terms and conditions of any such treatment plan or contract shall be incorporated into, and deemed incorporated in, the program specifications, and any such continuing outpatient care and aftercare program shall continue in effect for not less than one year from the date of participant's discharge from primary treatment or for such other period as may be specified in the treatment plan. The participant will attend weekly continuing care (aftercare) at the program-approved treatment center specified in the treatment plan. If continuing therapy is recommended, therapist must be approved in advance by the Peer Review Committee.

D. Attendance at AA/NA Meetings. Following discharge from primary inpatient treatment, or concurrent with outpatient treatment, participant will attend Alcoholics Anonymous ("AA") and/or Narcotics Anonymous ("NA") meetings at such location and at such frequency as specified in the program specifications. Within two weeks of discharge from primary inpatient evaluation treatment, or as specified by treatment team, participant will give notice to the Peer Review Committee upon obtaining AA and/or NA sponsor(s), which will thereupon be incorporated in the program specifications. The participant will maintain contact with participant's AA and/or NA sponsor(s) a minimum of once per week. The Peer Review Committee may request reports from the sponsor. Participant shall submit monthly verification of participant's attendance at AA/NA meetings, aftercare and facilitated meetings of the participant.

E. Random Drug Screens. Participant must agree that, during the term of this agreement, participant shall be subject and shall voluntarily submit to supervised random drug screens, inclusive of bodily fluids, breath analysis, hair analysis, or any other procedure as may be directed by the program. Random drug screens will be at least monthly during the first 18 months following discharge from inpatient treatment. At that time, participant and compliance will be evaluated for possible bi-monthly testing. The results of any such testing will be reported directly to the Peer Review Committee. Any and all such testing shall be performed at participant's expense.

F. Employment; Employer's Agreement. The participant will not return to professional employment, on a full-time or part-time basis, until and unless participant's addictionologist at the Primary Treatment Facility advises participant and the Peer Review Committee in writing that, in their professional opinion, the participant's prognosis for continued recovery is good and that participant is capable of practicing chiropractic with reasonable skill and safety to patients. The treating addictionologist must complete and return the Fitness for Duty Form. Participant must have approval from the Peer Review Committee and all employment process must be completed prior to returning to work. Before accepting or engaging in chiropractic practice of any kind, whether as an employee or independent contractor and whether on a full-time or part-time basis, the participant will enter into an agreement with each and any such employer or contractor, in the form and substance prescribed by the Peer Review Committee.

G. Information and Reports. During the term of agreement, the participant will authorize, consent to and cause the following information, reports and notices to be given to the Peer Review Committee, as indicated.

1. Consent to Release of Medical Information. The participant will execute a written authorization and consent for the disclosure to the Peer Review Committee and its representatives of the records, information and opinions of the primary treatment facility, participant's attending physician and counselors at such facility relative to the participant's diagnosis, course of treatment, prognosis, and fitness and ability to practice chiropractic with reasonable skill and safety to patients.

2. Primary Treatment Facility Records. Participant shall authorize physicians and counselors at primary treatment facility to furnish the Peer Review Committee with a written report on participant's diagnosis, course of treatment at the facility, prescribed or recommended care and aftercare, fitness for duty form, and prognosis. Such records should be furnished to the Peer Review Committee within 20 days of discharge.

3. Primary Treatment Physician Records. Participant will authorize and cause participant's primary treating physician to furnish the Peer Review Committee, not less frequently than quarterly during the term of this agreement, with written report on participant's diagnosis, course of treatment and prognosis for continuing recovery.

4. Contact With, Reports to Program. The participant shall keep the Peer Review Committee advised of the participant's current address and employment addresses and telephone numbers, the nature of participant's employment, and participant's course of continuing recovery. The participant shall notify the Peer Review Committee within 24 hours of any change in participant's residence address or employment status or location, and shall furnish written notice of any such change to the Peer Review Committee within five days of any such change.

5. Verification of attendance at AA/NA, aftercare and facilitated meeting shall be submitted on a calendar monthly. Meeting attendance should be verified by initials and calendar received by the Peer Review Committee no later than the tenth of the month.

6. Counselor Progress Reports. Participant will authorize and cause Participant's counselor(s) at the aftercare treatment center designated in the treatment plan to furnish the Peer Review Committee with written reports on participant's progress. Such reports shall be submitted monthly for 12 months following participant's discharge from treatment or for the length of aftercare treatment if more than 12 months.

7. Other forms and records deemed necessary by the Peer Review Committee to fulfill the program will be forwarded to Peer Review Committee.

H. Misconduct. The participant shall not have any misconduct, criminal convictions, or violations of any health care regulations reported to the Peer Review Committee related to this or any other incidents. Any such misconduct, criminal convictions or violations will result in immediate suspension of license.

I. Maintenance of Abstinence. The participant shall maintain complete and total abstinence from the use of controlled substances, alcohol or any other mood-altering,

addictive or dependency inducing substance except as may be prescribed for a bona fide medical condition by a treating physician who is knowledgeable in, and aware of participant's treatment for, chemical dependency. A physician's statement describing the medical condition including medications administered and/or a copy of the prescription for medications obtained for self-administration shall be forwarded immediately and not later than five days after medication is prescribed.

J. Program Specifications

1. The participant shall enter a treatment facility for chemical dependency upon the approval of the Peer Review Committee.

2. The participant shall follow all treatment, continuing care or aftercare recommendations as prescribed in Subsections A-G.

3. Additional Program Specifications will be outlined and delineated following discharge from treatment and prior to re-entry to practice.

K. Post Program Specifications

1. The participant shall attend AA/NA meetings/week as outlined under Subsections A and D. The participant attendance verification shall be forwarded to the Peer Review Committee monthly.

2. The participant shall insure aftercare reports and all reports outlined under Subsection H are forwarded to the Peer Review Committee monthly. The participant shall have the Peer Review Committee's approval for therapist prior to engaging in recommended therapy.

3. The participant shall submit to random supervised drug screens as described under Subsection F and also when there is cause to question abstinence.

L. Confidential. Except as authorized by the participant's response to inquiry by the Chiropractic Licensing Authority of another state or by an employer by which the participant is employed or to which the participant has applied for employment, or pursuant to the rules of order of the court of competent jurisdiction, the records, files and information of the program relative to the participant shall be maintained in confidence and not disclosed to any other person, firm, or entity.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2804.G

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Chiropractic Examiners, LR 32:1225 (July 2006).

Patricia A. Oliver
Executive Director

0607#012

RULE

**Department of Health and Hospitals
Board of Dentistry**

**Provisional Licensure for Dental Healthcare Providers
(LAC 46:XXXIII.128)**

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Dental Practice Act, R.S. 37:751, et seq., and particularly

R.S. 37:760(8), the Department of Health and Hospitals, Board of Dentistry has adopted LAC 46:XXXIII.128.

Title 46

**PROFESSIONAL AND OCCUPATIONAL
STANDARDS**

Part XXXIII. Dental Health Profession

Chapter 1. General Provisions

**§128. Provisional Licensure for Dental Healthcare
Workers Providing Gratuitous Services**

A. The Board of Dentistry may grant a provisional license not to exceed 60 days in duration for any dentist or dental hygienist who is in good standing in the state of their licensure and who wishes to provide gratuitous services to the citizens of Louisiana at sites specified by the Department of Health and Hospitals provided:

1. the applicant is verified by the board to be in good standing in the state of licensure where the applicant is licensed;

2. the applicant provides satisfactory documentation to the board that the dental healthcare provider is assigned to provide gratuitous services at sites specified by the Department of Health and Hospitals;

3. the applicant agrees to render services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of dental services within the state of Louisiana.

B. The board may renew this provisional license for no more than an additional 60 days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6) and (8) and R.S. 49:953(B)

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 32:1227 (July 2006).

C. Barry Ogden
Executive Director

0607#027

RULE

**Department of Health and Hospitals
Board of Examiners of Psychologists**

Change of Address
(LAC 46:LXIII.903)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Board of Examiners of Psychologists has adopted LAC 46:LXIII.903.

Title 46

**PROFESSIONAL AND OCCUPATIONAL
STANDARDS**

Part LXIII. Psychologists

Chapter 9. Licenses

§903. Changes of Address

A. A licensed psychologist shall notify the board within 30 days, with documentation, attesting to any change of mailing and/or home address. This documentation notice shall include the psychologist's full name, license number, and the old and new addresses.

B. Should a psychologist be displaced to a temporary location due to an emergency, the psychologist shall notify the board within 30 days, with documentation attesting to

the temporary change in mailing and/or home address. The documented notice shall include the psychologist's full name, license number, old address and new temporary address.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 32:1227 (July 2006).

Bruce K. McCormick, Ph.D., MP
Chair

0607#086

RULE

Department of Health and Hospitals Board of Examiners of Psychologists

Certificate of Prescriptive Authority (LAC 46:LXIII.403)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Board of Examiners of Psychologists has amended LAC 46:LXIII.403.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXIII. Psychologists

Chapter 4. Certificate of Prescriptive Authority

§403. Application for Certificate of Prescriptive Authority

A. - B.3. ...

4. If the license of a psychologist who has applied for a certificate of prescriptive authority is under disciplinary restriction or under investigation due to a complaint having been filed with this board, granting of the certificate of prescriptive authority shall be withheld until such time as the restriction or the investigation has come to conclusion and the license is in good standing status.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2371-2378.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 31:70 (January 2005), amended LR 32:1228 (July 2006).

Bruce K. McCormick, Ph.D., MP
Chair

0607#084

RULE

Department of Health and Hospitals Board of Examiners of Psychologists

Continuing Education (LAC 46:LXIII.Chapter 8)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Board of Examiners of Psychologists has adopted LAC 46:LXIII.808 and amended LAC 46:LXIII.801, 803, 805, 809, 811, and 813.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXIII. Psychologists

Chapter 8. Continuing Education

§801. Preface

A. Pursuant to R.S. 37:2357(B) each licensed psychologist is required to complete 30 hours of credit of acceptable continuing education within biennial reporting periods. The continuing education requirements of psychologists are designed to promote their continued familiarization with new developments within the profession. Continuing education offerings shall be at the graduate or post-graduate level in terms of content, quality, organization, and presentation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:769 (September 1990), amended LR 19:46 (January 1993), LR 32:1228 (July 2006).

§803. Requirements

A. Each psychologist is required to complete 30 hours of credit of continuing education within the biennial reporting period.

B. Two of the above 30 hours of credit of continuing education must be within the area of ethics and/or forensic issues.

C. Licensees can accumulate continuing education hours of credit in six primary ways:

1. completion for credit of a graduate level course, sponsored by an acceptable institution of higher education;

2. documentation, by the instructor, of the completion of at least 75 percent of any audited graduate level course which is sponsored by an acceptable institution of higher education;

3. preparation and teaching of a graduate level psychology course in an accredited institution of higher education;

4. completion of continuing education activities conducted or approved by an acceptable institution or organization as defined in LAC 46:LXIII.805.A 1-7;

5. preparation and teaching of a seminar or workshop conducted under the sponsorship of an acceptable institution or organization as defined in LAC 46:LXIII.805.A 1-7; and

6. registered attendance at a professional meeting, conference, or convention which lasts one full day or longer.

D. - D.3 ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:770 (September 1990), amended LR 19:46 (January 1993), LR 32:1228 (July 2006).

§805. Acceptable Sponsorship, Offerings and Activities

A. The board will recognize the following as fulfilling the continuing education requirements:

1. accredited institutions of higher education;

2. hospitals which have approved Regional Medical Continuing Education Centers;

3. hospitals which have APA approved doctoral internship training programs;

4. national, regional, or state professional associations, or divisions of such associations, which specifically offer or approve graduate or post doctoral continuing education training;

5. American Psychological Association (APA) approved sponsors and activities offered by APA (including home study courses);

6. activities sponsored by the Board of Examiners of Psychologists; and

7. activities sponsored by the Louisiana Department of Health and Hospitals or its subordinate units and approved by the chief psychologist of the sponsoring state office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:770 (September 1990), amended LR 19:46 (January 1993), LR 22:1131 (November 1996), LR 25:1098 (June 1999), LR 32:1228 (July 2006).

§808. Calculation of Credits Earned

A. Licensees can earn continuing education hours of credit equal to ten times the credits given for completion of a graduate course, if the course meets the criteria of LAC 46:LXIII.803.D.1-2 and 805.A. (Example: 3 graduate course credits = 30 continuing education hours of credit.)

B. For auditing a graduate course that meets the criteria of LAC 46:LXIII.803.D.1-2 and 805.A, a licensee can earn five times the continuing education hours given for completion of such a course for credit. (Example: 3 graduate course credits = 15 continuing education hours of credit.)

C. Licensees can earn continuing education hours of credit for the preparation and teaching of a graduate level psychology course in an accredited institution of higher education, equal to 15 times the semester credit hours granted students. This continuing education credit may be claimed only once for a course. Subsequent teaching of the same course will not qualify for continuing education credit. (Example: 3 graduate course credits = 45 continuing education hours of credit). If a graduate course is taught by more than one person, the number of continuing education credits calculated shall be divided by the number of presenters.

D. Licensees can earn continuing education hours of credit as specified by the sponsor of continuing education activities which are conducted or approved by an acceptable institution or organization as defined in LAC 46:LXIII.805.A.1-7.

E. Licensees can earn continuing education hours of credit for the preparation and presentation of a workshop which has an acceptable sponsor and otherwise meets the criteria for acceptable continuing education, equal to four times the continuing education credits given participants. This continuing education credit/hours may be claimed only once for the initial presentation of a workshop. Repeated presentations of the same or similar workshops will not qualify for continuing education credit. (Example: 6 continuing education credits given to participants = 24 continuing education hours of credit for sole presenter of a

workshop). If the workshop is presented by more than one person, the number of continuing education hours of credit calculated shall be divided by the number of presenters.

F. Licensees can earn three continuing education hours of credit for registered attendance at a professional meeting, conference, or convention which lasts one full day or longer. However, no more than 12 continuing education hours of credit may be earned this way per biennial period.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists LR 32:1229 (July 2006).

§809. Reporting Requirements

A. Report Form. Each psychologist shall, complete the continuing education report provided by the board. The board will routinely distribute the report form along with its license renewal form.

B. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993), amended LR 32:1229 (July 2006).

§811. Extensions/Exemptions

A. - B. ...

C. Newly licensed psychologists are exempt from continuing education requirements for the remainder of the year for which their license or certification is granted.

D. Licensees approved by the board for emeritus status are exempted from the continuing education requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2354.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993), amended LR 32:1229 (July 2006).

§813. Noncompliance

A. - B. ...

C. If the licensee fails to meet continuing education requirements by the appropriate date, the license shall be regarded as lapsed beginning July 1 of the year for which the licensee is seeking renewal.

D. The State Board of Examiners of Psychologists shall serve written notice of noncompliance on a licensee determined to be in noncompliance. The notice will invite the licensees to request a hearing with the board or its representative to claim an exemption or to show compliance. All hearings shall be requested by the licensee and scheduled by the board in compliance with any time limitations of the Administrative Procedure Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993), amended LR 32:1229 (July 2006).

Bruce K. McCormick, Ph.D., MP
Chair

0607#085

RULE

**Department of Health and Hospitals
Board of Massage Therapy**

Comprehensive Rule Revisions
(LAC 46:XLV.Chapters 1-61)

In accordance with the provision of R.S. 37:3551 et seq. and R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Massage Therapy has amended the current rules governing this profession. This Rule deletes statutory repetition and adds instructor qualifications.

**Title 46
PROFESSIONAL AND OCCUPATIONAL
STANDARDS**

Part XLV. Massage Therapists

Chapter 1. General Provisions

§101. General Provisions

A. Under the authority of R.S. 37:3551 et seq., the State Board of Massage Therapy is adopting the following rules and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapists, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1230 (July 2006).

Chapter 3. Definitions

§301. Definitions

A. The definitions set forth in R.S. 37:3551 et seq., and R.S. 49:951 et seq., are incorporated herein by reference, with the following additions and supplements, which shall, when used in these rules and regulations, have the following meaning unless the text thereof or the definitions contained in the above-cited statutes clearly indicate otherwise:

Board—the Louisiana Board of Massage Therapy.

Department—the Department of Health and Hospitals.

Drape—towels, gowns, or sheets used to cover clients while massage therapy is being performed.

Massage Establishment—any place of business in which massage therapy is practiced by a massage therapist.

Massage Therapist—an individual who practices or administers massage therapy to a patron of either gender for compensation. The term shall include a therapeutic massage practitioner, massage technician, masseur, masseuse, body worker, or any derivation of those titles.

Massage Therapy—means the manipulation of soft tissue for the purpose of maintaining good health and establishing and maintaining good physical condition. The term shall include effleurage (stroking, petrissage (kneading), tapotement (percussion), compression, vibration, friction, active/passive range of motion, shiatsu and accupressure, either by hand, forearm, elbow, foot, or with mechanical appliances, for the purpose of body massage. Massage therapy may include the use of lubricants such as salts, powders, liquids, creams (with the exception of prescriptive or medicinal creams), heat lamps, whirlpool, hot and cold packs, salt glows, or steam cabinet baths. It shall not include electrotherapy, laser therapy, microwave therapy, colonic therapy, injection therapy, or manipulation of the joints. Equivalent terms for massage therapy are massage, therapeutic massage, massage technology, shiatsu, body

work, or any derivation of those terms. As used in these rules, the terms "therapy" and "therapeutic" shall not include diagnosis, treatment of illness or disease, or any service or procedure for which a license to practice medicine, chiropractic, physical therapy, or podiatry is required by law.

Massage Therapy Instructor—an individual who is licensed as a massage therapist, who possesses credentials satisfactory to the board and who meets the criteria and is certified and approved by the board pursuant to this rule.

Person—an individual, corporation, association, or other legal entity.

Probable Cause—an apparent state of facts found to exist which would cause a reasonably prudent person to believe that the applicant has committed an act constituting grounds for disciplinary action.

Professional Massage Therapy Association—a statewide organization or statewide chapter of an organization:

a. which, either directly or through the parent organization, qualifies as a tax exempt nonprofit organization under 26 U.S.C. §501(c)(6);

b. which, within Louisiana, offers a voting membership to all licensed massage therapists who practice or reside in Louisiana and who maintain their voting membership in good standing;

c. which, within Louisiana, is administered by a governing body composed of officers democratically elected by the organization's voting membership within Louisiana; and

d. which has registered with the board pursuant to Section 701 of these rules and been recognized by the board as satisfying the requirements set forth herein.

Reflexology—the manipulation of the superficial tissues of the feet and hands, based on the theory that manipulation of body reflex areas or zones can affect other body functions which the board recognizes as being encompassed within the definition of Massage Therapy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1230 (July 2006).

Chapter 9. Code of Ethics

§901. Code of Ethics

A. A massage therapist shall:

1. represent their qualifications honestly, including education and professional affiliations, and provide only those services which they are qualified to perform;

2. accurately inform clients, other health care practitioners, and the public of the scope and limitations of their discipline;

3. acknowledge the limitations of and contraindications for massage and bodywork and refer clients to appropriate health professionals;

4. provide therapy only where there is reasonable expectation that it will be advantageous to the client;

5. consistently maintain and improve professional knowledge and competence, striving for professional excellence through regular assessment of personal and professional strengths and weaknesses and through continued education training;

6. conduct their business and professional activities with honesty and integrity, and respect the inherent worth of all persons;

7. refuse to unjustly discriminate against clients or other ethical health professionals;

8. safeguard the confidentiality of all client information, unless disclosure is required by law, court order, or absolutely necessary for the protection of the public;

9. respect the client's right to therapy with informed and voluntary consent;

10. respect the client's right to refuse, modify, or terminate therapy regardless of prior consent given;

11. exercise the right to refuse to treat any person or part of the body for just and reasonable cause;

12. refrain, under all circumstances, from initiating or engaging in any romantic or sexual conduct, sexual activities, or sexualizing behavior involving a client, even if the client attempts to sexualize the relationship;

13. respect the client's boundaries with regard to privacy, disclosure, exposure, emotional expression, beliefs, and the client's reasonable expectations of professional behavior. Practitioners will respect the clients autonomy.

B. Every person licensed as a massage therapist shall subscribe to and practice by the Code of Ethics established by the board. The board shall make copies of the Code of Ethics available to licensees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37: 3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1230 (July 2006).

Chapter 11. Educational Qualifications for Licensure

1101. Educational Qualifications for Licensure

A. A person desiring to be licensed as a massage therapist shall apply to the board to take the examination provided for in R.S. 37:3557. To be eligible to take the examination, an applicant shall pay the examination fee and shall submit evidence satisfactory to the board that he has met one of the following requirements:

B.1. satisfactory completion of massage therapy studies in a 500 hour minimum supervised course of instruction. The course of instruction must be provided by a proprietary massage therapy school licensed by the State Department of Education or the Board of Regents unless otherwise approved by the board. The minimum 500 hours shall consist of: 325 hours dedicated to the study of basic massage therapy techniques and clinical practicum-related modalities; 125 hours dedicated to the study of anatomy and physiology; and, an additional 50 hours of discretionary related course work, including but not limited to hydrotherapy, business practices and professional ethics, Louisiana Law, Rules and Regulations, health and hygiene, cardiopulmonary resuscitation (CPR) and first aid and Aids/HIV and infectious disease awareness; and

2. in order to satisfactorily complete course requirements to be eligible to sit for the license examination, massage school students must attend at least 90 percent of class hours in each subject matter offered in the supervised course of instruction, as reflected by attendance records taken at the beginning of each class meeting. The Board of Massage Therapy's inspector is authorized to review

attendance and course records and to conduct monitoring as spot site visits, either directly or through a duly authorized designee, to determine whether scheduled classes are being held and whether all students recorded as present are present for the entire class period. If documentation satisfactory to the Board of Massage Therapy of student attendance is not maintained by a massage therapy school or if the documentation includes classes that were not held or shows students as present who were not present for the full class period, the Board of Massage Therapy may deny eligibility to sit for the state board examination to graduates from the student who attended the school during the period that attendance was not adequately or correctly documented;

3. in order to satisfy the requirements of this section, each class hour of each required subject must be taught by an instructor approved by the Board of Massage Therapy for that subject. The Board of Massage Therapy's inspector is authorized to review records and to conduct monitoring and spot site visits, either directly or through a duly authorized designee, to determine whether this requirement is being satisfied. The Board of Massage Therapy may deny eligibility to sit for the license examination to graduates from a non-compliant school who attended the school at the time of such noncompliance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37: 3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1231 (July 2006).

Chapter 12. Instructor Qualification

§1201. Instructor Qualification

A. A person desiring to be approved as a massage therapy instructor of a specific massage therapy technique or clinical practicum-related modality shall submit evidence satisfactory to the Board of Massage Therapy that the applicant has met one of the following:

1. that the person is a currently licensed therapist in good standing with the Board of Massage Therapy; and

2. that the person has lawfully practiced massage therapy for at least four years, or has grandfathered in as stated in Subsection B below; and

3. that the person has completed at least two times the hours of training in which he/she is responsible in the specific module, except that this Subparagraph shall not apply to instruction of basic Swedish and/or relaxation massage therapy.

B. A person may be grandfathered in as an instructor, if the person has:

1. applied for and paid for a license as an instructor on board approved applications within 45 days of promulgation of rule;

2. is currently approved by the Board of Regents; and

3. is a licensed massage therapist currently in good standing with the Board of Massage Therapy.

C. A person desiring to be approved as an instructor of anatomy lecture, physiology lecture, or kinesiology lecture shall produce evidence satisfactory to the Board of Massage Therapy that the individual either:

1. is a licensed massage therapist in good standing with the Board of Massage Therapy and has lawfully practiced massage therapy for at least four years; or

2. has a minimum of an associates or bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the US Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in one of the following: anatomy, physiology, kinesiology, sports medicine, exercise physiology, nursing, education with a concentration in biology or a substantially equivalent major; or

3. is a licensed physician (MD), osteopath, chiropractor, or registered nurse.

D. A person desiring to be certified as an instructor of business practices and marketing shall produce evidence satisfactory to the Board of Massage Therapy that the individual either:

1. has a least four years of experience as a full-time practicing massage therapist and owner/operator of a valid massage therapy establishment; or

2. has a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in business, marketing, or a substantially equivalent major.

E. A person desiring to be certified as an instructor of Louisiana Law, and Rules and Regulations, Ethics, pertaining to massage therapy shall produce evidence satisfactory to the Board of Massage Therapy that the individual either:

1. is a licensed massage therapist in good standing with the Board of Massage Therapy and has lawfully practiced massage therapy for a least four years; or

2. holds a valid license to practice law in Louisiana as evidence by a certificate from the Supreme Court of Louisiana that the individual is a member in good standing of a bar of that court.

F. A person desiring to be approved as an instructor of first aid, safety, hygiene or sanitary practices shall produce evidence satisfactory to the Board of Massage Therapy that the individual either:

1. is a licensed massage therapist in good standing with the Board of Massage Therapy and has lawfully practiced massage therapy for at least four years; or

2. is licensed as a registered nurse; or

3. has a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the US Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in nursing, or a substantially equivalent major.

G. A person desiring to be certified as an instructor of hydrotherapy shall produce evidence satisfactory to the Board of Massage Therapy that the individual is a licensed massage therapist in good standing with the Board of Massage Therapy and has lawfully practiced massage therapy for at least four years.

H. A person desiring to be approved as an instructor of CPR shall produce evidence satisfactory to the Board of Massage Therapy that the individual has been certified by the American Red Cross or The American Heart Association as an instructor in these topics.

I. A person desiring to be approved as an instructor of AIDS/HIV and infectious disease awareness shall produce evidence satisfactory to the board that the individual has been certified by the Federal Centers for Disease Control and Prevention as an AIDS/HIV counselor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 32:1231 (July 2006).

Chapter 13. Examination

§1301. Examination Requirements

A. Persons seeking a license must first pass a national examination that is:

1. approved and/or accredited by the National Commission for Certifying Agencies, an accrediting arm of the National Organization for Competency Assurance and;

2. approved by the board and has passed the Louisiana State Board Oral examination.

B. In the event that the Louisiana Examination written is used, it may include the following subjects: theory of massage therapy, anatomy, physiology, hydrotherapy, statutes and rules concerning massage, and business ethics.

C. An oral examination may include: clinical situations; statutes and rules; any of the techniques listed in the practical examination.

D. The score necessary to achieve a passing grade for licensure shall be 70 percent or better of 100 percent on both the written and oral parts of the examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1232 (July 2006).

Chapter 15. License Application Requirements

§1501. License Application Requirements

A. Applications for Examination. An applicant for examination or re-examination for licensure must submit a completed application that is received by the board postmarked no later than 30 days prior to the examination date. The application must include proof satisfactory to the board that the applicant has satisfied the requirements for eligibility to sit for the examination. The application must include an official transcript from the massage therapy school showing completion of the course of instruction. All incomplete applications will be returned with all fees submitted and the applicant will be deemed unable to sit for the upcoming state licensing examination, unless a complete application is returned within the 30-day limit. All requests for accommodation pursuant to the Americans with Disabilities Act must be made in writing and submitted with the application.

B. Test Procedures and Results. Applicants arriving after the examination has begun will not be admitted. Test results will be mailed within 30 days of the test date. Test results will not be given over the telephone. Where payment for a license is not received by the board or postmarked within 45 days from the date that the results are mailed, the license shall be regarded as null and void and the applicant will be required to reapply and re-test for licensure.

C. Re-Examinations. An applicant who fails a part of the state examination for licensure shall pay fee(s) required to retake only the part of the examination failed.

D. Review Procedures. In the event that the state written examination is given, an applicant is entitled to review his examination questions, answers, papers, grades and the grading key used in the state examination for licensure under such terms and conditions as may be prescribed by the board. Fees for such review of the licensure examination shall be:

1. review of written examination—\$75;
2. review of oral examination—\$75.

E. Board Examination Review Request. If, following review of his examination, an applicant believes that an error was made in the grading of his examination or in the evaluation of his answers, he may request that the board review his examination. Requests for review must be in writing, stating with specificity the reasons why review is requested. The request must be received by the board within 30 days after the applicant has received notice that he failed all or part of examination.

F. Board Examination Review. Upon the receipt of a request for review, the board shall, within 30 days, review the applicant's examination. If the board finds that an error was made, the board will correct the grade received by the applicant to reflect that finding. The applicant shall be notified of the board's action. If an error is found that effects pass/fail status, the board will waive the fees for review.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1232 (July 2006).

Chapter 17. License and Establishment Registration

§1701. License and Establishment Certificate Renewal

A. The board will send license renewal forms to the last address given by the licensee to the board in writing. The board will send establishment registration certificate renewal forms to the last address given by the establishment to the board in writing.

B. Renewal applications for licenses and for massage establishments must be received by the board postmarked no later than December 31 of the calendar year. If an application for inactive status or renewal is neither received nor postmarked by this date, the license or registration certificate shall be considered expired.

C. Applications for license renewal must be accompanied by copies of the certificates or letters of attendance showing that the licensee has satisfied board approved continuing education requirements.

D. Incomplete renewal applications will be returned to the licensee and may be subject to late fees.

E. License renewals will be issued only upon confirmation that the licensee is practicing at a massage establishment that is registered pursuant to these rules or qualifies for a statutory exception to the registration requirement. A licensee who provides any massage therapy services for compensation at any point during the calendar year shall be regarded as a practicing licensee.

F. Inactive Status. Those who wish to put their active registration on the inactive list, remaining there for a period not to exceed five years before returning to active practice,

may do so without reexamination or late fees upon submission of an affidavit provided by the board requesting inactive status, which shall attest that they shall not perform massage therapy for compensation within the state of Louisiana while on inactive status. They shall surrender their license and certificate to the board and no license certificate shall be issue while on inactive status. To reinstate to active status the licensee must submit an affidavit provided by the board stating they are returning to active status, pay the current year license renewal fee, and submit proof to the board the licensee has satisfied the CEU requirements that would have been a[pplicable had the licensee been on active status. After five years of inactive status, the licensee shall be considered expired.

G. Any license that is not renewed or placed on inactive status before the licenses has lapsed will be deemed expired and will need administrative approval before the licenses can become active.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555(A)(1), (A)(4) and (A)(6), 3559, 3561.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1233 (July 2006).

Chapter 19. Requirements and Supervision

§1901. Provisional License

A. Board approval for examination of an applicant who possesses the qualifications specified in R.S. 37:3556(B)(1) shall constitute approval for a provisional license providing the applicant submits the provisional license fee of \$25, submits a form signed by a licensed massage therapist(s) who agrees to supervise the provisional licensee according to R.S. 37:3551 et seq., is not under investigation for any conduct that could result in the denial of licensure, and meets all other qualifications of R.S. 37:3551 et seq. For purposes of this rule, the term "supervise" requires that the supervising massage therapist(s) must be physically in the massage establishment at all times when the provisional licensee is providing massage therapy services.

B. Advertising of massage services rendered by a provisional licensee is prohibited unless such advertisement clearly indicates that the licensee holds a provisional license and is practicing under the supervision of a licensed massage therapist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1233 (July 2006).

Chapter 21. Conditional Approval To Take Licensure Examination

§2101. Terms and Conditions

A. Based upon probable cause, the board may require that the applicant agree to such terms and conditions as the board deems necessary to protect the public health and safety.

B. The terms and conditions the board may impose under this rule are:

1. before receiving a license, the applicant must appear before the board to respond to questions regarding the application;

2. when convicted of a crime, the applicant must submit copies of all available court documents (including a certified copy of the judgment, indictment or information and related documents, including police and probation reports). For purposes of these Rules, a plea of "nolo contendere" to a crime constitutes a conviction of that crime;

3. the applicant must authorize the board to receive and review all records of the applicant's medical, psychiatric, or psychological treatments;

4. the applicant must submit to mental and physical examination by a board approved physician or psychologist;

5. in the event the board grants the applicant a license, the applicant must agree to limit the scope of his practice in such manner as the board may determine necessary to protect the public health and safety;

6. the applicant must agree to receive alcohol, drug abuse, or psychological counseling;

7. the license to practice massage therapy may be issued subject to probation of up to one (1) year in duration;

8. the applicant's practice of massage therapy must be under the supervision of a board approved licensed massage therapist who may be required to make periodic reports to the board regarding the applicant's competence to practice massage therapy; and

9. such other terms and conditions reasonably designed to protect the public health and safety.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1233 (July 2006).

Chapter 25. Massage Establishment Safety and Sanitary Requirements

§2501. Safety and Sanitary Requirements

A. Sanitary Requirements. Each massage establishment shall be maintained and operated in a safe and sanitary manner. To that end, each massage establishment shall:

1. comply with all state and local building fire and safety code requirements;

2. provide for safe and unobstructed human passage in the public areas of the premises, removal of garbage and refuse and safe storage or removal of flammable materials;

3. maintain on the premises a fire extinguisher in good working condition;

4. exterminate all vermin, insects, termites, and rodents on the premises;

5. maintain all equipment used to perform massage services on the premises in a safe and sanitary condition;

6. launder, before reuse, all materials furnished for the personal use of the customer, such as towels and linens;

7. provide adequate toilet and lavatory facilities. To be adequate, such facilities shall have at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning materials, sanitary towels or other hand-drying device such as a wall-mounted electric hand dryer, and waste receptacle. Such facilities and all of the foregoing fixtures and components shall be kept clean, in good repair, well-lighted, and adequately ventilated to remove objectionable odors;

8. adequately maintain shower facilities on the premises if equipped with a whirlpool bath, sauna, steam cabinet and/or steam room;

9. maintain current property damage and bodily injury liability insurance coverage for the establishment with minimum limits of \$1,000,000 per occurrence and require that all licensed massage therapists and provisionally licensed massage therapists practicing at the establishment be covered by professional malpractice coverage with minimum limits of \$1,000,000 per occurrence, with originals or copies of policies or certificates of insurance for all such coverage's to be available on the premises of the establishment;

10. maintain toilet facilities in a common area of the establishment. Establishments located in buildings housing multiple businesses under one roof such as arcades, shopping malls, terminals, hotels, etc., may substitute centralized toilet facilities. Such central facilities shall be within 300 feet of the massage establishment;

11. maintain lavatories for hand cleansing and/or chemical germicides designed to disinfect and cleanse hands without the use of a lavatory in the treatment room itself or within 20 feet of the treatment area.

B. Draping. Each massage establishment shall maintain a sufficient supply of clean drapes for the purpose of draping each client during massage. Before beginning a massage, each massage therapist shall have explained expected draping techniques and provided the client a clean drape for that purpose. In the case of a male client, the gluteal cleft and genitalia must be covered; and, in the case of a female client, breasts, the gluteal cleft, and genitalia must be covered. The board may establish a protocol for any variation from the above described draping procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1234 (July 2006).

Chapter 27. Inspection upon Application for Registration of Establishments

§2701. Inspections

A. Upon receipt of an application for a massage establishment registration certificate, the board may cause an inspection to be made of the site. The board further may make periodic inspections of all massage establishments, including unregistered and/or unlicensed massage establishments.

B. Such inspections may include, but need not be limited to, confirmation that the site is being utilized for massage therapy, a determination of whether the establishment is in compliance with the laws and rules governing the establishment's operation, facilities, personnel, safety, and sanitary requirements, review of existing insurance coverage, and review of client history records and billings records.

C. Failure to cooperate with such inspections may lead to disciplinary action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1234 (July 2006).

Chapter 29. Notification to Board of Change of Status

§2901. Name, Ownership and/or Location Changes

A. Massage Establishments—All Changes of Name, Ownership and/or Professional Licensees

1. All changes in name(s) and/or location(s) must be reported to the board in writing within 30 days of occurrence on a form provided by the board.

2. Change in status notification will include situations where a therapist ceases to practice at a given physical location or address.

B. Location must be reported to the board within 30 days in writing, and shall require a new establishment registration.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1235 (July 2006).

Chapter 31. Prohibition on Sexual Activity in Massage Establishments and between Therapist and Client

§3101. Prohibition of Sexual Activity

A. All sexual activity by any person or persons in any massage establishment is absolutely prohibited.

B. No massage establishment owner or operator shall engage in or permit any person or persons to engage in sexual activity in that owner or operator's massage establishment or to use that establishment to make arrangements to engage in sexual activity in any other place.

C. No licensed massage therapist shall engage in sexual activity with a current client of the therapist.

D. No licensed massage therapist shall engage in sexual activity with a former client of the therapist within three months after cessation of professional services.

E. As used in this Rule and §5301 of these Rules, "sexual activity" means and includes coital sexual intercourse, anal sexual intercourse, fellatio, cunnilingus, masturbation and acts of sadomasochistic abuse, flagellation, or torture in the context of sexual conduct. "Sexual activity" further means and includes the purposeful touching of the genitals of another person and the purposeful erotic stimulation of the anus, the male or female nipple, or the female breast, whether through draping or clothing, whether resulting in penetration or orgasm or not, and whether by instrumental manipulation, touching with the hands, or other bodily contact. "Sexual activity" further means and includes any sexual offenses proscribed by the criminal laws of Louisiana including, but not limited to, R.S. 14:83.3 and 83.4.

G. For purposes of this Rule, the term "client" means and includes any person receiving massage therapy services provided for compensation (regardless of the source, recipient or nature of the compensation), and any person receiving massage therapy services that are not provided for compensation either because of indigence or because the massage therapy services were provided within the context

of a community outreach or other public service program. A massage therapist's own spouse is excluded from the term "client" under this rule.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3556(A)(4) and (6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1235 (July 2006).

Chapter 33. Applications, Issuance of Licenses and Certificates of Registration, Referrals

§3301. Procedures

A. Applications for licensure, registration, or renewal shall be on forms provided by the board and shall be accompanied by the appropriate fees and postmarked on or before December 31, each year.

B. The board shall issue a license to each person qualified as a massage therapist and a registration certificate to each qualified massage establishment. To be qualified for licensure as a massage therapist, an applicant shall have successfully passed the examination provided for in this rule. Such license or certificate grants all professional rights, honors, and privileges relating to the practice of massage therapy.

C. Each licensed massage therapist shall publicly display his license. In addition, each massage establishment shall post, in plain sight, its certificate or registration and the license of each massage therapist who practices in the massage establishment.

D. A license or registration certificate is the property of the board and shall be surrendered upon demand of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3556(A)(4) and (6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1235 (July 2006).

Chapter 35. Provisional License, Limited Renewal

§3501. Limitations

A. An applicant who possesses the qualifications specified in these Rules to take the board examination may be granted a provisional license to engage in the practice of massage therapy until the date of the next examination are known.

B. An individual who has been issued a provisional license shall only practice massage therapy under the supervision of a licensed massage therapist.

C. Such provisional license may, at the discretion of the board, be renewed once.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3556(A)(4) and (6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1235 (July 2006).

Chapter 37. Continuing Education

§3701. Continuing Education Requirements

A. Each licensed massage therapist shall complete a minimum of 12 hours each calendar year of Continuing Education Units (CEUs) approved pursuant to §3901 of these rules.

B. The continuing education requirement set forth in Subsection A above shall not apply to a massage therapist during the calendar year in which the therapist is first licensed in Louisiana. The continuing education requirement shall apply to the licensee for every calendar year of licensure thereafter.

C. One hour of continuing education is defined as no less than 50 uninterrupted minutes of instruction, with no credit to be given for introduction of the speaker, meal breaks or business meetings. Sessions of less than 50 minutes but more than 30 minutes shall be counted as 1/2 hour. Instructional sessions of less than 30 minutes shall be disregarded for purposes of counting CEU credits.

D. The board will not grant CEU credit to a therapist for a program that is taken more than twice.

E. Presenters/moderators/instructors of courses shall not receive credit for courses they present.

F. Each year, an application for renewal will be mailed to each licensee at the last address provided to the board. Applicants shall submit a copy of the certificate received to the board. The CEU certificate shall have the providers name and number, the title of the program and the presenters signature, the date, the number of CEU hours, and the licensee's name and license number.

G. Failure of the licensee to satisfy the requirements of this Rule shall be a violation and shall subject the licensee to disciplinary actions pursuant to these Rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555(B)(2) and 3561.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1235 (July 2006).

Chapter 39. Requirements for Board Approval of Continuing Education Providers and Programs

§3901. Continuing Education Provider Requirements

A. Board Approval Requirement. For the purpose of renewing or reinstating a license, credit for Continuing Education Units (CEUs) will be awarded only for providers and programs approved by the board. Each provider must make application for board approval on forms provided by board, submit a fee of \$100 for an initial request for provider approval and \$100 for a bi-annual request for provider renewal, and a fee of \$50 program application and demonstrate that the provider will meet the following requirements.

1. The provider must have approval, in writing, from the board before disseminating any notices that their program is approved for license renewal credit. In the event a provider does advertise approval by board and approval has not been granted in writing, that provider may be subject to a \$1,000 fine and for a two year period no application for approval of continuing education programs by provider will be considered for approval. At the end of that two year period the \$1,000 fine must have been paid before any applications are considered for any future programs by that provider.

B. The continuing education provider must provide in writing, to the board, the name and address of the person responsible for insuring that each program meets the following requirements.

C. Authority to Review and Revoke Approval. The board retains the right and authority to audit and/or monitor CEU providers and/or programs. The board may at any time evaluate any provider and/or program and deny, revoke, and/or decline to renew approval of that provider and/or program for good cause. This right to deny, revoke and/or decline to renew approval includes, but is not limited to, the right to deny, revoke and/or decline to renew approval if the provider has disseminated any false or misleading information in connection with the continuing education program or if the provider has failed to conform to and abide by any governing standards, rules and/or written agreements concerning the provider and/or program.

D. Approved Providers. Subject to Subsection B above, providers may obtain approval from the board upon making application on a form approved by the board, submitting a fee of \$100 for an initial request for provider approval, and demonstrating that the provider will meet the following requirements:

1. The provider must retain a "sign-in sheet" with the signature of participants and copies of any promotional materials for at least four years following each program. The provider must furnish each participant with a certificate or letter of attendance verifying that the program has been completed. The certificate or letter shall not be issued until completion of the program and shall contain the provider's name and number, the title of the program and instructor, the date, the number of CEU hours, and the licensee's name and license number. Within 30 days after the program, the provider must send a copy of the sign-in sheets to the board, together with a listing of the names and addresses of the persons who received a certificate or letter of attendance for the program. A CEU Certificate can not be issued for less than the number of hours approved.

2. Each program presented for Louisiana CEU credits shall be relevant to and focus on massage theory, practice, methods, or laws, regulations and ethical principles pertaining to the practice of massage therapy and shall have stated learning objectives. No Louisiana CEU credits will be approved for programs that include instruction in diagnosis, the treatment of illness or disease, or any service or procedure that otherwise exceeds the scope of massage therapy as defined by R.S. 37:3552(5).

3. Each program presented for Louisiana CEU credits shall be taught by a person who:

a. holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered; or

b.i. has completed at least five years of professional experience in the practice of massage therapy; and

ii.(a). has, within the last three years of professional experience, taught a program in the subject matter at least four times; or,

(b) has completed at least 100 hours of non-entry level education in the subject matter to be offered and has a minimum of two years of professional experience in the subject;

(c). was approved by the board as a presenter prior to January 30, 2002.

4. The provider must provide to the board, in writing, the name and address of the person responsible for ensuring that each program meets the requirements of Paragraphs 1-3 above and said person shall so certify in the application for provider approval.

E. Providers must have approval, in writing, from the board before disseminating any notices that their program is approved for license renewal credit. In the event a provider does advertise approval by the board and approval has not been granted in writing, that the provider may be subject to a fine up to \$1,000 and/or up to a two year period, no application for approval of continuing education programs by that provider will be considered for approval. The fine must be have been paid before any applications are considered for any future programs by that provider.

F. Program Approval. Providers approved pursuant to Subsection A above may obtain approval for all programs to be offered for the full duration of their two-year period as an approved provider. Providers may obtain program approval by making timely application on a form approved by the board, submitting a program fee of \$50 that will cover all programs within the two year period that is exactly the same material presented and the same presenter. The provider must demonstrate that each program and presenter meets the requirements of Subsection A above. The provider may amend the program application at any time during the two-year period to add additional programs and/or presenters after an application has been approved by the state board and a \$50 fee has been paid. Approval for a particular program will be denied if sought later than 45 days before the start of the program.

G. Out-of-State Program Approval. A Louisiana licensee or licensees may request approval of an individual out-of-state program that has not been approved pursuant to the foregoing provisions by submitting 45 days before the date of the program, an application form approved by the board, all materials showing curriculum objectives and Subsection D above and a program review fee of \$50. If the individual licensee is seeking approval for multiple programs offered at a national convention of a professional massage therapy organization, only a single \$50 fee need be paid by the licensee to seek approval for the multiple programs. Approval shall be for the program sessions attended by the Louisiana licensee(s).

H. Other Program Approval. Louisiana licensee or licensees may request approval of a non-standard program that has been approved pursuant to the foregoing provisions. The licensee must submit an application form issued by the board, 45 days before the date of the program, accompanied by a program review fee of \$50. This form may be used to apply for approval for such things as but not limited to, college courses or published works by the therapist, to be used in lieu of CEUs for the given year. Protocols for such proposed programs will be established by the board.

I. Provider Renewal. A certificate from the board approving a provider pursuant to Subsection F above shall be valid for a period of two years from the date that the certificate was issued. During the certificate renewal period, an application for renewal will be mailed to the provider at the last address supplied to the board. In order to obtain renewal of the certificate, the provider must return the completed renewal form to the board on or before the

expiration date of the current certificate, together with a provider renewal fee of \$100. Failure to renew your application by the second anniversary (expiration date) will result in loss of provider status and all programs will become null and void. Failure to abide by the following standards will result in the revocation of the providership for a period of five years.

J. Statement as to Approval

1. The provider of a program approved for Louisiana CEU units may announce or indicate in advertising, promotional and other materials as follows :

"Approved by the Louisiana Board of Massage Therapy for a maximum of ___ hours CEUs".

No other statement regarding Louisiana CEU approval may be made in advertising, promotional and/or other materials, included but not limited to, a statement that an application has been to the board for approval or that the provider intends to apply for approval.

2. Providers may offer programs that are not approved pursuant to this Section. However, if a provider offers a program for which approval is not sought, or for which approval has been denied, the provider must announce in all advertising, promotional and other materials concerning the program as follows:

"Not offered for Louisiana State Board of Massage Therapy CEUs".

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3555(B)(2) and 3561.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1236 (July 2006).

Chapter 41. Health Data Record Keeping **§4101. Health Data**

A. Data concerning an individual's health status must be systematically and continuously collected, recorded, and communicated in order to determine therapeutic needs, according to the following criteria.

1. The format for the collection of data must provide for systematic collection, frequent updating, accessibility, and appropriate confidentiality.

2. Data may be collected from the individual, family members, pertinent others and other health care personnel.

3. Client records are to be obtained and reviewed by the licensed therapist to determine if therapeutic massage intervention is.

a. Client records are to be maintained at the registered establishment location in a confidential manner.

b. Client records must be maintained for a minimum of five calendar years. After this period, records may be disposed of in an appropriate and confidential manner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 32:1237 (July 2006).

Chapter 51. Discipline and Injunctions **§5101. Discipline and Injunctions**

A. In addition to the above actions and penalties, the board may cause to be issued an injunction without bond enjoining any person from violating or continuing to violate the provisions of R.S. 37:3501 et seq. in any court of competent jurisdiction.

B. In the suit for an injunction, the Board may demand of the defendant a penalty of \$50 per day for each violation, reasonable attorney fees, and the court costs.

C. The judgment for penalty, attorney fees, and court costs may be rendered in the same judgment in which the injunction is made absolute.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1237 (July 2006).

Chapter 53. Misconduct and Negligence in the Practice of Massage Therapy

§5301. Unprofessional Conduct

A. The following acts shall constitute misconduct in the practice of massage therapy or incorrect practice of massage for which disciplinary penalties may be imposed:

1. conviction or a finding of guilty in any jurisdiction, regardless of adjudication, of a crime which directly relating to the practice of massage or to the ability to practice massage. Any-plea of "nolo contendere" shall be considered a conviction for purposes of this rule; including pleas of guilty, nolo contendere and pleas under La. C.Cr.P. article 893 and 894;

2. false, deceptive, or misleading advertising;

3. aiding, assisting, procuring, or advising any unlicensed person to practice massage therapy. Contrary to this rule or to a rule of the department or the board;

4. engaging in or attempting or offering to engage a client in sexual activity, including any genital contact, where provided under §3101 of these rules;

5. making deceptive, untrue, or fraudulent representations in the practice of massage;

6. practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that he is not competent to perform;

7. delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them;

8. violating any provision of any rule of the board, or a lawful order of a board hearing, or, failing to comply with a lawfully issued subpoena;

9. operating any massage establishment unless it has been duly licensed as provided herein;

10. operating a massage establishment under a suspended, expired, or revoked license;

11. refusing to permit the board to inspect the business premises of the licensee during regular business hours;

12. practicing massage therapy when a license to practice massage therapy has been expired, revoked, suspended or otherwise acted against, including the denial of licensure by the licensing authority of another state, territory or country;

13. failure to maintain continuing property damage and bodily injury liability insurance in the operation of a massage establishment;

14. failure to perform any statutory or legal obligation placed upon a licensed massage therapist;

15. inability to practice massage with reasonable skill and safety to clients, by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of substance or as a result of any mental or physical condition;

16. engaging in the practice of massage therapy without a current massage license;

17. failure to practice massage with that level of care, skill, and treatment which is recognized by a reasonably prudent similar massage therapist as being acceptable under similar conditions and circumstances;

18. failing to keep the equipment and premises of the massage establishment in a clean and sanitary condition;

19. engaging in the practice of reflexology without a current massage therapy license; and for the purpose of this rule, "reflexology" is defined as the manipulation of the superficial tissues of the hands and feet, based on the theory that manipulation of body reflex areas or zones can affect other body functions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1238 (July 2006).

Chapter 55. Disciplinary Actions

§5501. Guidelines for Disciplinary Actions

A. When the board finds that an applicant, provisional licensee, or licensee whom it regulates has committed any of the prohibited acts set forth in the statute or rules, the board may impose appropriate penalties within the ranges recommended in the following disciplinary guidelines.

B. Penalties imposed by the board pursuant to this section may be imposed in combination or individually, and are as follows:

1. refusal to license an applicant; revocation or suspension of license;

2. issuance of a reprimand or censure;

3. imposition of an administrative fine not to exceed \$1,000 for each count or separate offense.

C. The provisions of this Section are not intended and shall not be construed to limit the ability of the board to informally dispose of disciplinary actions by agreement.

D. The provisions of this Section are not intended and shall not be construed to limit the ability of the board to pursue collateral, civil or criminal actions when appropriate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1238 (July 2006).

Chapter 57. Minor Violations

§5701. Minor Violations

A. The board hereby deems the following violations to be minor:

1. failure to include the license number of either the massage therapist or the massage establishment in advertisements as required by this Rule;

2. practicing with an inactive license in violation of these rules when the license has become automatically inactive for failure to renew, so long as the license is reactivated within 30 days of automatic reversion to inactive

status. Practice for more than 30 days of automatic reversion to inactive status. Practice for more than 30 days after a license has automatically reverted to inactive status shall not be a minor violation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORY NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20:1002 (September 1994), repromulgated LR20:1111 (October 1994), amended LR 32:1238 (July 2006).

Chapter 59. Investigation of Complaints

§5901. Investigation Procedures

A. The board shall designate a member to serve as complaint investigative officer for each complaint.

B. Each complaint shall be submitted to the CIO. Once a complaint is received, the board designated CIO will initiate a review of the allegations. After the investigation the CIO may dismiss the case or proceed to informal hearing.

C. At informal hearing the CIO hearing the matter may resolve the matter by consent agreement, which must be submitted to the board for review and action.

D. The CIO shall recommend to the board the initiation of a formal disciplinary hearing if the investigation disclosed any of the following:

1. a complaint is sufficiently serious to require formal adjudication;

2. failure of the licensee and/or applicant to respond to the CIO's correspondence concerning the complaint;

3. failure of an informal hearing to resolve all issues; or,

4. refusal of the licensee and/or applicant to comply with the recommended remedial action.

E. The CIO shall submit any recommended action to the Board in brief concise language, without any reference to the particulars of the investigation or any finding of fact or conclusions of law arrived at during the investigative process.

F. At no time shall the CIO investigate any case as authorized by the board or this section wherein said officer has any personal or economic interest in the outcome of the investigation or is personally related to or maintains close friendships with the complainant or the licensee. In such event, the CIO shall immediately notify the board, who shall have authority to appoint an "ad hoc" CIO for disposition of that case.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1239 (July 2006).

Chapter 61. Hearings

§6101. Formal Disciplinary Hearings

A. Formal Disciplinary Hearings

1. The board shall also be authorized to conduct formal disciplinary hearings.

2. The hearing shall be held before the board only after the involved licensee and/or applicant is given at least 30 days notice by registered mail. The content of the notice, as well as the conduct of the hearings, shall be governed by R.S. 49:955, being further provided that the licensee be advised of his right to be represented by legal counsel. The board shall arrange for a court reporter to make an accurate

recording of all testimony presented at the hearing. By bringing a complaint, the client waives the privilege of confidentiality for purposes of the hearing.

3. The rules of evidence, notice, authority to administer oaths, issue subpoenas, conduct depositions and control confidential or privileged information, will apply to the formal adjudication hearing in accordance with the Louisiana Administrative Procedures Act. Thereafter, the unsuccessful applicant or licensee may apply for a rehearing, as provided in R.S. 49:959, subject to further judicial review, pursuant to R.S. 49:964, 965.

4. It is the licensee's or establishment registration's continuing obligation to keep the board informed of his whereabouts. Accordingly, if notice of the hearing cannot be delivered by mail because of a change of address and the new address is not provided to the board, the board may hold the hearing in the licensee's or establishment registration's absence, after making reasonable efforts to obtain the licensee's or establishment registration's new address.

5. When the licensee or establishment registration receives notice, he may file an answer to the notice denying some or all of the charges, or offering any explanation or assert whatever defense is deemed applicable.

6. For good cause shown, the board has discretion to extend or continue the time set for the hearing for such reasons as ill health, inability to obtain counsel, the complexities of the case, or such other matters deemed by the board to present good cause if the request is done in reasonable time.

7. The board shall elect from its membership a person to act as presiding officer at the hearing to make rulings on objections and the admissibility of evidence and to insure that the conduct of the hearing proceeds without delay and pursuant to law. Other board members may not delegate their decision-making and fact-finding duties to the presiding officer nor shall the presiding officer have any greater weight in the decision-making process. The board's findings of fact and conclusions of law shall be signed by the majority of the board finding those facts and conclusions of law. Any board member disagreeing with those findings of fact and conclusions of law may also file a dissent in the record.

8. Any board member having reason to believe that he is biased or prejudiced against any of the parties to the proceeding or who has a personal or economic interest in the outcome shall immediately notify the remaining board members and request to be relieved of participation in the proceedings. Any party to such a hearing may file with the board an affidavit requesting a disqualification because of bias or personal or financial interest. As soon as possible, but not later than the beginning of the hearing, the majority of the board must pass upon the request for disqualification. The concerned board member shall not vote in the action to disqualify. Any doubt concerning the fitness of a board member shall be resolved in favor of disqualification. In the event of disqualification, the board shall proceed without the disqualified member. The board members needed for a quorum and majority shall be reduced to compensate for the disqualified members.

9. The parties to the hearing are urged to confer prior to the hearing or through their respective counsel to attempt to reduce or simplify the issues to be heard. The board will,

however, honor any stipulations arrived at between the parties as proven fact at the hearing. The purpose of the pre-hearing conference is to ensure that the hearing is not unusually delayed by receiving testimony or other evidence on matters, which are not seriously in dispute.

10. The board shall have discretion to consolidate one or more cases for hearing involving the same or related parties, or substantially the same questions of law or fact. The board may also grant separate hearings if such a joint hearing would be prejudicial to one or more of the parties. If hearings are to be consolidated, notice must be given to all parties in advance of the hearing.

11. The presiding officer shall consider a motion to modify or quash any subpoena issued in connection with the hearing, provided that such motion is filed by registered mail with the board no later than three days prior to the hearing date, or the date scheduled for the deposition if the subpoena was issued in connection with a deposition. Possible grounds to quash or limit the subpoena include, but are not limited to: Testimony or material protected by privilege of statute, regulation, or other law; burdensomeness that would not be justified in light of the evidence's importance to the case; undue hardship on a witness; vagueness; and, immateriality.

12. The procedures to be followed in conducting the hearing, governing the order of proceeding, rulings on evidence, and the board's decision, are contained in the Louisiana Administrative Procedure Act.

13. The burden of proof rests upon the CIO who is bringing the charge before the board. No sanctions shall be imposed or order be issued, except upon consideration of the whole record, as supported by and in accordance with, reliable, probative and substantial evidence. While proof beyond all reasonable doubt is not required to establish a given fact as true, the burden must be carried by a clear preponderance of the evidence. This standard of proof shall obtain in all hearings conducted before the board and any review or examination of evidence or any hearing requested.

14. Any party or person deemed to be governed by or under the jurisdiction of R.S. 36:3501-36:3516, may apply to the board for a declaratory order or ruling in order to determine the applicability of a statutory provision or rule of this board to said party or person. The board shall issue the declaratory order or ruling in connection with the request by majority vote of the board, signed and mailed to the requesting party. The board may seek legal counsel or an attorney general's opinion in connection with any such request.

15. Judicial review and appeal of any decision or order of the board shall be governed by R.S.49:964-965.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3551 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Massage Therapy, LR 20: 1002 (September 1994), repromulgated LR 20:1111 (October 1994), amended LR 32:1239 (July 2006).

Kayla Perkins
Executive Director

0607#039

RULE

Department of Health and Hospitals Board of Nursing

Selection and Use of Clinical Facilities (LAC 46:XLVII.3529)

In accordance with the provisions of the Administrative Procedures Act, R.S.49:950 et seq., that the Board of Nursing (Board) pursuant to the authority vested in the board by R.S.37:918 has amended rules of Professional and Occupational Standards pertaining to selection and use of clinical facilities.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLVII. Nurses

Subpart 2. Registered Nurses

Chapter 35. Nursing Education Programs

§3529. Selection and Use of Clinical Facilities

A. Hospitals used for clinical experiences shall be licensed by the state of Louisiana and certified by the appropriately designated agency for Medicare/Medicaid. In addition, hospitals should be accredited by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO). Other health care agencies shall be accredited or approved by a recognized accrediting or approving agency as appropriate.

B. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:189 (April 1977), amended LR 10:1026 (December 1984), amended by the Department of Health and Hospitals, Board of Nursing LR 15:1080 (December 1989), LR 16:133 (February 1990), LR 19:1149 (September 1993), repromulgated LR 24:1293 (July 1998), amended LR 26:2791 (December 2000), repromulgated LR 27:852 (June 2001), amended LR 32:1240 (July 2006).

Barbara L. Morvant
Executive Director

0607#059

RULE

Department of Health and Hospitals Office for Citizens with Developmental Disabilities

Single Point of Entry into the System (LAC 48:IX.Chapter 7)

The Department of Health and Hospitals, Office for Citizens with Developmental Disabilities (OCDD) pursuant to Act 128 of the 2005 Regular Legislative Session as contained in R.S. 28:451.1 is authorized to establish a Developmental Disabilities Services System (System) and to serve as the Single Point of Entry into the System (SPOE) at R.S. 454.1. The intent of this Rule is to establish OCDD as the SPOE and to specify a fair, efficient and consumer-

friendly determination process for system entry. This determination process for system entry is to be equitably and uniformly applied by the OCDD Community Services Regional Offices and the Human Service Authorities (authorities) and Human Service Districts (districts) throughout the state.

Title 48

PUBLIC HEALTH—GENERAL

Part IX. Developmental Disabilities Services System

Chapter 7. Single Point of Entry and Determination Process for System Entry

§701. Purpose

A. The Office for Citizens with Developmental Disabilities Services System is the Single Point of Entry (SPOE) for the Developmental Disabilities Services System (system).

B. Standards for the determination process for system entry establish:

1. entry into the system;
2. general support needs and resources;
3. the presence of a developmental disability; and
4. diagnostic assessment; and
5. specialized accommodations, including transportation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.(1)(2).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006).

§703. Definitions

A. *Developmental Disability*—defined in accordance with the Developmental Disability Law at R.S. 28:451.2(12).

B. *Developmental Disabilities Services System*—a system of programs, services, and supports for persons with developmental disabilities that include but are not limited to information and referral services, support coordination services, system entry services, development of support profiles and plans, individual and family support services, living options, habilitation services and vocational services provided by the Department of Health and Hospitals and administered by the Office for Citizens with Developmental Disabilities. The term *system* is used in this document to refer to the Developmental Disabilities Services System.

C. *Entry Unit*—a section of the OCDD Regional Offices, the Human Services Authorities or Human Services Districts that implements the Developmental Disabilities Services System entry process.

D. *Entry Review Team*—a transdisciplinary team including, but not limited to, staff of the system entry unit, community services regional administrator or designee, and a psychologist. The team may also include a social worker, a nurse and or other consultants as necessary.

E. *Protected Date*—the date that will be included on OCDD's registries for supports and services requested.

F. *Support Profile*—defined in accordance with the Developmental Disability Law at R.S. 28:451.2(28).

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:451.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006).

§705. Single Point of Entry

A. The OCDD has responsibility for programmatic leadership in the designing and developing of all developmental disabilities services provided by the department either directly or pursuant to agreements with the human services authorities and human services districts as statutorily constituted by state law and with public and private providers.

B. The Human Services Authorities (Authorities) are the Florida Parishes Human Services Authority and the Jefferson Parish Human Service Authority:

1. Florida Parishes Human Services Authority—Livingston, St. Helena, St. Tammany, Tangipahoa and Washington;

2. Jefferson Parish Human Service Authority—Jefferson Parish.

C. The Human Service Districts (Districts) are the Capital Area Human Service District and the Metropolitan Human Service District:

1. Capital Area Human Service District—Ascension, East Baton Rouge, East Feliciana, Iberville, Point Coupee, West Baton Rouge, West Feliciana;

2. Metropolitan Human Service District—Orleans, St. Bernard and Plaquemines.

D. The six OCDD Community Services Regions with their parishes are as follows:

1. Region 3—Assumption, Lafourche, St. Charles, St. James, St. John, Terrebonne, St. Mary;

2. Region 4—Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion;

3. Region 5—Allen, Beauregard, Calcasieu, Jefferson Davis, Cameron;

4. Region 6—Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn;

5. Region 7—Bienville, Bossier, Caddo, Claiborne, DeSoto, Sabine, Red River, Natchitoches, Webster;

6. Region 8—East Carroll, Caldwell, Franklin, Jackson, Lincoln, Madison, Morehouse, Quachita, Tensas, Union, West Carroll.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Human Services, Division of Mental Retardation/Developmental Disabilities, LR 16:31 (January 1990), amended by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006).

§707. Standards for the Determination Process for System Entry

A. OCDD Regional Offices, Human Service Authorities and Districts shall utilize specialized entry units for the determinations of system entry and entry review teams to review those determinations which do not clearly meet the criteria for entry into the system.

B. Staff shall be trained in the use of all standardized tools, methods and procedures as required by OCDD for determining the presence of a developmental disability and for conducting an assessment of support and service needs.

C. Persons with developmental disabilities may be assisted through the system entry process by anyone of their choice.

D. Requests for entry into the system must originate from the developmental disability region from which the person or legally responsible party resides and can be made from only one such region at a time.

E. The request for a face to face interview for system entry may be made by telephone, in person, e-mail or by other forms of correspondence.

F. A face-to-face interview shall be conducted with the person requesting supports or services at least for the initial interview unless there are extenuating circumstances preventing the person from being present. Explanations for such occurrences shall be included in the person's record.

G. The face-to-face interview will be conducted at the entry unit location. If a person is unable to get to this location, the staff will conduct the interview at the person's home or another agreed upon location. If a person fails to keep two appointments that are scheduled at locations outside the entry unit office, future appointments will be scheduled at the entry unit office.

H. Necessary demographic information on the person seeking supports and services shall be obtained for OCDD's information management system for developmental disabilities services.

I. Determination of the legal status shall be conducted and shall be consistent with the laws of Louisiana. Copies of all legal decisions of record concerning the person's legal status will be provided by the person or his legal representative at the face-to-face interview.

J. A standardized determination for entry into the system shall be completed within 45 days of receiving information necessary for making the determination.

K. An expedited review contingent upon receipt of needed information may be conducted if it is related to:

1. the emergency needs of a person due to any of the following reasons:
 - a. care giver is no longer willing or able to provide care and there are no other supports available;
 - b. family crisis exits with no caregiver support available; and
 - c. intolerable temporary placement and immediate placement is needed; or
2. an urgent request concerning service(s) from a specific provider and the service(s) are available upon completion of the entry process; or
3. a court order to provide supports and services.

L. A support profile will be completed with input from the person, his legal representative or other(s) chosen by the person to assist with the interview.

M. The persons shall be asked if they wish to register to vote, and, if so, will be provided assistance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006).

§709. System Eligibility for Children between the Ages of 0 - 3 Years

A. Children from 0-3 years who are currently eligible for Louisiana's Early Intervention System services as verified by receipt of all required Early Intervention System documents, including the Individual Family Support Plan, will meet criteria for entering the Developmental Disabilities Services System.

B. The entry unit staff will refer the family or legal guardian to the system entry Early Intervention Program to seek an eligibility determination for early intervention services if the child is between the ages of 0-3 years and is not currently receiving services from the Early Intervention Program.

C. It is the responsibility of the parent or legal guardian to initiate contact with the OCDD Entry Unit after receipt of the letter from the Early Intervention Program advising of the need to contact OCDD prior to the child's third birthday.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1242 (July 2006).

§711. Approval for Entry into the System

A. Protected date for entry into the system shall be one of the following:

1. the date on the signed Request for Participation Form; or
2. the original appointment date for the face-to-face interview if this date was subsequently changed by the entry unit staff and if the person is approved for entry into the system; or
3. the protected date from the Early Intervention System for children between the ages of 0 - 3 years.

B. The protected date shall be in effect no longer than six months from the date of the completed request for services or for services not previously requested.

C. Approval for entry into the system shall be based on:

1. the definition of a developmental disability in the Developmental Disabilities Law, R.S. 451.2(12); and
2. standardized assessment instruments and methodologies required by OCDD for determining a developmental disability.

D. Entry Review Team

1. The regional offices, authorities, and districts shall establish an entry review team to review the documentation of persons who do not clearly meet the criteria for system entry contained herein.

2. The statement of denial shall not be issued unless the entry review team has determined that the person does not meet the criteria for system entry.

3. The entry review team shall make one of the four following decisions concerning whether the person meets the criteria for system entry.

a. The person meets criteria for system entry and will receive a Statement of Approval (SOA) without re-determination.

b. The person meets criteria for system entry and will receive a SOA with a specified date for re-determination.

c. The person does not meet criteria for system entry.

d. More information is needed to make a determination.

E. Persons who meet criteria for system entry will receive a Statement of Approval and a copy of the "Rights of People with Developmental Disabilities" from the regional office, authority or district from which the persons applied for services and supports.

F. Meeting criteria for participation in the system does not ensure that a person is eligible for specific supports and services.

G. Persons who are to receive services shall be provided unbiased information concerning all supports and service options and how to access information on all providers for each service option including contact information.

AUTHORITY NOTE: Promulgated in accordance with R.S.28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1242 (July 2006).

§713. Non-Approval for Entry into the System

A. Persons who do not meet criteria for entry will receive a Statement of Denial (SOD) with their Rights of Appeal attached.

B. Persons who are receiving services and who receive a SOD will continue to receive services for 30 days from the receipt date of the SOD.

C. Persons who receive a SOD have the right to reapply for services at the regional office, authority or district in the area of their residence and to request and receive an administrative hearing through the DHH Bureau of Appeals.

AUTHORITY NOTE: Promulgated in accordance with R.S.28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006).

§715. Re-Determinations for Entry into the Developmental Disabilities Services System

A. The re-determination process follows the same format as the system entry process.

B. The face-to-face interview will not be necessary if the OCDD entry staff has met with the person in the past six months and has consulted with the person on the results of the screening tool in order to ensure the measure is fair and meaningful.

C. Re-determinations for entry into the system shall be required under either of the following conditions:

1. diagnosis of a developmental disability in accordance with state law is tenuous;
2. prognosis of a chronic life long condition of a developmental disability is uncertain.

D. Children 3 through 9 years of age will participate in a re-determination for system entry at least every three years except in the following circumstances:

1. standardized adaptive behavior scores obtained were greater than three standard deviations below the mean; and
2. the OCDD Entry Review Team approved the person's system entry without re-determination.

E. Children between 3 and 9 years of age who meet only two areas of substantial functional limitation will have a re-determination at age 10 years.

F. Any persons 10 years of age or older participating in the Developmental Disabilities Services System as of January 2006 will automatically be approved for entry into the system without determination, unless re-determination is required for participation in specific services. Re-determination may be requested by any one of the following parties:

1. OCDD Entry Review Team;
2. person requesting supports;

3. person's family or legal representative;
4. person's support coordinator;
5. person's service provider;
6. person's planning team;
7. person's physician determining level of care;
8. regional office, authority or district staff involved in the provision of supports;
9. state monitoring authorities;
10. courts of appropriate jurisdiction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006).

§717. Closure of Requests for Supports and Services

A. Initial requests may be "closed" due to:

1. insufficient information; or
2. denial for system entry.

B. An initial re-determination letter within 30 calendar days of the person's eligibility expiration shall be followed by at least two additional attempts to contact the persons prior to closing the case within the next thirty days. The two follow-up attempts to contact the persons must utilize more than one mode of contact.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006).

§719. OCDD Data Requirements

A. The Human Service Authorities and Districts and Regional Offices shall provide monthly to the OCDD Central Office random samples of completed determinations with supporting documentation in accordance with OCDD's quality review methodologies.

B. The Human Service Authorities and Districts and Regional Offices shall utilize OCDD's individual tracking system to enter all information as required by OCDD's policies and procedures for system entry.

C. The Human Service Authorities and Districts and Regional Offices shall provide additional information to OCDD as requested for the purpose of evaluating quality and compliance with state laws, policies and procedures relevant to system entry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.17.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006).

§721. OCDD Quality Reviews

A. The OCDD Central Office will conduct periodic quality reviews of the regional offices, authorities and districts regarding the processes for the single point of entry and the determination process for system entry.

B. The purpose of the quality reviews is to assess overall accuracy in decision making, completeness of information relative to the determination reached, and adherence to the Developmental Disability Law as well as to the rules, policies, operational instructions and procedures required by the office pertaining to single point of entry and the determination process for system entry conducted by the regional offices and the human service, authorities and districts.

C. The quality reviews shall consist of analyses of the following:

1. random samplings of completed eligibility determinations;
2. on-site observations of the determination process for system entry;
3. entry review team meetings;
4. required monthly data submissions; and
5. completeness, timeliness and accuracy of information required on OCDD's individual tracking system.

D. The review findings and subsequent recommendations along with any needed technical assistance will be provided to the regional offices, authorities and districts. Specific recommendations for improvement or correction actions must be carried out in order to maintain compliance with all laws, rules, policies and procedures relevant to the single point of entry or determination for system entry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.17.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006).

Frederick Cerise, M.D. M.P.H.
Secretary

0607#083

RULE

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

Medicaid Eligibility—Treatment of Loans, Mortgages, Promissory Notes and Other Property Agreements

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

Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the provisions of the August 20, 2005 Rule governing the treatment of transfer of assets in the determination of Medicaid eligibility. This policy change applies to applications, renewals of eligibility or changes in situation for all individuals, except for those persons receiving Supplemental Security Income (SSI) or deemed to be receiving SSI.

Definitions

A. Unless otherwise specifically provided herein, the words and terms used in this Rule shall be defined as follows:

Entities—include, but are not limited to, partnerships, corporations, limited liability corporations, sole proprietorships, and any other entity or group.

Family Member/Relative—includes, but is not limited to, the following categories of relatives of the applicant for medical assistance:

- a. adopted child;
- b. stepchild;
- c. stepparent;
- d. stepsister or stepbrother;
- e. mother- or father-in-law;
- f. daughter- or son-in-law;
- g. sister- or brother-in-law; or
- h. any descendants, ascendants, or collaterals by blood or consanguinity.

Loans, Mortgages, Promissory Notes, and Property Agreements or Assignments

A. A loan, mortgage, promissory note, property agreement or property assignment is a countable resource and a potential transfer of assets regardless of any non-assignability, non-negotiability or non-transferability provisions contained therein.

Instruments Containing Certain Provisions

A. Any loans, mortgages, promissory notes, property agreements or property assignments executed that contain any of the following provisions shall not be considered bona fide and shall be evaluated as a transfer of resources:

1. self-canceling clauses or clauses that forgive a portion of the principle;
2. payments that are not in equal amounts for the term of the loan (contain balloon payments or interest only payments) even if the principal is due within the holder's life expectancy;
3. repayment terms that exceed the holder's life expectancy; or
4. evidence exists that there is not a good faith agreement to repay the entire principal.

B. Pursuant to the rules and regulations, the Department shall establish what constitutes a bona fide transaction for establishing Medicaid eligibility.

C. An opportunity to rebut the treatment of such instruments as countable resources or transfer of resources shall be provided to the applicant/recipient through the appeals process.

Frederick P. Cerise, M.D., M.P.H.
Secretary

0607#080

RULE

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

Pharmacy Benefits Management Program Erectile Dysfunction Drug Coverage

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

Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing shall not cover and reimburse prescription drugs for the treatment of

sexual or erectile dysfunction under the Medicaid Program. Erectile dysfunction drugs shall be covered for the treatment of conditions other than sexual or erectile dysfunction for which the drugs have been approved by the Food and Drug Administration.

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Frederick P. Cerise, M.D., M.P.H.
Secretary

0607#081

RULE

Department of Health and Hospitals Office of the Secretary Division of Long Term Supports and Services

Home and Community Based Services Waivers
Elderly and Disabled Adults Waiver
(LAC 50:XXI.Chapters 81-89)

The Department of Health and Hospitals, Office of the Secretary, Division of Long Term Supports and Services amends LAC 50:XXI.Chapters 81-89 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE Part XXI. Home and Community Based Services Waivers

Subpart 7. Elderly and Disabled Adult Waiver

Chapter 81. General Provisions

§8101. Introduction

A. The target population for the Elderly and Disabled Adult (EDA) Waiver is individuals who meet Medicaid financial eligibility and the level of care for a nursing facility and who are:

1. 65 years of age or older; and
2. 21-64 years of age and disabled according to Medicaid standards or Social Security Income disability criteria.

B. Services are provided under the provisions of the approved waiver agreement between the Centers for Medicare and Medicaid Services (CMS) and the Louisiana Medicaid Program.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 19:1029 (August 1993), amended LR 24:42 (January 1998), repromulgated LR 30:1698 (August 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Division of Long Term Supports and Services, LR 32:1245 (July 2006).

§8103. Request for Services Registry

A. The Department of Health and Hospitals (DHH) is responsible for the Request for Services Registry, hereafter referred to as "the registry," for the Elderly and Disabled Adult Waiver. An individual who wishes to have his or her

name placed on the registry shall contact a toll-free telephone number maintained by the department.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 28:835 (April 2002), amended LR 30:1699 (August 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Division of Long Term Supports and Services, LR 32:1245 (July 2006).

§8105. Programmatic Allocation of Waiver Opportunities

A. When funding is appropriated for a new EDA Waiver opportunity or an existing opportunity is vacated, the Department shall send a written notice to an individual on the registry indicating that a waiver opportunity is available and that the individual will be evaluated for a possible EDA Waiver opportunity assignment.

B. EDA Waiver opportunities are offered based on the date of first request for services with priority given to individuals who are in a nursing facility, but could return to their home if EDA Waiver services are provided. Priority is also given to those persons who have indicated that they are at imminent risk of nursing facility placement.

C. The remaining waiver opportunities, if any, are offered on a first-come, first-serve basis to individuals who qualify for a nursing facility level of care, but who are not at imminent risk of being admitted to a nursing facility.

D. If the applicant is determined to be ineligible for any reason, the next individual on the registry is notified as stated above and the process continues until an individual is determined eligible. An EDA Waiver opportunity is assigned to an individual when eligibility is established and the individual is certified.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:42 (January 1998), repromulgated LR 30:1699 (August 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Division of Long Term Supports and Services, LR 32:1245 (July 2006).

Chapter 83. Services

§8301. Service Descriptions

A. The following services are available to recipients in the EDA Waiver. All services must be provided in accordance with the recipient's approved comprehensive plan of care (CPOC).

1. Support Coordination is services that will assist recipients in gaining access to necessary waiver and State Plan services, as well as needed social, educational and other services, regardless of the funding source for these services. Support coordinators shall be responsible for ongoing monitoring of the provision of services included in the recipient's approved CPOC.

2. Transition Intensive Support Coordination is services that will assist recipients who are currently residing in nursing facilities in gaining access to necessary waiver and State Plan services, as well as needed social, educational and other services, regardless of the funding source for these services. Support coordinators will initiate and oversee the process for assessment and reassessment, as well as be responsible for ongoing monitoring of the provision of services included in the recipient's approved CPOC.

3. Environmental Accessibility Adaptation is necessary physical adaptations made to the home to ensure the health, safety, and welfare of the recipient, or enable the recipient to function with greater independence in the home. Without these necessary adaptations, the recipient would require institutionalization. These services must be provided in accordance with state and local laws governing licensure and/or certification.

a. There is a lifetime cap per recipient for this service.

4. Personal Emergency Response System (PERS). This is an electronic device which enables the recipient to secure help in an emergency. PERS services are limited to specific recipients.

5. Companion Services are services provided to a functionally-impaired recipient that include care, supervision and socialization during the day or night.

6. Transition Services. These services assist an individual, who has been approved for an EDA Waiver opportunity, to leave a nursing facility and return to live in the community.

a. Service limit. Funds are available one time per lifetime for specific items as approved in the recipient's CPOC.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:42 (January 1998), repromulgated LR 30:1699 (August 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Division of Long Term Supports and Services, LR 32:1245 (July 2006).

§8303. Comprehensive Plan of Care

A. Reimbursement shall not be made for EDA Waiver services provided prior to department's approval of the comprehensive plan of care (CPOC).

B. The support coordinator shall complete a CPOC which shall contain the:

1. types and number of services (including waiver and all other services) necessary to maintain the waiver recipient safely in the community;

2. individual cost of each service (including waiver and all other services); and

3. average cost of services per day covered by the CPOC.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:42 (January 1998), repromulgated LR 30:1699 (August 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Division of Long Term Supports and Services, LR 32:1246 (July 2006).

Chapter 85. Admission and Discharge Criteria

§8501. Admission Criteria

A. Admission to the EDA Waiver Program shall be determined in accordance with the following criteria:

1. initial and continued Medicaid financial eligibility;

2. initial and continued eligibility for a nursing facility level of care;

3. justification, as documented in the approved CPOC, that the EDA Waiver services are appropriate, cost effective and represent the least restrictive environment for the individual;

4. assurance that the health, safety and welfare of the individual can be maintained in the community with the provision of EDA Waiver services; and

5. the individual is either in a nursing facility or is at imminent risk of nursing facility placement.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:42 (January 1998), repromulgated LR 30:1699 (August 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Division of Long Term Supports and Services, LR 32:1246 (July 2006).

§8503. Admission Denial or Discharge Criteria

A. Admission shall be denied or the recipient shall be discharged from the EDA Waiver Program if one of the following conditions is determined.

1. The individual does not meet the criteria for Medicaid financial eligibility.

2. The individual does not meet the criteria for a nursing facility level of care.

3. The recipient is incarcerated or placed under the jurisdiction of penal authorities or courts.

4. The recipient has a change of residence to another state.

5. The individual is admitted to an acute care hospital, rehabilitation hospital or a nursing facility with the intent to stay or a stay that is longer than 90 consecutive days.

6. Continuity of services is interrupted as a result of the recipient not receiving and/or refusing EDA Waiver services during a period of 30 consecutive days.

7. The health, safety and welfare of the individual cannot be assured through the provision of EDA Waiver services within the individual's cost effectiveness.

8. The individual fails to cooperate in the eligibility determination process or in the performance of the CPOC.

9. Failure on behalf of the individual to maintain a safe and legal home environment.

10. It is not cost effective to serve the individual in the EDA Waiver.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:42 (January 1998); amended LR 24:457 (March 1998), repromulgated LR 30:1699 (August 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Division of Long Term Supports and Services, LR 32:1246 (July 2006).

Chapter 87. Waiver Cost Effectiveness

§8701. Waiver Costs Limit

A. In order to assure the cost effectiveness of the EDA Waiver, each recipient shall have access to an array of waiver services whose average cost per day shall not exceed a limit set by the Department. This limit shall be set, at least annually, at a percentage of the average costs borne by the Medicaid Program for the equivalent population receiving nursing facility services, including an allowance for temporary, brief periods of excess costs in order to maintain a recipient in the community.

B.1. - 3. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:42 (January 1998), repromulgated LR 30:1700 (August 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Division of Long Term Supports and Services, LR 32:1246 (July 2006).

Chapter 89. Provider Responsibilities

§8901. Reporting Requirements

A. Support coordinators and direct service providers are obligated to report changes to the department that could affect the waiver recipient's eligibility including, but not limited to, those changes cited in the denial or discharge criteria.

B. Support coordinators and direct service providers are responsible for documenting the occurrence of incidents or accidents that affect the health, safety and welfare of the recipient and completing an incident report. The incident report shall be submitted to the department with the specified requirements.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 24:42 (January 1998), repromulgated LR 30:1700 (August 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Division of Long Term Supports and Services, LR 32:1247 (July 2006).

Frederick P. Cerise, M.D., M.P.H.
Secretary

0607#079

RULE

Department of Public Safety and Corrections Board of Private Investigator Examiners

Scope of Representation (LAC 46:LVII.703)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950, et seq.) and the Louisiana Private Investigators Law (R.S. 37:3500-3525), the Louisiana State Board of Private Investigator Examiners amends LAC 46:LVII.703.C. The board is situated within the Louisiana Department of Corrections and is domiciled in the Parish of East Baton Rouge. The Rule change will appear in LAC 46:LVII, Chapters 1-9. The Rule change would prohibit a private investigator from discussing the legal consequences of any proposed course of conduct with a client. This initial change resulted in the suggestion after debating the issue in the presence of the entire board.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LVII. Private Investigator Examiners

Chapter 7. Client-Investigator Relationship

§703. Scope of Representation

A. - B. ...

C. An investigator shall not encourage a client to engage, or assist a client, in conduct that the investigator knows is criminal or fraudulent. An investigator shall not discuss the legal consequences of any proposed course of conduct with a client but should advise the client to seek an opinion from an

attorney at law with regard to any application of the law and its possible resulting affects.

D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3505(B)(1).

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Board of Private Investigator Examiners, LR 19:1335 (October 1993), amended LR 32:1247 (July 2006).

Jonathan Holloway, Sr.
General Counsel

0607#011

RULE

Department of Public Safety and Corrections Corrections Services

Louisiana Risk Review Panel (LAC 22:I.107)

Editor's Note: LAC 22:I.107 is being republished to correct an error upon submission. The effective date for this Rule is July 20, 2006.

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.), the Department of Public Safety and Corrections, Corrections Services, hereby amends LAC 22:I.107, Louisiana Risk Review Panel.

The Department of Public Safety and Corrections hereby amends and clarifies the secretary's current regulation regarding the Louisiana Risk Review Panel, in particular, eligibility requirements.

Title 22

CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT

Part I. Corrections

§107. Louisiana Risk Review Panel

A. ...

B. Applicability. Deputy Secretary, Chief of Operations, Undersecretary, Assistant Secretary of the Office of Adult Services, wardens, Director of Probation and Parole, Chairman/Board of Parole, Chairman/Board of Pardons and administrators of local jail facilities.

C. - C.2.e. ...

3. A majority of the members of each panel shall constitute a quorum. All official actions of the panel shall require an affirmative vote of a majority of members present.

C.4. - D.1.c.iii. ...

iv. sentenced to life imprisonment and has served at least seven years in actual custody;

v. an inmate sentenced as a habitual offender under R.S. 15:529.1 where one or more of the crimes was a crime of violence defined or enumerated in R.S. 14:2(13).

D.2. - G.1.a. ...

b. risk level based upon Louisiana Risk Need Assessment II (LARNA II) score;

c. comments submitted by the sentencing judge, district attorney, assistant district attorney, the Board of Parole, the Board of Pardons, the victim or victim's family or the inmate;

d. the age of the inmate (to include consideration of chronological age and length of confinement where such contributes to a reduction in danger to the public);

- e. current medical condition (where such contributes to a reduction in danger to the public);
- f. damage or injury occasioned by the crime committed;
- g. resources available to the inmate in the event of release (job and housing, family or other support, skill level); and
- h. the extent to which the sentence for the instant offense exceeded the minimum sentence in effect at the time of sentencing.

2. ...

H. The effective date of this regulation is July 20, 2006.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.22 (as enacted by Act Number 403 of the 2001 Regular Session of the Louisiana Legislature).

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Corrections Services, LR 28:94 (January 2002), amended LR 29:2847 (December 2003), LR 32:1247 (July 2006).

Richard L. Stalder
Secretary

0607#013

RULE

Department of Public Safety and Corrections Youth Services Office of Youth Development

Equine Health Management (LAC 22:I.769)

In accordance with the applicable provisions of R.S. 49:950 et seq., The Administrative Procedure Act, and pursuant to the authority granted by R.S. 36:405, the Department of Public Safety and Corrections, Division of Youth Services, Office of Youth Development hereby promulgates §769, Equine Health Management. This Rule establishes the policy for the maintenance of equine herd health for all horses at Youth Services facilities.

Title 22

CORRECTIONS

Part I. Corrections

Chapter 7. Youth Services

Subchapter C. Field Operations

§769. Equine Health Management

A. Purpose. To establish the deputy secretary's policy regarding the maintenance of equine herd health for all horses at Youth Services (YS) facilities.

B. Applicability. The deputy secretary, undersecretary or designee, assistant secretaries, deputy assistant secretaries, and facility directors. The directors are responsible for implementing this policy and advising affected employees of its contents.

C. Policy. It is the deputy secretary's policy that all horses, whether privately owned and housed on the facility grounds or owned by YS, be subject to a structured health program designed to ensure humane treatment and to maintain records of all necessary veterinary treatment, vaccinations, and examinations.

D. Procedures

1. "Coggins" Testing for Equine Infectious Anemia (EIA)

a. All horses owned by YS shall be tested annually for EIA.

b. Privately owned horses kept or brought on facility grounds are also subject to mandatory annual Coggins testing. Testing shall be done at the owner's expense and testing records shall be maintained.

c. Facility staff responsible for maintaining horses shall keep written results of Coggins tests performed on all equine stock under their care.

d. Positive test results shall be reported immediately to the facility director or his designee, who shall notify or consult with a veterinarian for instructions on the disposition or handling of an infected animal.

2. Annual Vaccinations. All horses that come into contact with state owned horses must be vaccinated annually for tetanus, eastern and western encephalomyelitis, and West Nile virus. Records shall be maintained to reflect that each horse has received the annual vaccination.

3. Parasite Control. All state owned horses shall be dewormed four to six times per year in accordance with a schedule prescribed by a veterinarian.

4. Dental Examinations. All staff responsible for the care of equine stock shall ensure that all state owned horses receive an annual dental examination by a veterinarian. The veterinarian should be authorized to perform routine maintenance as indicated by the dental examination.

5. General Care. Staff should pay careful attention at all times to the overall condition of the horses, including the animals' hooves. Any problems such as lameness, unusual discharge, hair loss, or other signs of sickness, injury, or hoof problems should be corrected immediately if possible or, if necessary, reported to the veterinarian charged with the care of the horses at that facility.

6. Additional Vaccinations. In the event of an outbreak of any disease, or the likelihood thereof, which may affect the equine stock, additional vaccinations or inoculations may be necessary. When a determination is made that additional vaccinations or treatment is necessary, the deputy secretary, his designee, or the director shall issue a directive requiring that all state owned as well as privately owned horses that are kept or brought on the facility grounds be given the necessary treatments.

E. Failure to maintain proof of compliance with this policy or failure to adhere to its provisions relating to privately owned horses could result in an order to immediately remove the animal from the grounds.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:405, R.S. 3:2095, L.A.C. 7:XXI.521.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Youth Services, Office of Youth Development, LR 32:1248 (July 2006).

Simon G. Gonsoulin
Deputy Secretary

0607#058

RULE
Department of Public Safety and Corrections
Youth Services
Office of Youth Development

Research (LAC 22:I.767)

In accordance with the applicable provisions of R.S. 49:950 et seq., The Administrative Procedure Act, and pursuant to the authority granted by R.S. 36:405, the Department of Public Safety and Corrections, Division of Youth Services, Office of Youth Development hereby promulgates §767, Research. This Rule establishes policy for medical and social science research of secure care facilities and addresses the direct participation of youth in such research.

Title 22
CORRECTIONS
Part I. Corrections

Chapter 7. Youth Services
Subchapter C. Field Operations
§767. Research

A. Purpose. To establish the deputy secretary's policy regarding medical and social science research of secure care facilities and to address the direct participation of youth in such research.

B. Applicability. Deputy assistant secretaries and all facility directors.

C. Policy. It is the deputy secretary's policy that secure care facilities are encouraged to support, engage in, and use medical and social science research activities relevant to program services and operations. Requests and proposals for such research will be reviewed and approved in accordance with the procedures outlined herein. Proposed medical and social science studies which involve more than minimal risk to youth must be reviewed under and comply with federal regulations and shall be reviewed and approved by an authorized Institutional Review Board (IRB). The sole purpose for overseeing human subject research is to ensure that it meets applicable federal guidelines, complies with Youth Services (YS) policies, and protects the individual.

D. Definitions

Certification—the official notification by the facility to YS Central Office that a research project or activity involving human subjects has been reviewed and approved by an Institutional Review Board in accordance with an approved assurance.

Human Subject—a living individual about whom an investigator (whether a professional or student) conducting research obtains data through intervention or interaction with the individual or identifiable private information.

Institution—any public or private entity or agency.

Institutional Review Board (IRB)—a board, consisting of at least five members with various backgrounds, established to provide complete review of research activities commonly conducted by the institution as described above.

Minimal Risk—the probability and magnitude of harm or discomfort anticipated in the research are not greater than that ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Research—a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

E. Procedures

1. Studies of the possible causes, effects, and processes of secure care and studies of these facility structures and/or youth in secure care facilities may only be conducted upon the approval of the deputy secretary.

2. The director shall review the research proposal and meet with the researcher(s) to discuss the contents of the proposal and plans for the results. During the discussion the director shall cover appropriate issues listed below under criteria and negotiate the level of review and dissemination of the results with the researcher(s) prior to initial approval.

3. The director shall initially approve a research proposal based on the following criteria before forwarding it to the deputy secretary for final approval:

a. the conduct of research in the facility complies with professional and scientific ethics and with applicable state and federal guidelines for the use and dissemination of research findings;

b. the research presents no more than minimal risk to youth;

c. the research consists of no more than interviews and/or written questionnaires and surveys, analysis of census and demographic data, or procedures that do not manipulate bodily conditions;

d. facility staff may assist research personnel in carrying out research and evaluation;

e. any direct youth participation or involvement is voluntary and requires consent from the youth's parents or legal guardians if the youth is under the age of 17; if there is no direct contact with youth and the research proposal only consists of retrieving data which has been previously collected during the normal course of business, no parental/guardian consent is needed;

f. the names of all participants are confidential;

g. prior to publication and/or presentation, a written report of the results of all medical and social science research must be shared with YS;

h. the research activities will not interfere with the normal operations of the facility;

i. qualified persons conduct the research;

j. the research will be conducted at no cost to YS, unless conducted at its request;

k. research findings will not be shared without express written consent of the deputy secretary;

l. no studies or research may be conducted for profit; and

m. the deputy secretary must approve the distribution list of the research findings and reports.

4. Any proposed research studies that involve more than minimal risk to youth must be reviewed under and comply with applicable federal regulations. The director shall ensure that the researcher(s) verifies that the proposal has been reviewed and approved by an authorized IRB prior to forwarding it to the deputy secretary for final approval.

5. The deputy secretary will review the research proposal prior to final approval to ensure that it meets the overall goals, objectives, and mission of YS.

6. From the point that the deputy secretary has approved a research project, the director shall monitor its

progress to ensure compliance with the provisions of this policy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.12(D)(2), 45 CFR §§46.101 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Youth Services, Office of Youth Development, LR 32:1249 (July 2006).

Simon G. Gonsoulin
Deputy Secretary

0607#057

RULE

Department of Revenue Policy Services Division

Oilfield Site Restoration Fee (LAC 61:I.5301)

Under the authority of R.S. 30:87 and 47:1511 and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Revenue, Policy Services Division has amended LAC 61:I.5301 to change the oilfield site restoration fee due dates to the same due dates for oil and gas severance tax.

Acts 2005, No. 446 amended R.S. 47:635(A) and 640(A), relative to the severance tax on oil and gas, to extend the tax return and payment due dates. Oil and gas severance tax returns previously due on the last day of the month following the month to which the tax applies or the fifteenth day of the second month following the month to which the tax applies are now due on the twenty-fifth day of the second month following the month to which the tax applies. The extended due dates are effective for tax periods beginning on or after October 1, 2005.

Since the oilfield site restoration fee imposed by R.S. 30:87 is based on the same production of gas, oil, and condensate that is taxed by the state's severance tax laws, changing the due dates to be consistent with the severance tax due dates will aid taxpayers in the administration and payment of the fee.

Title 61

REVENUE AND TAXATION

Part I. Taxes Collected and Administered by the Secretary of Revenue

Chapter 53. Miscellaneous Fees

§5301. Oilfield Site Restoration Fee

A. The Department of Revenue is responsible for collection of the oilfield site restoration fee imposed on the production of gas, oil, and condensate.

1. The fee shall be assessed on the same production that is taxed by the state's severance tax laws.

2. An annual fee, administered and collected by the Office of Conservation, is also imposed on nonproducing wells located within the state, except for temporarily abandoned or saltwater disposal wells in stripper fields.

B. Definitions. For the purposes of this Section, the following terms are defined.

Condensate—liquid hydrocarbons recovered by initial separation from a well classified as a gas well by the Office

of Conservation or recovered from gas streams at drip points, plant inlet scrubbers, compressors, dehydrators, and metering stations.

Gas—gaseous phase hydrocarbons recovered by separation from either an oil well or gas well.

Oil—liquid hydrocarbons recovered by ordinary production methods from a well classified as an oil well by the Office of Conservation.

Operator of Record—the operator of record according to the Office of Conservation records.

Secretary—the Secretary of the Department of Revenue.

C. Due Dates and Delinquent Dates. The oilfield site restoration fee on gas, oil, and condensate is due quarterly on or before the twenty-fifth day of the second month following the quarter period and will be delinquent after this date and subject to interest, penalties, and costs as provided in Chapter 18, Subtitle II of Title 47.

D. Suspension and Reinstatement of the Fees

1. The state treasurer will certify to the secretary when the Oilfield Site Restoration Fee fund equals or exceeds \$10 million. The secretary will notify all parties who are remitting the fee to cease payment of the fee on a specific date. All fees collected up to that date will be remitted on or before the first day of the second month following the date specified.

2. The state treasurer will certify to the secretary when the Oilfield Site Restoration Fee fund has fallen below \$6 million. The secretary will notify all parties who are registered to collect and remit the fee to resume collection and payment of this fee starting with a specific date. The resumption date and fee due date will be specified on the notice.

E. Reports and Payment of the Fees

1. All returns and reports shall be made on forms prescribed by the secretary and furnished by the Department of Revenue, or on similar forms that have been approved for use by the secretary. Returns and reports shall be completed and filed in accordance with instructions issued by the secretary.

2. Any person who severs, purchases, or processes gas, oil, distillate, condensate, or similar natural resources is required to furnish information necessary for the proper enforcement and verification of the fees levied in R.S. 30:87.

3. Every operator of record of producing oil and gas wells must submit a return and make payments of the fees imposed by R.S. 30:87. Purchasers of oil and gas may make payment for the operator of record and their respective working-interest owners.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:87.

HISTORICAL NOTE: Promulgated by the Department of Revenue and Taxation, Severance Tax Division, LR 20:197 (February 1994), amended LR 23:78 (January 1997), LR 32:1250 (July 2006).

Cynthia Bridges
Secretary

0607#002

RULE

**Department of Transportation and Development
Office of Weights and Standards**

**Oversize and Overweight Permit Regulations
(LAC 73:I.723)**

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Transportation and Development hereby amends a Rule entitled "Oversize and Overweight Permit Laws and Regulations", in accordance with R.S. 32:380-389.

Title 73

WEIGHTS, MEASURES AND STANDARDS

Part I. Weights and Standards

Chapter 7. Oversize and Overweight Permit Laws and Regulations

§723. Types of Permits

A. - S.4. ...

T. Curfews, Night, Inclement Weather, and Holiday Movement

T.1. ...

2. Hours of operation are to be sunrise to sunset, as determined by the National Weather Service.

T.3. - Z.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 32.2, et seq. and R. S. 32:380-389.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Office of Highways, LR 5:26 (February 1979), amended by the Office of Weights and Standards, LR 22:120 (February 1996), LR 32:1251 (July 2006).

J. Michael Bridges, P.E.
Undersecretary

0607#055

RULE

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

**General and Wildlife Management Area Hunting
Regulations (LAC 76:XIX.111)**

The Wildlife and Fisheries Commission has amended rules and regulations governing the hunting of resident game birds and game quadrupeds.

Title 76

WILDLIFE AND FISHERIES

Part XIX. Hunting and WMA Regulations

Chapter 1. Resident Game Hunting Season

**§111. General and Wildlife Management Area
Hunting Rules and Regulations**

A. - C.10.g. ...

11. Bobcat. No person other than the holder of a valid big game license may take or possess bobcat, except licensed trappers who may take or possess bobcat during the open trapping season. A big game licensee shall only take bobcat during the time period from one-half hour before sunrise to one-half hour after sunset with a bow and arrow, shotgun, muzzleloader, or centerfire firearm. A big game licensee shall not take more than one bobcat per calendar year. This regulation applies only to property that is privately

owned and does not apply to state wildlife management areas and refuges, the Kisatchie National Forest, federally owned refuges and lands owned by the Corps of Engineers.

D. - D.12.b.xii. ...

E. General Deer Hunting Regulations

1. Prior to hunting deer, all deer hunters, regardless of age or license status, must obtain a Deer Tag Harvest Card and have this on their possession when hunting deer. Immediately upon harvesting a deer, the hunter must document the kill on the Deer Tag Harvest Card. All hunters must file a deer harvest report with the department at the end of the season, even if no deer were harvested.

2. One antlered and one antlerless deer per day (when legal) except on National Forest Lands and some Federal Refuges (check refuge regulations) where the daily limit shall be one deer per day. Season limit is six, three antlered deer and three antlerless deer (all segments included) by all methods of take, except antlerless harvest on property enrolled in DMAP and LADT does not count in the season bag limit for hunters. Antlerless deer may be harvested during entire deer season on private lands (all segments included) except in the following parishes: West Carroll, Assumption, Iberia, Iberville, St. Martin, St. Mary, Plaquemines, St. Bernard and portions of East Carroll. Consult regulations pamphlet, modern firearms table for either-sex days for these parishes. This does not apply to public lands (wildlife management areas, National Forest Lands, and Federal Refuges) which will have specified either-sex days.

3. A legal buck is a deer with visible antler of hardened bony material, broken naturally through the skin. Killing bucks without at least one visible antler as described above and killing does is prohibited except where specifically allowed and except in Thistlethwaite Wildlife Management Area where a legal buck shall be defined as deer with at least 4 points on one side or a deer with unbranched antlers commonly referred to as spikes (no minimum length). To be counted as a point, a projection must be at least 1 inch long and its length must exceed the length of its base. The beam tip is counted as a point but not measured as a point.

4. Deer hunting restricted to legal bucks only, except where otherwise allowed.

5. Either-sex deer is defined as male or female deer. Taking or possessing spotted fawns is prohibited.

6. It is illegal to hunt or shoot deer with firearms smaller than .22 caliber centerfire or a shotgun loaded with anything other than buckshot or rifled slug. Handguns may be used for hunting.

7. Taking game quadrupeds or birds from aircraft, participating in the taking of deer with the aid of aircraft or from automobiles or other moving land vehicles is prohibited.

8. Still hunting is defined as stalking or stationary stand hunting without the use of dog(s). Pursuing, driving or hunting deer with dogs or moving vehicles, including ATVs, when or where a still hunting season or area is designated, is prohibited and will be strictly enforced. The training of deer dogs is prohibited in all still hunting areas during the gun still hunting and archery only season. Deer hunting with dogs is allowed in all other areas having open deer seasons that are not specifically designated as still hunting only.

Except in wildlife management areas, a leashed dog may be used to trail and retrieve wounded or unrecovered deer during legal hunting hours. Any dog used to trail or retrieve wounded or unrecovered deer shall have on a collar with owner's name, address, and phone number. In addition, a dog may be used to trail and retrieve unrecovered deer after legal hunting hours; however, no person accompanying a dog after legal hunting hours may carry a firearm of any sort.

9. Areas not specifically designated as open are closed.

10. Muzzleloader Segment: (Special license and muzzleloader firearms specifications apply only to the special state, WMA, National Forest and Preserves, and Federal Refuge seasons.) Still hunt only. Specific WMAs will also be open, check WMA schedule for specific details. Muzzleloader license required for resident hunters between the ages of 16 and 59 inclusive and non-residents 16 years of age and older. Either-sex deer may be taken in all deer hunting areas except Area 5 and as specified on public areas. It is unlawful to carry a gun, other than a muzzleloader, including those powered by air or other means, while hunting during the special muzzleloader segment. Except, it is lawful to carry a .22 caliber rimfire pistol loaded with #12 shot (ratshot only).

a. Legal Muzzleloader Firearms For Special Season: Rifles or pistols, .44 caliber minimum, or shotguns 10 gauge or smaller, all of which must load exclusively from the muzzle or cap and ball cylinder, use black powder or approved substitute only, take ball or bullet projectile only, including sabot bullets and may be fitted with magnified scopes. This includes muzzleloaders known as "inline" muzzleloaders.

11. Archery Segment: Consult regulations pamphlet. WMA seasons are the same as outside except as noted below. Archery license required for resident bow hunters between the ages of 16 and 59 inclusive and non-residents 16 years of age and older. Residents 60 years of age and older may use a crossbow without a special permit or license. Either-sex deer may be taken in all areas open for deer hunting except when a bucks only season is in progress for gun hunting, and except in Area 6 from October 1-15. Archer's must conform to the bucks only regulations. Either-sex deer may be taken on WMAs at anytime during archery season except when bucks only seasons are in progress on the respective WMA. Also, archery season restricted on Atchafalaya Delta, Salvador, Lake Boeuf, and Pointe-aux-Chenes WMAs (See Schedule).

a. Bow and Arrow Regulations: Hunting arrows for deer must have well-sharpened metal broadhead blades not less than 7/8 inch in width. Bow and arrow fishermen must have a sport fishing license and not carry any arrows with broadhead points unless a big game season is in progress.

i. It is unlawful:

(a). to carry a gun, including those powered by air or other means, while hunting with bow and arrow during the special bow and arrow deer season except it is lawful to carry a .22 caliber rimfire pistol loaded with #12 shot (ratshot) only;

(b). to have in possession or use any poisoned or drugged arrow, arrows with explosive tips, or any bow drawn, held or released by mechanical means except that hand held releases are lawful and except disabled persons

with a crossbow permit and individuals who are 60 years of age or older may use a bow drawn, held or released by mechanical means;

(c). to hunt deer with a bow having a pull less than 30 pounds;

(d). to hunt with a bow or crossbow fitted with an infrared or laser sight;

(e). to take deer while deer are swimming or while the hunter is in a boat with motor attached in operating position; however, the restrictions in this paragraph shall not apply to any person who has lost one or more limbs.

12. Hunter Orange. Any person hunting deer shall display on his head, chest and/or back a total of not less than 400 square inches of "hunter orange" during the open deer gun season including muzzleloader season. Persons hunting on privately owned, legally posted land may wear a hunter orange cap or hat in lieu of the 400 square inches. These provisions shall not apply to persons hunting deer from elevated stands on property that is privately owned and legally posted or to archery deer hunters hunting on legally posted lands where firearm hunting is not allowed by agreement of the landowner or lessee. However, anyone hunting deer on such lands where hunting with firearms is allowed shall be required to display the 400 square inches or a hunter orange cap or hat while walking to and from elevated stands. While a person is hunting from an elevated stand, the 400 square inches or cap or hat may be concealed. Warning: deer hunters are cautioned to watch for persons hunting other game or engaged in activities not requiring "hunter orange".

13. Special Handicapped Either-Sex Deer Season on Private Land. See regulations pamphlet for dates. Restricted to individuals with Physically Challenged Hunter Permit.

14. Special Youth Deer Hunt on Private Lands (Either-Sex). See regulations pamphlet for dates. Youths under the age of 16 only. Youths must possess a hunter safety certification or proof of successful completion of a hunter safety course. Each youth must be accompanied by one adult 18 years of age or older. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for the youth. Adults may not possess a firearm. Youths may possess only one firearm while hunting. Legal firearms are the same as described for deer hunting. The supervising adult shall maintain visual and voice contact with the youth at all times. An adult may supervise only one youth during this special hunt.

F. - F.5.a. ...

6. Area 6

a. All of the following parishes are open: Ascension, Assumption, Iberville, Jefferson, Lafourche, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. James, St. John, St. Martin, Terrebonne, West Baton Rouge.

b. Portions of the following parishes are also open:

i. Avoyelles—all except that portion west of I-49;

ii. Evangeline—that portion east of I-49 to junction of La. 29, east of La. 29 south of I-49 to Ville Platte and north of U.S. 167 east of Ville Platte;

iii. Iberia—East of U.S. 90;

iv. Lafayette—East of I-49 and U.S. 90;

- v. Livingston—South of I-12;
- vi. Rapides—South of Alexandria between Red River and U.S. 167 to the junction of U.S. 167 with I-49 at Turkey Creek Exit, east of I-49 southward to parish line;
- vii. St. Landry—East of U.S. 167;
- viii. St. Mary—North of U.S. 90 from Iberia Parish line eastward to Wax Lake Outlet, east of Wax Lake Outlet southward to Intracoastal Waterway, north of Intracoastal Waterway eastward to the Atchafalaya River, east of the Atchafalaya River southward to Bayou Shaffer, north of Bayou Shaffer to Bateman Lake, north and west of Bayou Chene from Bateman Lake to Lake Palourde;
- ix. St. Tammany—that portion south of I-12, west of Hwy. 1077 to La. 22, south of La. 22 to Tchefuncte River, west of Tchefuncte River southward to Lake Pontchartrain;
- x. Tangipahoa—South of I-12;
- xi. West Feliciana—West of Mississippi River, known as Raccourci and Turnbull Islands.

c. Still hunting only in all or portions of the following parishes:

- i. Avoyelles—North of La. 1 from Simmesport westward to La. 115 at Marksville, east of La. 115 from Marksville northward to the Red River near Moncla, south and west of the Red River to La. 1 at Simmesport;
- ii. Plaquemines—East of the Mississippi River;
- iii. Rapides—South of Alexandria between Red River and U.S. 167 to the junction of U.S. 167 with I-49 at Turkey Creek Exit, east of I-49 southward to parish line;
- iv. St. Bernard—all of the parish shall be still hunting only except that portion of St. Bernard known as the spoil area between the MRGO on the east and Access Canal on the west, south of Bayou Bienvenue and north of Bayou la Loutre;
- v. St. John—South of Pass Manchac from Lake Pontchartrain to U.S. 51, east of U.S. 51 from Pass Manchac to La. 638 (Frenier Beach Road). North of La. 638 from U.S. 51 to Lake Pontchartrain. West of Lake Pontchartrain from La. 638 to Pass Manchac;

vi. St. Landry—those lands surrounding Thistlethwaite WMA bounded north and east by La. 359, west by La. 10, and south by La. 103;

vii. New High Water Benchmark Closure. Deer hunting in those portions of Iberia, Iberville, St. Martin, and St. Mary parishes south of Interstate 10, west of the East Guide Levee, east of the West Guide Levee, and north of U.S. Highway 90 will be closed when the river stage of the Atchafalaya River reaches 18 feet at Butte LaRose.

7. Area 7

- a. Portions of the following parishes are open:
 - i. Iberia—South of La. 14 and west of U.S. Hwy. 90;
 - ii. St. Mary—all except that portion north of U.S. 90 from Iberia Parish line eastward to Wax Lake Outlet, east of Wax Lake Outlet southward to Intracoastal Waterway, north of Intracoastal Waterway eastward to the Atchafalaya River, east of the Atchafalaya River southward to Bayou Shaffer, north of Bayou Shaffer to Bateman Lake, north and west of Bayou Chene from Bateman Lake to Lake Palourde.

F.8. - G.5.m. ...

n. All hunters except waterfowl hunters and mourning dove hunters (including archers and small game hunters) on WMAs must display 400 square inches of

"hunter orange" and wear a "hunter orange" cap during open gun season for deer. Hunters participating in special dog seasons for rabbit and squirrel are required to wear a minimum of a "hunter orange" cap. All other hunters and archers (while on the ground) except waterfowl hunters also must wear a minimum of a "hunter orange" cap during special dog seasons for rabbit and squirrel. Also all persons afield during hunting seasons are encouraged to display "hunter orange".

o. Deer hunters hunting from concealed ground blinds must display a minimum of 400 square inches of "hunter orange" above or around their blinds which is visible from 360 feet.

p. Archery Season for Deer. The archery season on WMAs is the same as outside and is open for either-sex deer except as otherwise specified on individual WMAs. Archery season restricted on Atchafalaya Delta and closed on certain WMAs when special seasons for youth or handicapped hunts are in progress. Consult regulations pamphlet for specific seasons.

q. Either-sex deer may be taken on WMAs at any time during archery season except when bucks only seasons are in progress on the respective WMAs. Archers must abide by bucks only regulations and other restrictions when such seasons are in progress.

r. Muzzleloader Season for Deer. Either-sex unless otherwise specified. See WMA deer schedule.

6. - 17.zz. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115 and R.S. 56:116.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:1279 (July 1999), amended LR 26:1494 (July 2000), LR 27:1049 (July 2001), LR 28:1603 (July 2002), LR 29:1124 (July 2003), repromulgated LR 29:1522 (August 2003), amended LR 30:1495 (July 2004), LR 31:1611 (July 2005), LR 32:1251 (July 2006).

Dwight Landreneau
Secretary

0607#041

RULE

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

**Resident Game Hunting Seasons
(LAC 76:XIX.101 and 103)**

The Wildlife and Fisheries Commission does hereby amend rules and regulations governing the hunting of resident game birds and game quadrupeds.

Title 76

WILDLIFE AND FISHERIES

Part XIX. Hunting and WMA Regulations

**Chapter 1. Resident Game Hunting Season
§101. General**

A. The Resident Game Hunting Season, 2006-2007 and 2007-2008 regulations are hereby adopted by the Wildlife and Fisheries Commission. A complete copy of the Regulation Pamphlet may be obtained from the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 21:707 (July 1995), amended LR 22:585 (July 1996), LR 23:871 (July 1997), LR 24:1324 (July 1998), LR 25:1290 (July 1999), LR 26:1506 (July 2000), LR 27:1061 (July 2001), LR 28:1615 (July 2002), LR 29:1122 (July 2003), LR 30:1493 (July 2004), LR 31:1627 (July 2005), LR 32:1253 (July 2006).

§103. Resident Game Birds and Animals 2006-2007, 2007-2008

A. Shooting hours. One-half hour before sunrise to one-half hour after sunset.

B. Consult Regulation Pamphlet for seasons or specific regulations on Wildlife Management Areas or specific localities.

Species	2006-2008 Season Dates	Daily Bag Limit	Possession Limit
Quail	Opens: 3rd Saturday of November Closes: Last Day of February	10	20
Rabbit and Squirrel	Opens: 1st Saturday of October Closes: Last Day of February	8	16
Deer	See Schedule	1 antlered and 1 antlerless (when legal)	6/season (3 antlered deer and 3 antlerless deer)

C. 2006-2008 Deer Hunting Schedule

Area	Archery	Muzzleloader (All Either Sex Except as Noted)	Still Hunt (No dogs allowed)	With or Without Dogs
1	Opens: 1st day of Oct. Closes: Last day of Jan.	Opens: 2nd Sat. of Nov. Closes: Fri. after 2nd Sat. of Nov. Opens: Mon. after the next to last Sun. of Jan. Closes: Last Sun. of Jan.	Opens: Sat. before Thanksgiving Day Closes: Fri. before 2nd Sat. of Dec. Opens: Mon. after 1st Sat. of Jan. Closes: next to last Sun. of Jan.	Opens: 2nd Sat. of Dec. Closes: Sun. after 1st Sat. of Jan.
2	Opens: 1st day of Oct. Closes: Last day of Jan.	Opens: Next to last Sat. of Oct. Closes: Fri. before last Sat. of Oct. Opens: Mon. after 2nd Sat. of Jan. Closes: Sun. after 3rd Sat. of Jan.	Opens: Last Sat. of Oct. Closes: Fri. before 2nd Sat. of Dec.	Opens: 2nd Sat. of Dec. Closes: Sun. after 2nd Sat. of Jan.
3	Opens: 3rd Sat. of Sept. Closes: Jan. 15	Opens: 2nd Sat. of Oct. Closes: Fri. before 3rd Sat. of Oct. Opens: Mon. after Thanksgiving Day Closes: Fri. before 1st Sat. of Dec.	Opens: 3rd Sat. of Oct. Closes: Sun. after Thanksgiving Day Opens: 1st Sat. of Dec. Closes: Sun. after 1st Sat. of Jan.	
4	Opens: 1st day of Oct. Closes: Last day of Jan.	Opens: 1st Sat. of Nov. Closes: Fri. before 2nd Sat. of Nov. Opens: Mon. after 1st Sat. of Jan. Closes: Mon. after 2nd Sat. of Jan.	Opens: 2nd Sat. of Nov. Closes: Sun. after 1st Sat. of Jan.	
5	Opens: 1st day of Oct. Closes: Last day of Jan.	Opens: 2nd Sat. of Nov. Closes: Fri. before 3rd Sat. of Nov. (BUCKS ONLY) Opens: Day after Christmas Day Closes: Jan. 1st (BUCKS ONLY)	Opens: Day after Thanksgiving Day Closes: Sun. after 2nd Sat. of Dec.	
6	Opens: 1st day of Oct. Closes: Feb. 15 (1st 15 days are BUCKS ONLY)	Opens: 2nd Sat. of Nov. Closes: Fri. before 3rd Sat. of Nov. Opens: Mon. after the next to last Sun. of Jan. Closes: Last Sun. of Jan.	Opens: Sat. before Thanksgiving Day Closes: Fri. before 2nd Sat. of Dec.	Opens: 2nd Sat. of Dec. Closes: Next to last Sun. of Jan.
7	Opens: 1st day of Oct. Closes: Last day of Jan.	Opens: 2nd Sat. of Oct. Closes: Fri. before 3rd Sat. of Oct. Opens: 1st Sat. of Nov. Closes: Fri. before 2nd Sat. of Nov.	Opens: 3rd Sat. of Oct. Closes: Fri. before 1st Sat. of Nov. Opens: 2nd Sat. of Nov. Closes: Sun. after Thanksgiving Day	Opens: Mon. after Thanksgiving Day Closes: 1st Sun. after Christmas Day
8	Opens: 3rd Sat. of Sept. Closes: Jan. 15	Opens: 2nd Sat. of Oct. Closes: Fri. before 3rd Sat. of Oct. Opens: Mon. after Thanksgiving Day Closes: Fri. before 1st Sat. of Dec.	Opens: 3rd Sat. of Oct. Closes: Sun. after Thanksgiving Day	Opens: 1st Sat. of Dec. Closes: Sun. after 1st Sat. of Jan.

D. Modern Firearm Schedule (Either-Sex Seasons)

Parish	Area	Modern Firearm Either-Sex Days
Assumption	Area 6	Nov. 18-26, Dec. 9-10
East Carroll	Area 4 portion	Antlerless deer may be harvested during entire deer season on private lands (all segments included), east of mainline Mississippi River Levee and south and east of La. 877 from West Carroll Parish line to La. 580, south of La. 580 to U.S. 65, west of U.S. 65 to Madison Parish line.
	Area 4	Nov. 11-12, 24-26, west of mainline Mississippi River Levee and north and west of La. 877 from West Carroll Parish line to La. 580, north of La. 580 to U.S. 65, east of U.S. 65 to Madison Parish line

Parish	Area	Modern Firearm Either-Sex Days
Iberia	Area 6	Nov. 18-26, Dec. 9-10
Iberville	Area 6	Nov. 18-26, Dec. 9-10, 23-24, 30-31
Orleans	Area 6	None
Plaquemines	Area 6	None
St. Bernard	Area 6	None
St. Martin	Area 6	Nov. 18-26, Dec. 9-10
St. Mary	Area 6	Nov. 18-26, Dec. 9-10
West Carroll	Area 5	Nov. 24-25, 26

E. Farm Raised White-Tailed Deer on Supplemented Shooting Preserves

Archery	Modern Firearm	Either Sex
Oct. 1-Jan. 31 (Either Sex)	Nov. 1-Jan. 31	Nov. 1-7 Dec. 1-7 Jan. 1-7

F. Exotics on Supplemented Shooting Preserves: Either Sex, no closed season.

G. Promotional Hunting Days

1. The following dates are established as promotional hunting days: the 1st three days after Thanksgiving Day.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 21:707 (July 1995), amended LR 22:585 (July 1996), LR 23:871 (July 1997), LR 24:1324 (July 1998), LR 25:1290 (July 1999), repromulgated LR 25:1526 (August 1999), amended LR 26:1506 (July 2000), LR 27:1061 (July 2001), LR 28:1615 (July 2002), LR 29:1122 (July 2003), repromulgated LR 29:1521 (August 2003), amended LR 30:1494 (July 2004), LR 31:1627 (July 2005), LR 32:1254 (July 2006).

Dwight Landreneau
Secretary

0607#040

RULE

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

**Shrimping Closed Season, Vessel Monitoring System
(LAC 76:VII.369)**

The Wildlife and Fisheries Commission does hereby establish rules and regulations for a vessel monitoring system on boats that harvest or possess shrimp and has onboard a person who requires monitoring.

Title 76

WILDLIFE AND FISHERIES

Part VII. Fish and Other Aquatic Life

Chapter 3. Saltwater Sport and Commercial Fishing

§369. Shrimping Closed Season, Vessel Monitoring System

A. Purpose. To maximize voluntary compliance with shrimping regulations and to reduce purposeful shrimping violations by providing adequate deterrence thereby reducing recidivism.

B. Persons who are required to be monitored:

1. any person subject to a court order requiring monitoring;
2. any person having two or more convictions during the preceding five year period for harvesting shrimp during closed season.

C. Persons required to be monitored shall not be present on board any vessel harvesting or possessing shrimp, or which has any trawl, skimmer, or butterfly net on board, unless that vessel is equipped with and is using and employing an approved, fully functional and operating, vessel monitoring system (VMS) as required by R.S. 56:495.1 and R.S. 56:497.1 and these regulations.

D. Required Monitoring Periods

1. Persons who are subject to a court order requiring that they be monitored shall be monitored and who do not have two or more convictions during the preceding five year period for harvesting shrimp during closed season for the period specified by the order of the court.

2. Persons who have had two convictions during the preceding five year period for harvesting shrimp during closed season shall be monitored for a period of three years from the date of the most recent conviction.

3. Persons who have had three or more convictions during the preceding five year period for harvesting shrimp during closed season shall be monitored for a period of 10 years from the date of the most recent conviction.

E. The VMS unit must be approved and certified, must be installed onboard the vessel, and must be fully operational. The department must first be notified of the installation, before a person who is required to be monitored may be present onboard the vessel. If a person who is required to be monitored is found to be on any vessel-harvesting shrimp or possessing shrimp, or possessing any trawl, skimmer, or butterfly net without an approved VMS device being on board and operating, the person who is required to be monitored shall be in violation of VMS shrimping requirements and shall be guilty of a class four violation pursuant to R.S. 56:497.1.C and R.S. 56:34. Each license issued to a person who is required to be on a VMS monitored vessel shall indicate that the licensee may only be present on a VMS monitored vessel.

F. Persons who are required to be monitored shall be responsible for the following VMS Requirements.

1. The vessel must have installed within it a fully operational and approved VMS Devices. Approved devices are those devices approved by NOAA Fisheries or the Secretary of the Department of Wildlife and Fisheries for fisheries in the Gulf of Mexico and which meet the minimum performance criteria specified in Paragraph 2 of this Subsection. In the event that a VMS is deleted from the list, vessel owners who purchased a VMS unit on the VMS list prior to approval of the revised list will be in compliance with the requirement to have an approved unit, unless otherwise notified by the Department of Wildlife and Fisheries.

2. Minimum VMS Performance Criteria. Basic required features of the VMS are as follows.

a. The VMS shall be satellite-based and tamper proof, i.e., shall not permit the input of false positions; furthermore, satellite selection must be automatic to provide an optimal fix and must not be capable of being manually overridden.

b. The VMS shall be fully automatic and operational at all times, regardless of weather and environmental conditions.

c. The VMS shall be fully operable and must track the vessel in all of Louisiana coastal waters and throughout the Gulf of Mexico.

d. The VMS shall be capable of transmitting and storing information including vessel identification, date, time and latitude/longitude.

e. The VMS unit shall make all required transmissions to a designated and approved VMS vendor

who shall be responsible for monitoring the vessel and reporting information to the department.

f. The VMS shall provide accurate position transmissions every half-hour, every day of the year, during required monitoring period. In addition, the VMS shall allow polling of individual vessels or any set of vessels at any time and permit those monitoring the vessel to receive position reports in real time. For the purposes of this specification, real time shall constitute data that reflect a delay of 15 minutes or less between the displayed information and the vessel's actual position.

g. The VMS vendor shall be capable of transmitting position data to a Department of Wildlife and Fisheries designated computer system via a modem at a minimum speed of 9600 baud. Transmission shall be in a file format acceptable to the department. Such transmission must be made at any time upon demand of the department.

h. The VMS vendor shall be capable of archiving vessel position histories for a minimum of three months, as transmitted by the VMS unit, and provide transmissions to the department of specified portions of archived data in response to department requests in a variety of media (tape, compact disc, etc.) as specified by the department.

3. Operating Requirements. All required VMS units must transmit a signal indicating the vessel's accurate position at least every half-hour, 24 hours a day, when a person who is required to be monitored is on board the monitored vessel.

4. Presumption. If a VMS unit fails to transmit an hourly signal of a vessel's position, the vessel shall be deemed to have incurred a VMS violation, for as long as the unit fails to transmit a signal, unless a preponderance of evidence shows that the failure to transmit was due to an unavoidable malfunction, or disruption of the transmission that occurred while the vessel was declared out of the shrimp fishery, as applicable, or was not at sea.

5. Replacement. Should a VMS unit require replacement, a vessel owner must submit documentation to the Department of Wildlife and Fisheries Law Enforcement Division Headquarters VMS coordinator, within three days of installation and prior to the vessel's next trip, verifying

that the new VMS unit is an operational, approved system as described in this Section.

6. Access. All vessel owners shall allow the Department of Wildlife and Fisheries, and their authorized wildlife enforcement agents or designees access to the vessel's VMS unit and data, if applicable, and location data obtained from its VMS unit, if required, at the time of or after its transmission to the vendor or receiver, as the case may be.

7. Tampering. Tampering with a VMS, a VMS unit, or a VMS signal, is prohibited. Tampering includes any activity that is likely to affect the unit's ability to operate properly, signal, or accurately compute the vessel's position fix.

8. Violation. Failure to abide by any regulation set forth regarding the use or operation of VMS, or failure to have VMS when required shall be a violation of R.S. 56:497.1.C and requirements of probation where applicable. All shrimp taken or possessed by a person in violation of these rules, and who is identified on his commercial license as required to be VMS monitored, shall be deemed illegally taken and possessed. The provisions of this section do not exempt any person from any other laws, rules, regulation, and license requirements for this or other jurisdictions. Violations of this Section shall constitute a Class 4 violation.

9. All costs and monthly fees associated with the installation, operation and monitoring of any VMS system in accordance with these rules shall be the responsibility of the person required to be monitored and shall be paid by him directly to the approved VMS supplier and monitoring facilitator.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:495.1, and R.S. 56:497.1.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 32:1255 (July 2006).

Dwight Landreneau
Secretary

0607#042

Notices of Intent

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 111—The Louisiana School, District and State Accountability System (LAC 28:LXXXIII.301 and 303)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement revisions to *Bulletin 111—The Louisiana School, District, and State Accountability System* (LAC Part Number LXXXIII). The proposed changes define/outline/clarify the following: The table in §301.L, School Performance Score Goal, was revised to reflect the use of two years of data as is defined in the text of the policy. The edits to §303.J and K, Calculating the SPS, allow School Performance Scores to be calculated very much as they have been in the past until the Graduation Index is implemented in 2007. Both revisions should allow a more efficient transition to the new system that includes iLEAP and a Graduation Index.

Title 28 EDUCATION

Part LXXXIII. Bulletin 111—The Louisiana School, District, and State Accountability System

Chapter 3. School Performance Score Component

§301. School Performance Score Goal

A. - K. ...

L. 2005-2007 High School Transition

2005-2007 High School Transition			
2005			
	Years of Data	Indicators/Weights	Generates
Growth SPS	2005	GEE(60%), Iowa (30%), Attendance (5%), Drop (5%)	Growth Label, Rewards for 2005
Baseline SPS	2004 & 2005	GEE(60%), Iowa (30%), Attendance (5%), Drop (5%)	Performance Label, SI Status, SPS AYP for 2005
Transition Baseline SPS	2004 & 2005	GEE(90%), Attendance (5%), Drop (5%)	Growth Target, Growth Goal for 2006

2006			
	Years of Data	Indicators/Weights	Generates
Growth SPS	2006	GEE(90%), Attendance (5%), Drop (5%)	Growth Label, Rewards for 2006
Baseline SPS	2005 & 2006	2006 GEE/iLEAP (90%), 2005 & 2006 Attendance (5%), 2005 & 2006 Drop (5%)	Performance Label, SI Status refer to H.3 a. above), SPS AYP for 2006; Growth Target and Goal for 2007

2007			
	Years of Data	Indicators/Weights	Generates
Growth SPS	2007	GEE/iLEAP (90%), Attendance (5%), Drop (5%)	Growth Label, Rewards for 2007
Baseline SPS	2006 & 2007	2006 & 2007 GEE/iLEAP (70%), 2007 Graduation Index (30%)	Performance Label, SI Status, SPS AYP for 2007; Growth Target and Goal for 2008 (refer to I.5.a. above)

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2737 (December 2003), amended LR 31:1512 (July 2005), LR 32:1017 (June 2006), LR 32:

§303. Calculating the SPS Component

A. - I. ...

J. Beginning with the 2007 baseline SPS, a combination school (a school with a grade configuration that includes a combination from both categories of schools, K-8 and 9-12,) will receive a score from a weighted average of the SPS from the K-8 grades and the SPS from the 9-12 grades.

1. The K-8 SPS will be weighted by the number of students eligible to test during the spring test administration.

2. The 9-12 SPS will be weighted by the sum of:

a. the students eligible to test during the spring test administration; and

b. the number of members of the cohort used as the denominator in the graduation index calculation.

K. For combination schools in 2006, for the baseline SPS only, the 3 accountability indicators shall be combined as follows.

1. The K-8 Assessment Index and the 9-12 Assessment Index shall be combined using a weighted average based on testing units.

2. Attendance and Dropout Indices shall be combined as defined in §511 and §513.

3. The 2007 growth SPS shall be calculated using the same procedures as the 2006 baseline SPS.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2738 (December 2003), amended LR 31:763 (April 2004), LR 32:1020 (June 2006), LR 32:

Family Impact Statement

In accordance with Section 953 and 974 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the state board office, which has adopted,

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 111—The Louisiana School, District, and State Accountability System—School Performance Score Goal and Disaster Considerations for the School and District Subgroup Component (LAC 28:LXXXIII.301 and 4527)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement revisions to *Bulletin 111—The Louisiana School, District, and State Accountability System* (LAC 28, Part Number LXXXIII). The proposed changes occur in §§301 and 4527. The purpose of these revisions is to adjust accountability policy to more effectively address conditions created by the hurricanes of 2005 and the implementation of a new testing program. The revisions made to §301 require a preliminary accountability release during 2006. As proposed, the preliminary accountability release will only include the subgroup component and only for those schools that failed the subgroup component in 2005. Implications for schools identified for school improvement are also detailed. The proposed revision to §4527 adjusts the threshold at which schools could qualify for a waiver offered by the USDE in the wake of the hurricanes of 2005. This change is based upon feedback Louisiana Department of Education staff has received from USDE officials.

Title 28

EDUCATION

Part LXXXIII. Bulletin 111—The Louisiana School, District, and State Accountability System

Chapter 3. School Performance Score Component §301. School Performance Score Goal

A. - D. ...

E. Beginning in 2004, preliminary accountability results issued each summer shall include both preliminary school performance scores and subgroup component analyses for those schools on the academic watch list, or in school Improvement 2 or higher, or who have failed the subgroup component the prior year. Beginning in 2007, preliminary accountability results each summer shall include any schools determined to be entering into or remaining in School Improvement 2 or higher, exiting School Improvement 2 or higher, and who have failed the Subgroup Component the prior year. Final accountability results shall be issued during the fall semester of each year.

1. In 2006, the preliminary accountability results shall include only the subgroup component (calculated using LEAP/GEE scores only) and only for those schools that failed the subgroup component in 2005.

a. Schools identified as entering SI2 as a result of their second year of subgroup component failure must offer school choice prior to the first day of school of the 2006-07 academic year.

amended, or repealed a rule in accordance with the applicable provisions of the law relating to public records.

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

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

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

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

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

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

Interested persons may submit comments until 4:30 p.m., September 8, 2006, to Nina Ford, State Board of Elementary and Secondary Education, P. O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Weegie Peabody
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Bulletin 111—The Louisiana School, District and State Accountability System

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

There are no estimated implementation costs (savings) to state governmental units. The proposed changes define/outline/clarify the following: The table in §301-L was revised to reflect the use of two years of data as is defined in the text of the policy. The edits to §303-J and K allow School Performance Scores to be calculated very much as they have been in the past until the Graduation Index is implemented in 2007. Both revisions should allow a more efficient transition to the new system that includes iLEAP and a Graduation Index.

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

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

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

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

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no effect on competition and employment.

Marlyn J. Langley
Deputy Superintendent
Management and Finance
0607#048

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

b. School Improvement status from the fall release of the 2005 final accountability results shall continue to apply through the first semester of academic year 2006-2007.

c. Schools identified as entering SI2 at the release of the 2006 final accountability results must offer school choice beginning in January and continuing for the remainder of the academic year.

F. - L. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2737 (December 2003), amended LR 31:1512 (July 2005), LR 32:1017 (June 2006), LR 32:

Chapter 45. Disaster Considerations for School and District Accountability

§4527. Disaster Considerations for the School and District Subgroup Component

A. Schools and districts shall receive a one year exclusion from the subgroup component in accountability if they:

1. reside within the boundaries of parishes declared natural disaster areas by the President of the United States; and

2. were closed due to the declared disaster for 18 consecutive school days.

B. Any school or district with displaced students comprising 10 percent or more of its eligible Subgroup Component testing population on the days of testing in a given academic year, and that fails the Subgroup Component, shall receive a one year exclusion from accountability decisions (refer to §3103) based on the Subgroup Component during the academic year in which the disaster occurred.

C. Any school or district that fails the subgroup component because of the failure of any subgroup that includes displaced students shall be re-evaluated with the displaced students comprising a separate subgroup and excluded from all other subgroups.

1. If, after re-evaluation, no subgroups fail or only the displaced students subgroup fails the subgroup component, the school or district shall:

a. submit a plan for approval to the LDE addressing the needs of displaced students; and

b. implement the plan after receiving LDE approval.

2. The school or district shall not be labeled as failing subgroup AYP, nor enter or advance in school improvement.

3. Schools or districts that, at the beginning of the following academic year, enroll fewer than 50 percent of the students who comprised the displaced students subgroup may request a one year exclusion from the subgroup component.

4. The displaced students shall not be considered a separate subgroup the following academic year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

Family Impact Statement

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

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

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

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

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

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

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

Interested persons may submit comments until 4:30 p.m., September 8, 2006, to: Nina Ford, State Board of Elementary and Secondary Education, P. O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Weegie Peabody
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Bulletin 111—The Louisiana School, District, and State Accountability System—School Performance Score Goal and Disaster Considerations for the School and District Subgroup Component

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

There are no estimated implementation costs (savings) to state governmental units. The proposed changes occur in Section 301 and Section 4527. The purpose of these revisions is to adjust accountability policy to meet conditions created by the hurricanes of 2005 and the implementation of a new testing program. The revisions made to Section 301 require a Preliminary Accountability release during 2006. As proposed, the preliminary accountability release will only include the subgroup component and only for those schools that failed the subgroup component in 2005. Implications for schools identified for school improvement are also detailed. The proposed revision to Section 4527 adjusts the threshold at which schools could qualify for a waiver offered by the United States Department of Education (USDE) in the wake of the hurricanes of 2005. This change is based upon feedback received from USDE officials.

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

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

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

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

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)

There will be no effect on competition and employment.

Marlyn Langley
Deputy Superintendent
Management and Finance
0607#046

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 123—Adult Education Content Standards
(LAC 28:CXXIX.Chapters 1-11)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement *Bulletin 123—Adult Education Content Standards*. Bulletin 123 will be printed in codified format as LAC 28, Part CXXIX of the Louisiana Administrative Code. The Louisiana Adult Education Content Standards have been developed to raise accountability levels among adult education programs and ensure that similar concepts are taught at appropriate educational levels throughout the state. The intent of the content standards is to provide a resource that will ease the process of developing curriculum frameworks and planning instruction for adult educators throughout Louisiana in both Adult Basic Education (ABE) and Adult Secondary Education (ASE) class settings. The Louisiana Adult Education Content Standards were developed based upon a directive from the U.S. Department of Education, Office of Vocational and Adult Education. The standards will assist the state in complying with the requirements of the Workforce Investment Act of 1998.

**Title 28
EDUCATION**

Part CXXIX. Bulletin 123—Adult Education Content Standards

Chapter 1. General Provisions

§101. Introduction

A. The Workforce Investment Act of 1998, Title II, authorizes adult education in Louisiana. The Adult Education program provides instruction to adults who are 16 years of age and older, not enrolled in the K-12 system, and have less than a high school education. The purposes of adult education programs are to assist adults to:

1. become literate;
2. obtain knowledge and skills for employment and self-sufficiency;
3. obtain the educational skills necessary to become full partners in their children’s educational development; or
4. complete their secondary school education.

B. The standards were designed to raise accountability levels among adult education programs and ensure that similar concepts are taught at an educational functioning level throughout the state. The intent of the content standards document is to provide a tool that will ease the processes of developing curriculum frameworks and planning instruction for adult educators throughout Louisiana.

C. The Louisiana Adult Education Content Standards may be used by programs in providing Adult Basic Education (ABE) and Adult Secondary Education (ASE)

instruction to adults. These educational functioning levels (EFLs) of adults were considered in developing the standards. The current educational functioning levels, as approved by the National Reporting System for Adult Education, include:

1. Adult Basic Education

Educational Functioning Level	Grade Level Equivalent
Beginning ABE Literacy	0 to 1.9
Beginning Basic Education	2 to 3.9
Low-Intermediate Basic Education	4 to 5.9
High-Intermediate Basic Education	6 to 8.9

2. Adult Secondary Education

Educational Functioning Level	Grade Level Equivalent
Low Adult Secondary Education	9 to 10.9
High Adult Secondary Education	11 to 12.9

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§103. Content Standards Foundation Skills*

A. The following foundation skills have been identified as essential competencies needed to meet the demands of the classroom and the world beyond. These skills apply to all students in all disciplines. These foundation skills were used throughout the development of the Louisiana Adult Education Content Standards and are embedded throughout the standards.

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

- a. reading;
- b. writing;
- c. speaking;
- d. listening;
- e. viewing; and
- f. visually representing.

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

3. Resource Access and Utilization. Resource access and utilization is the process of identifying, locating, selecting, and using resource tools to help in analyzing, synthesizing, and communicating information. The identification and employment of appropriate tools, techniques, and technologies are essential to all learning processes. These resource tools include:

- a. pen;
- b. pencil;
- c. paper;
- d. audio/video material;

- e. word processors;
- f. computers;
- g. interactive devices;
- h. telecommunication; and
- i. other emerging technologies.

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

5. **Citizenship.** Citizenship involves the application of the understanding of the ideals, rights, and responsibilities of active participation in a democratic republic that includes:

- a. working respectfully and productively together for the benefit of the individual and the community;
- b. being accountable for one's choices and actions and understanding their impact on oneself and others;
- c. knowing one's civil, constitutional, and statutory rights; and
- d. mentoring others to be productive citizens and lifelong learners.

*Developed by the Louisiana Department of Education, Louisiana Content Standards and Assessment Development Project, 1997.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§105. Interpreting and Using the Adult Education Content Standards

A. This §105 provides definitions for standards-related terms used throughout this Part CXXIX. Following is a hierarchy of the standards-related terms used in this Part.

1. *Strand*—the subject area that is to be taught. There are five strands incorporated in the Louisiana Adult Education Content Standards. The strands include:

- a. language arts—reading;
- b. language arts—writing;
- c. mathematics;
- d. science; and
- e. social studies.

Strand Example: *Social Studies*

2. *Standard*—the overall goal, end result of a learning experience.

- a. A *standard* determines the purpose, aim and rationale of class instruction.
- b. A *standard* is often not immediately measurable; rather, it sets the framework by preparing students for future activities and further knowledge acquisition.
- c. A *standard* expresses a purpose for instruction but does not designate the specific abilities that the learner must possess.

Standard Example: Adult learners use and apply social studies concepts in a variety of situations.

3. *Benchmark*—supports the standard. It defines what a learner must know and be able to do in the lesson. A *benchmark* is brief and written to the point so that it is easy to understand and may be achieved over a well defined time period.

Benchmark Example: Adult learners apply the behavioral science concepts of psychology, sociology and anthropology to personal and community situations.

Describe different family structures and role of moods, emotions, and relationships in a family.

Define bias, prejudice and personal values, and give examples of each.

Explain and give examples of social stratification, race, ethnicity and gender and their effect on individual beliefs, attitudes, and behavior.

Describe the impact of values, and beliefs on specific group behaviors.

Describe selected group values and beliefs and how they influence society.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

Chapter 3. English Language Arts—Reading §301. Standard

A. Adult learners develop and apply reading strategies for the understanding of written material for different purposes.

B. The four components of teaching reading to adult learners include alphabetic (phonemic awareness and word analysis), fluency, vocabulary, and comprehension. The range for introducing, instructing, reinforcing, and mastering each of the four components is:

- 1. Alphabetic—Beginning Literacy to Beginning Basic (0 to 3.9);
- 2. Fluency—Beginning Basic to High Intermediate (2.0 to 8.9);
- 3. Vocabulary—Beginning Basic to High Adult Secondary (2.0 to 12.9);
- 4. Comprehension—Beginning Basic to High Adult Secondary (2.0 to 12.9).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§303. Benchmark 1—Phonemic Awareness and Word Analysis

A. Adult learners apply phonemic awareness and word analysis skills to make connections between written letters and sounds.

1. Mastery should be evidenced upon completion of the Beginning Basic (2.0-3.9).

B. Phonemic Awareness

1. Apply phonemic awareness skills:

- a. isolation;
- b. identity (written and oral letter recognition);
- c. categorization;
- d. blending;
- e. segmentation;
- f. deletion;
- g. addition;
- h. substitution;
- i. syllabication.

C. Word Analysis

- 1. Apply word analysis (phonetic awareness) skills:
 - a. context clues (i.e., picture clues and sentence clues);
 - b. basic sight words;
 - c. spelling patterns and rules;
 - d. meaning of root words, suffixes and prefixes;
 - e. decoding of unfamiliar or new words.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§305. Benchmark 2—Fluency

A. Adult learners apply fast and accurate decoding skills to read with the proper rhythm, intonation, and expression in order to increase comprehension.

1. Mastery should be evidenced by completion of High Intermediate (6.0-8.9).

a. Group words appropriately into meaningful grammatical units for interpretation.

b. Use punctuation to determine where to place emphasis or pause in order to make sense from written print and non-print text during oral reading.

c. Apply context clues to interpret written print and non-print text.

d. Read at an appropriate pace based upon the level of materials and the purpose for reading.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§307. Benchmark 3—Vocabulary

A. Adult learners apply spoken, oral and written vocabulary skills in order to comprehend and communicate in a variety of contexts.

1. Vocabulary is a skill that is developed through a continuous process at all educational functioning levels.

a. Use context clues to derive meanings of words from spoken, oral, written print and non-print text.

b. Apply the meaning of root words, suffixes and prefixes to derive meaning from new and unfamiliar vocabulary words from a variety of print and non-print texts.

c. Recognize the meaning of word origins (i.e., Greek, Anglo-Saxon, Latin) to understand content area vocabulary words.

d. Recognize basic word patterns, antonyms, and synonyms.

e. Identify and use idioms and the literal and figurative meanings of words in spoken, oral and written language.

f. Identify multiple meanings of words, denotative and connotative meanings of words, and multiple meanings of related words.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§309. Benchmark 4—Comprehension

A. Adult learners apply reading skills (Alphabetics, Fluency, Vocabulary) and strategies to interpret meaning from spoken, oral and written language in a variety of contexts.

1. Comprehension is a skill that is improved through a continuous process at all educational functioning levels.

a. Construct meaning from spoken, oral and written communication:

i. use the conventions of print (read from left to right directionality, from top to bottom, one-to-one matching, sentence framing);

ii. recognize the general structure of sentences and paragraphs;

iii. identify error detection while reading;

iv. locate information from print and non-print text, recalling information, and using information effectively;

v. listening comprehension;

vi. use skimming and scanning strategies.

b. Apply information and ideas from a passage:

i. organize thoughts and ideas according to order and sequence;

ii. summarize;

iii. retell;

iv. generate questions about print and non-print text;

v. state the main idea and supporting details;

vi. read and interpret charts and graphs.

c. Analyze content, style, and structure:

i. make inferences from print and non-print text;

ii. state points of view;

iii. state the author's purpose of print and non-print text;

iv. recognize the literary structure (i.e., cause and effect, compare and contrast, fact and opinion);

v. recognize and describe story elements (i.e., setting, plot, character, theme, point of view, beginnings, middles, endings);

vi. interpret figurative language;

vii. make predictions from print and non-print text.

d. Develop connections between separate sources of information:

i. write about print and non-print text;

ii. integrate information from long print and non-print text;

iii. make predictions from print and non-print text;

iv. describe multiple inferences from an entire passage;

v. integrate information from outside the passage (i.e., life experiences) to reach a new understanding.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

Chapter 5. English Language Arts—Writing

§501. Standard

A. Adult learners write competently using Standard American English for a variety of purposes and audiences.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§503. Benchmark 1—Spelling, Punctuation, and Capitalization

A. Adult learners apply correct spelling, punctuation, and capitalization rules to complete a variety of writing tasks in accordance with the learner's identified educational functional level.

1. Write (print and cursive) upper and lower-case letters of the alphabet.

2. Write and spell words correctly.

3. Apply capitalization rules.

4. Apply punctuation rules to all written text:

a. terminal punctuation;

b. commas;

c. colons and semi-colons;

- d. apostrophes;
 - e. quotation marks.
5. Use a variety of resources to spell unfamiliar words.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§505. Benchmark 2—Grammar, Usage and Conventions of Sentence Structure

A. Adult learners identify and apply correct grammar and usage rules and the conventions of sentence structure to complete a variety of writing tasks in accordance with their identified educational functional level.

1. Identify and use basic parts of speech:
 - a. verbs;
 - b. nouns;
 - c. pronouns;
 - d. adjectives;
 - e. adverbs;
 - f. conjunctions;
 - g. prepositions; and
 - h. interjections.
2. Identify subject and predicate in sentences.
3. Apply standard grammar and usage to subject and verb agreement, simple past, present, and future continuous verb tense.
4. Identify and correct sentence fragments and run-on sentences.
5. Recognize the standard use of homonyms, homophones, and homographs.
6. Use a thesaurus.
7. Apply standard grammar and usage.
 - a. Combine simple sentences into compound and complex sentences.
 - b. Construct conditional clauses.
 - c. Develop parallel structures.
 - d. Use modifiers appropriately.
 - e. Use compound verbs appropriately.
 - f. Create possessive forms of nouns or pronouns with gerunds.
 - g. Use conjunctive adverbs appropriately.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§507. Benchmark 3—Writing Process

A. Adult learners apply writing skills to complete a variety of practical writing tasks in accordance with their identified educational functional level.

1. Apply pre-writing tools to generate topics and/or plan writing tasks (e.g., brainstorming, clustering, outlining, listing, webbing).
2. Write a dialogue of sentences that uses descriptive words and phrases to develop ideas and advance characters.
3. Develop a paragraph on a topic of the learner's own choosing that includes a topic sentence followed by supporting details.
4. Write an essay/composition (i.e., expository, descriptive, persuasive, narrative, comparative) on a given topic that includes a well-developed thesis.

5. Write a letter for a variety of purposes that includes a heading, salutation, and closing.

6. Revise written work by identifying and correcting:
 - a. spelling;
 - b. punctuation;
 - c. capitalization;
 - d. sentence fragments;
 - e. run-on sentences; and
 - f. grammar and usage errors.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

Chapter 7. Mathematics

§701. Standard

A. Adult learners apply reasoning and problem-solving techniques, use numerical intuition to verify solutions, and make connections with life situations for communication of math ideas.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§703. Benchmark 1—Number Sense

A. Adult learners develop and apply number sense to solve a variety of real-life problems and to determine if the results are reasonable.

1. Read, write, and orally express whole numbers as numerals and number words between 0 and 1,000,000.
2. Read, write, and locate whole numbers and fractions on a number line between 0 and 1,000.
3. Round whole numbers to a given place.
4. Round decimals to tenths, hundredths, and thousandths place.
5. Read, write, and orally express a decimal as a part of a whole, expressed in tenths, hundredths, thousandths, etc.
6. Read, write and express a fraction as the relationship between the part (numerator) and the whole (denominator).
7. Read, write and express numbers in their equivalent fractional, decimal, and percent form (e.g., $1/2 = 3/6 = 2/4$, and $0.5 = 50$ percent).
8. Read, write, and order integers.
9. Match whole numbers and fractions (e.g., $1/2$, $1/3$, $1/4$) to pictorial representations and identify these as commonly used fractions.
10. Identify coins and currency and recognize money (e.g., \$ and ¢) symbols.
11. Identify and construct equal relationships of coins and currency (e.g., a quarter equals 2 dimes and 1 nickel).
12. Make change using pennies, nickels, dimes, quarters, half-dollars, and bills up to \$100.
13. Add, subtract, multiply and divide by one, two, three, and four digit numbers.
14. Add, subtract, multiply and divide fractions, decimals, and percents.
15. Use computation and estimation to solve problems involving integers, exponents, and square roots.
16. Use estimation to check the reasonableness of results in word problems with calculator situation.
17. Solve multi-step word problems using whole numbers.

18. Solve word problems involving whole numbers, fractions, decimals, and percents.

19. Represent numbers in various ways:

- a. prime factors;
- b. square roots;
- c. exponents;
- d. absolute value; and
- e. scientific notation.

20. Use estimation to check the reasonableness of results using whole numbers, fractions, decimals, and percents in solving problems.

21. Solve and simplify expressions using order of operations.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§705. Benchmark 2—Data Analysis

A. Adult learners apply data collection, data analysis, and probability to interpret, predict, and/or solve real-life problems.

1. Gather data familiar to themselves and their surroundings.

2. Sort, classify, and organize data about objects.

3. Represent data using concrete objects.

4. Represent data using tables and graphs such as:

- a. line graphs;
- b. bar graphs;
- c. circle graphs; or
- d. pictorial graphs and maps.

5. Analyze tables, charts, graphs, diagrams, and maps.

6. Apply basic concepts of probability.

7. Create tables, charts, and diagrams using spreadsheets or other technology.

8. Calculate and interpret the mean, median, mode, and range of a data set.

9. Use data collection, data analysis, and probability to solve word problems.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§707. Benchmark 3—Algebra

A. Adult learners apply algebraic concepts and methods to explore, analyze or solve real-life problems.

1. Describe and extend a variety of patterns using manipulative or objects.

2. Describe and extend numerical patterns (e.g., 2, 4, 6, 8).

3. Identify the missing element in a number sentence involving:

- a. addition;
- b. subtraction;
- c. multiplication; and/or
- d. division with whole numbers.

4. Identify algebraic concepts such as:

- a. variable;
- b. constant;
- c. term;
- d. expression;
- e. equation; and
- f. inequality.

5. Solve one variable linear equation or inequality with one operation. Use substitution to check the answer.

6. Solve one variable linear equation with two or more operations. Use substitution to check the answer.

7. Solve word problems using one and two-step linear equations.

8. Solve proportion problems using algebraic methods.

9. Determine slope and intercept of a linear equation.

10. Create a table of values that satisfy a linear equation.

11. Create a graph using a table of values from a solved equation.

12. Use formulas to solve problems.

13. Write and solve equivalent forms of equations, inequalities, and systems of equations using:

- a. mental math;
- b. paper and pencil; or
- c. technology (e.g., calculator or computer).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§709. Benchmark 4—Geometry

A. Adult learners use geometric properties, relationships, and methods to identify, analyze and solve real-life problems.

1. Identify basic geometric shapes.

2. Describe basic geometric shapes by naming, building, drawing, comparing, and sorting two and three-dimensional shapes, i.e.,:

- a. cube;
- b. cylinder;
- c. prism;
- d. square;
- e. rhombus;
- f. hexagon;
- g. sphere.

3. Graph ordered pairs on rectangular coordinate plane.

4. Classify angles as right, acute, obtuse, straight, or reflex.

5. Describe geometric figures, e.g.,:

- a. symmetric;
- b. perpendicular;
- c. parallel.

6. Compare geometric figures using similarity or congruency.

7. Solve problems involving alternate interior, corresponding, complementary, or supplementary angles.

8. Classify triangles by their angles and sides as:

- a. equilateral;
- b. isosceles;
- c. scalene;
- d. acute;
- e. obtuse; and
- f. right.

9. Label and identify the characteristics, (i.e., radius, diameter, base, height) of a:

- a. circle;
- b. cylinder;
- c. parallelogram;
- d. pentagon;

- e. hexagon;
- f. octagon;
- g. decagon;
- h. rhombus;
- i. trapezoid;
- j. cube;
- k. sphere; or
- l. prism.

10. Use the appropriate geometric formula (i.e., area, perimeter, volume, Pythagorean relationship, distance between two points in a plane) to solve problems.

11. Solve problems using similarity and proportion.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§711. Benchmark 5—Measurement

A. Adult learners apply knowledge of standard measurements to real-life situations.

1. Recognize the attributes of length, volume, weight, area, and time.

2. Measure using non-standard (e.g., string, paper clip, toothpicks) and standard (i.e., U.S. Customary and metric system) units.

3. Use common references (e.g., pitcher, paper clip, string) for measurements to make comparisons and estimates.

4. Recognize that units of measurements or approximations can affect differences in precision.

5. Select an appropriate unit and tool to measure an object or event, i.e.,:

- a. ruler;
- b. thermometer;
- c. measuring cup;
- d. scale; and
- e. stop watch.

6. Identify the appropriate U.S. customary units of measurement for an object or event, i.e.,:

- a. length;
- b. capacity;
- c. weight;
- d. area;
- e. volume;
- f. time; and
- g. temperature.

7. Solve real-life problems involving measurement using U.S. customary units.

8. Identify the appropriate metric units of measurement for an object or event, i.e.,:

- a. length;
- b. capacity;
- c. weight;
- d. area;
- e. volume;
- f. time; and
- g. temperature.

9. Solve real-life problems involving measurement using metric units.

10. Apply the appropriate tools and standard units to measure an object or event, i.e.,:

- a. length;
- b. capacity;
- c. weight;

- d. area;
- e. volume;
- f. time; and
- g. temperature.

11. Use appropriate tools and standard units to measure geometric figures, i.e.,:

- a. angles;
- b. circles;
- c. triangles;
- d. squares.

12. Convert measurements to equivalent units within a given system (i.e., U.S. customary or metric system).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

Chapter 9. Science

§901. Standard

A. Adult learners understand the key concepts and principles of science and use this scientific knowledge and scientific ways of thinking for individual and social purposes.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§903. Benchmark 1—History and Nature of Science

A. Adult learners understand the history and nature of science and illustrate different aspects of scientific inquiry and the human aspects of science.

- 1. Develop the ability to engage in scientific inquiry.
- 2. Develop an understanding of the nature of scientific knowledge.
- 3. Develop an understanding of the history of science.
- 4. Recognize the relationship between science and technology.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§905. Benchmark 2—Physical Science

A. Adult learners recognize the characteristics and interrelationships of matter and energy in the physical world.

- 1. Identify the different states of matter, recognizes that matter can be made of one or more materials, and that it can change and exist in one or more states.
- 2. Identify and describe physical properties of objects.
- 3. Identify and describe structure of atoms.
- 4. Identify and describe chemical reactions.
- 5. Identify and describe conservation of energy and matter.

6. Recognize the characteristics of forces and motion and evaluate their interaction.

7. Identify how energy is a property of many substances, occurs in many forms (e.g., heat, light, and electricity), and can be transferred in many ways.

8. Identify and describe interactions of energy and matter.

9. Interpret visual representations in science (e.g., diagrams, formulas).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§907. Benchmark 3—Life Science

A. Adult learners recognize the characteristics of living organisms, understand their relationship to each other and to their environment, and interpret related scientific data.

1. Recognize the characteristics and basic needs of living things.
2. Recognize and describe the differences between living and non-living things.
3. Describe life cycles.
4. Identify the various systems and functions of the human body.
5. Compare organisms to their environment, e.g.,:
 - a. predator/prey;
 - b. parasite/host;
 - c. food chains; and
 - d. webs.
6. Identify the basic characteristics of the cell.
7. Identify factors affecting heredity.
8. Recognize behavior of organisms.
9. Explore experimental evidence that supports the theory of the origin of life.
10. Interpret visual representations in science (e.g., diagrams, formulas).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§909. Benchmark 4—Earth and Space Science

A. Adult learners develop an understanding of the composition, processes, and interrelationships of Earth, the solar system, and the universe.

1. Identify the structure and composition of the Earth system.
2. Explain the Earth's relationship to other bodies in the solar system.
3. Recognize evidence for evolution.
4. Describe the energy in the Earth's system.
5. Describe geochemical cycles.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§911. Benchmark 5—Science and Society

A. Adult learners develop an understanding of the importance of environmental quality in the world.

1. Identify ecological systems and their interactions (e.g., air, water, plants).
2. Describe how resources and resource management affect the environment.
3. Recognize the relationships between environmental protection and maintaining quality of life.
4. Recognize how personal choices and responsible actions impact the environment, e.g.,:
 - a. litter;
 - b. irrigation;
 - c. levees; and
 - d. offshore drilling.
5. Recognize personal and community health.
6. Recognize population growth.
7. Recognize risk and benefits.
8. Interpret visual representations of scientific data (i.e., diagrams, charts, and tables).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

Chapter 11. Social Studies

§1101. Standard

A. Adult learners use and apply social studies concepts in a variety of situations.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§1103. Benchmark 1—Behavioral Sciences

A. Adult learners apply the behavioral science concepts of psychology, sociology and anthropology to personal and community situations.

1. Describe different family structures and role of moods, emotions, and relationships in a family.
2. Define *bias*, *prejudice* and *personal values*, and give examples of each.
3. Explain and give examples of social stratification, race, ethnicity and gender and their affect on individual beliefs, attitudes, and behavior.
4. Describe the impact of values, and beliefs on specific group behaviors.
5. Describe selected group values and beliefs and how they influence society.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§1105. Benchmark 2—Economics

A. Adult learners employ basic economic concepts, evaluate problems, and make rational choices as a consumer, worker, and citizen.

1. Recognize that individuals and families with limited resources make economic choices.
2. Define and apply the concept of choice by balancing cost with benefits.
3. Recognize and explain the relationship between producers and consumers (supply and demand).
4. Understand that prices in a market economy are determined by the interaction of supply and demand.
5. Use concepts of money management, e.g., :
 - a. interest;
 - b. credit;
 - c. savings;
 - d. investment;
 - e. budget; and
 - f. debt.
6. Recognize and explain the role of banks and other financial institutions in the economy.
7. Recognize that consumers and producers make economic choices based on supply, demand, access to markets and actions of government.
8. Recognize how international trade links countries around the world.
9. Recognize how nations specialize and become interdependent through trade.
10. Recognize and describe how government policies create free or restricted trade.

11. Use tables, graphs, diagrams, and charts of economic information to explain economic trends and patterns at the local level.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§1107. Benchmark 3—Geography

A. Adult learners demonstrate the use of geographic tools to locate and analyze information about people, places and environments.

1. Define and demonstrate knowledge of directions in their local community and state, as well as, on a world map and globe.

2. Draw simple maps to give directions.

3. Recite address including:

- a. city;
- b. state;
- c. zip code;
- d. parish; and
- e. country.

4. Recognize that maps and globes represent different views of the world.

5. Describe and define natural features such as:

- a. landforms;
- b. bodies of water;
- c. mountains;
- d. deserts; and
- e. natural resources.

6. Locate positions on a map or globe.

7. Interpret and use a map key.

8. Describe the characteristics of maps.

9. Interpret maps, charts, graphs and other geographic information.

10. Define and use longitude and latitude to locate positions on a map or globe.

11. Recognize and locate specific land masses and bodies of water.

12. Describe how people depend on the physical environment and its natural resources to satisfy basic needs.

13. Describe how people can conserve their natural and man-made resources.

14. Describe the purposes of, and differences among, maps, and how maps are both similar to and different from globes and aerial photographs.

15. Describe the cause and effect of selected migrations and world history, as well as, their family's migration history.

16. Describe how people have depended on the physical environment and its natural resources to satisfy their needs and how these needs have an impact on the natural environment.

17. Explain and interpret basic geo-political, population and cultural geography maps, charts, graphs and tables.

18. Describe natural and demographic characteristics of places and use this knowledge to define how regions relate to one another and undergo change.

19. Explain how geographic factors affect human activities.

20. Interpret thematic maps that depict various aspects of the United States and its world trade products, trade routes, and cross-cultural interactions.

21. Identify economic, political, and social patterns that have emerged over the last 50 years.

22. Use geographic knowledge to explain the past, interpret the present, and to anticipate future issues.

23. Explain policies and programs for resource management, including the relationship between environmental quality and economic growth.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§1109. Benchmark 4—History

A. Adult learners develop a historical time and perspective as they study the history of their community, state, nation, and world.

1. Sequence days, months, holidays and personal life events in chronological order.

2. Trace the history of a family (i.e., important events, documents, customs) using primary source materials, i.e.,:

- a. photographs;
- b. artifacts; and
- c. interviews.

3. Describe personal family events from the past your family experienced. Consider cultural changes as well as core values and beliefs.

4. Describe how people lived in earlier centuries then explain how their lives would be different today.

5. Describe examples of honesty, courage, determination, and individual responsibility in United States and world history.

6. Sequence key eras in world history, United States history, and Louisiana history over the last millennium.

7. Describe the positive contributions of selected individuals from world history, United States history and Louisiana history.

8. Describe historical examples of architecture, music, art, religion and sports and how they are viewed in the present.

9. Describe the distinctive economy, symbols, customs and oral traditions of Louisiana.

10. Interpret historical data from graphs, tables, pictures, maps and political cartoons.

11. Recognize and understand the impact of key historical places, events, ideas, decisions, and cultures in United States and world history by describing selected cultures of the ancient and medieval world and identify their contributions to world history.

12. Recognize and understand the impact of historical events, ideas, decisions, and cultures in United States and world history by describing selected events from the fifteenth to the twenty-first century and their impact on world history.

13. Use key documents of United States history to analyze past and present issues.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

§1111. Benchmark 5—Civics

A. Adult learners demonstrate knowledge of the structures, functions and symbols of government and apply these to citizenship.

1. Identify the rights and responsibilities of citizens and gives examples of how citizens use their rights and carry out their responsibilities.
2. Recognize that in order to select effective leaders, citizens have to become informed about candidates' qualifications and the issues they support.
3. Demonstrate how to follow the actions of elected officials and how to communicate with them while in office.
4. Identify the fundamental rights guaranteed in the Bill of Rights and can apply these protections to everyday life.
5. Explain that the United States government is divided into executive, legislative, and judicial branches with specific responsibilities and powers.
6. Demonstrate knowledge of federal, state, and local systems of government by explaining how each system affects their lives.
7. Identify and explain the impact of American democratic idea and actions in selected world events.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:

Family Impact Statement

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

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

Interested persons may submit written comments until 4:30 p.m., September 8, 2006, to Nina A. Ford, Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Weegie Peabody
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Bulletin 123 Adult Education Content Standards

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)
The estimated costs to implement Bulletin 123: Adult Education Content Standards will be approximately \$1000,

- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There are no estimated effects on revenue collections for state or local governmental units.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
There are no estimated costs and/or economic benefits that will directly affect persons or non-governmental groups.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
The Louisiana Adult Education Content Standards will provide a framework for planning instruction in the adult education classroom, which is funded under the Workforce Investment Act of 1998. The aforementioned framework is designed to increase the quality of instruction in the adult education classroom which offers programs to strengthen the skills of the state's workforce.

Marlyn Langley
Deputy Superintendent
Management and Finance
0607#045

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 1196—Louisiana Food and Nutrition Programs, Policies of Operation—Foodservice Management Company Contracts (LAC 28:XLIX.111)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement revisions to *Bulletin 1196—Louisiana Food and Nutrition Programs, Policies of Operation* (LAC 28:XLIX). Bulletin 1196 is the policy manual designed to provide useful guidance and information for the purpose of improving regulatory compliance and to enhance the understanding and operation of the Child Nutrition Programs in Louisiana. This bulletin was developed as a result of the necessity to incorporate all federal and state policy changes which have already been implemented by the sponsors. This revision is an update of state policies.

Title 28

EDUCATION

Part XLIX. Bulletin 1196—Louisiana Food and Nutrition Programs, Policies of Operation

Chapter 1. Administration

§111. Permanent Agreement between Sponsor and Louisiana State Department of Education

- A. - B. ...
- C. Conditions of the Agreement
 1. - 26.a. ...
 27. Foodservice Management Company Contracts
 - a. School food authorities eligible to contract with a for profit entity must use the state approved prototype Food Service Management Company (FSMC) contract if Child Nutrition Program funds are to be used.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:191-199.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 27:2102 (December 2001), amended LR 29:2022 (October 2003), LR 32:

Family Impact Statement

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

Interested persons may submit comments until 4:30 p.m., September 8, 2006, to Nina Ford, State Board of Elementary and Secondary Education, P. O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Weegie Peabody
Executive Director

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

**RULE TITLE: Bulletin 1196—Louisiana Food and
Nutrition Programs, Policies of Operation
Foodservice Management Company Contracts**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There is no estimated costs (savings) to state or local governmental units. This is a revision of Bulletin 1196 which has incorporated all Federal and State policy changes which have already been implemented by the sponsors. There will be no costs due to the fact the Bulletin will be on the Website and can be downloaded.
The State Board of Elementary and Secondary Education estimated cost for printing this policy change and first page of the fiscal and economic impact statement in the Louisiana Register is approximately \$34.00. Funds are currently budgeted for this purpose.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There will be no estimated effect on revenue collection of state or local governmental units.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
There will be no costs or economic benefits to directly affect persons or non-governmental groups.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
There will be no effect on competition and employment.

Marlyn J. Langley
Deputy Superintendent
Management and Finance
0607#047

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

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

Scholarship/Grant Programs
(LAC 28:IV.505, 507, 703 and 1301)

The Louisiana Student Financial Assistance Commission (LASFAC) announces its intention to amend its Scholarship/Grant Rules (R.S. 17:3021-3025, R.S. 3041.10-3041.15, R.S. 17:3042.1, and R.S. 17:3048.1).

The proposed Rule has no known impact on family formation, stability, or autonomy, as described in R.S. 49:972. (SG0672NI)

Title 28

EDUCATION

**Part IV. Student Financial Assistance—Higher
Education Scholarship and Grant Programs
Chapter 5. Application; Application Deadlines, and
Proof of Compliance**

**§505. Application Deadlines for High School
Graduates and Home Study Completers of 2004
and Later and Eligible Non-Graduates**

- A. - A.3.
- B. Deadline to Facilitate Timely Payment
- B.1. - C.1. ...
 2. Returning Students
 - a. Beginning with the 2002-2003 through the 2004-2005 academic year (college), in order for a returning student to receive the full benefits of a TOPS award as provided in §701.E, the final deadline for receipt of a student's initial FAFSA or the on-line application is May 1 of the academic year (college) he first enrolls as a full-time student in an eligible college or university.
 - b. Beginning with the 2005-2006 academic year (college), in order for a returning student to receive the full benefits of a TOPS award as provided in §701.E, the final deadline for receipt of the student's initial FAFSA or the on-line application is the July 1 immediately preceding the academic year (college) he first enrolls as a full-time student in an eligible college or university.
 3. - 3.c. ...
 - d. If a returning student graduates in the 2003-2004 academic year (high school) and will be a first-time student in the fall semester of 2006, the student must submit the initial FAFSA or the on-line application no later than July 1, 2007.
 - C.4. - E. ...
 - F. Renewal FAFSA
 - 1.a. Through the 2004-2005 academic year (college), in order to remain eligible for TOPS awards, a student who is eligible for federal grant aid must file a renewal FAFSA so that it is received by May 1 of each academic year (college) after initial eligibility is established.
 - b. Beginning with the 2005-2006 academic year (college), in order to remain eligible for TOPS awards, a student who is eligible for federal grant aid must file a renewal FAFSA so that it is received by the July 1 immediately preceding each academic year (college) after initial eligibility is established.

2. Students who can demonstrate that they do not qualify for federal grant aid because of their family's financial condition are not required to submit a renewal FAFSA.

3.a. In the event of a budgetary shortfall, applicants who do not file a renewal FAFSA or who do not complete all sections of the FAFSA will be the first denied a TOPS award.

b. Students who can demonstrate that they do not qualify for federal grant aid because of their family's financial condition and do not want to be the first denied a TOPS award must file a renewal FAFSA so that it is received by the July 1 immediately preceding each academic year (college) after initial eligibility is established.

F.4. - G. ...

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

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:635 (April 1998), amended LR 24:1901 (October 1998), repromulgated LR 27:1847 (November 2001), amended LR 30:2017 (September 2004), LR 31:37 (January 2005), LR 32:

§507. Final Deadline for Submitting Documentation of Eligibility

A. LASFAC will continue to process eligibility for both new and renewal applicants during each award year until July 1 after the spring term of that award year.

B.1. Through the 2004-2005 academic year (college), all documentation and certifications necessary to establish student eligibility including, but not limited to, high school and/or college transcripts and certifications, copies of student aid reports, applicant confirmation forms, promissory notes, ACT and/or SAT scores, residency affidavits, proof of citizenship or permanent residency status and other documents that may be utilized in determining eligibility, must be received by LASFAC no later than May 1 of the award year. For example, to receive an award for the 2004-2005 award year, LASFAC must have in its possession all documents relevant to establishing eligibility by May 1, 2005.

2. Beginning with the 2005-2006 academic year (college), all documentation and certifications necessary to establish student initial eligibility including, but not limited to, high school and/or college transcripts and certifications, copies of student aid reports, applicant confirmation forms, promissory notes, ACT and/or SAT scores, residency affidavits, proof of citizenship or permanent residency status and other documents that may be utilized in determining eligibility, must be received by LASFAC no later than the July 1 immediately following the academic year (college) the student enrolls as a first-time, full-time student in an eligible college or university. For example, to receive an award for the 2006-2007 academic year (college), LASFAC must have in its possession all documents relevant to establishing eligibility by July 1, 2007.

C.1. Returning students, who graduated high school during the 2001-2002 academic years (high school) and who enroll in an eligible college or university in the spring semester 2003, must submit documentation that establishes TOPS eligibility no later than May 1, 2004.

2. Returning students, who enroll in an eligible college or university in the fall semester of 2003 through the

spring semester of 2005, must submit documentation that establishes TOPS eligibility no later than May 1 of the academic year (college) the student enrolls in an eligible college or university. For example, a student who seeks to enroll in an eligible college or university in the fall semester of 2003 must submit documentation that establishes TOPS eligibility no later than May 1, 2004.

3. Returning students, who enroll in an eligible college or university in the fall semester of 2005 or later, must submit documentation that establishes TOPS eligibility no later than July 1 immediately following the academic year (college) the student enrolls as a full-time student in an eligible college or university. For example, a student who seeks to enroll in an eligible college or university in the fall semester of 2006 must submit documentation that establishes TOPS eligibility no later than July 1, 2007.

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

2. A student who successfully completes an undergraduate degree during the 2002-2003 through the 2004-2005 academic year (college) and wishes to receive his remaining award eligibility to attend a postgraduate school must provide the documentation and certifications required to establish student eligibility no later than May 1 of the academic year (college) the student seeks to receive his remaining award eligibility. For example, to receive the remaining award for the 2003-2004 academic year (college), the student must submit the required documents no later than May 1, 2004.

3. A student who successfully completes an undergraduate degree during the 2005-2006 academic year (college) or later and wishes to receive his remaining award eligibility to attend a postgraduate school must provide the documentation and certifications required to establish student eligibility no later than the July 1 immediately following the academic year (college) the student seeks to receive his remaining award eligibility. For example, to receive the remaining award for the 2006-2007 academic year (college), the student must submit the required documents no later than July 1, 2007.

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

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:635 (April 1998), amended LR 24:1901 (October 1998), repromulgated LR 27:1847 (November 2001), amended LR 28:447 (March 2002), LR 30:1161 (June 2004), LR 30:1471 (July 2004), LR 30:2019 (September 2004), LR 32:

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

§703. Establishing Eligibility

A. - A.5.a.i.(d). ...

5.a.ii. for purposes of satisfying the requirements of §703.A.5.a.i., above, or §803.A.6.a., the following courses shall be considered equivalent to the identified core courses and may be substituted to satisfy corresponding core courses.

Core Curriculum Course	Equivalent (Substitute) Course
Physical Science	General Science, Integrated Science
Algebra I	Algebra I, Parts I and 2, Integrated Mathematics I
Applied Algebra IA and IB	Applied Mathematics I and II
Algebra I, Algebra II and Geometry	Integrated Mathematics I, II and III
Algebra II	Integrated Mathematics II
Geometry	Integrated Mathematics III
Geometry, Trigonometry, Calculus, or Comparable Advanced Mathematics	Pre-Calculus, Algebra III, Probability and Statistics, Discrete Mathematics, Applied Mathematics III*, Advanced Mathematics I, Advanced Mathematics II
Chemistry	Chemistry Com
Fine Arts Survey	Speech Debate (2 units)
Western Civilization	European History
Civics	AP American Government
	*Applied Mathematics III was formerly referred to as Applied Geometry

A.5.a.iii. - I.8. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3025, R.S. 17:3042.1 and R.S. 17:3048.1.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance LR 22:338 (May 1996), repromulgated LR 24:636 (April 1998), amended LR 24:1902 (October 1998), LR 24:2237 (December 1998), LR 25:257 (February 1999); LR 25:655 (April 1999), LR 25:1794 (October 1999), LR 26:64, 67 (January 2000), LR 26:689 (April 2000), LR 26:1262 (June 2000), LR 26:1602 (August 2000), LR 26:1996, 1999, 2001 (September 2000), LR 26:2268 (October 2000), LR 26:2753 (December 2000), LR 27:36 (January 2001), LR 27:702 (May 2001), LR 27:1219, 1219 (August 2001), repromulgated LR 27:1850 (November 2001), amended LR 28:772 (April 2002), LR 28:2330, 2332 (November 2002), LR 29:125 (February 2003), LR 29:2372 (November 2003), LR 30:1162 (June 2004), LR 30:1471 (July 2004), LR 30:2019 (September 2004), LR 31:37 (January 2005), LR 31:2213 (September 2005), LR 31:3112 (December 2005), LR 32:

Chapter 13. Leveraging Educational Assistance Partnership (LEAP)

§1301. General Provisions

A. - E. ...

F. Reallocation of Funds. Uncommitted institutional allotted funds are reallocated if not committed by the deadline of November 1 for colleges and universities and campuses of Louisiana Technical College and January 1 for proprietary schools. The method of reallocation is dependent upon the amount of funds available for reallocation. If the reallocation amount is less than \$50,000, then only two- and four-year colleges and universities, which have fully committed their original allotment by the appropriate deadline, receive a reallocation. If \$50,000 or more is available for reallocation, it is reallocated to eligible schools of all types, which have fully committed their original allotment by the appropriate deadline.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3036.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:641 (April 1998), amended LR 24:1910 (October 1998), LR 25:1458 (August 1999), repromulgated LR 27:1860 (November 2001), amended LR 28:2332 (November 2002), LR 32:

Interested persons may submit written comments on the proposed changes until 4:30 p.m., August 9, 2006, to Jack L.

Guinn, Executive Director, Office of Student Financial Assistance, P.O. Box 91202, Baton Rouge, LA 70821-9202.

George Badge Eldredge
General Counsel

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

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

There are no estimated implementation costs or savings to state or local governmental units.

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

Revenue collections of state and local governments will not be affected by the proposed changes.

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

There are no estimated effects on economic benefits to directly affected persons or non-governmental groups resulting from these measures.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There are no anticipated effects on competition and employment resulting from these measures.

George Badge Eldredge
General Counsel
0607#009

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Tuition Trust Authority Office of Student Financial Assistance

START Savings Program
(LAC 28:VI.107, 305, 311 and 315)

The Louisiana Tuition Trust Authority announces its intention to amend its START Savings Program (R.S. 17:3091 et seq.) Rules.

The proposed Rule has no known impact on family formation, stability, or autonomy, as described in R.S. 49:972. (ST0674NI)

Title 28

EDUCATION

Part VI. Student Financial Assistance—Higher Education Savings

Chapter 1. General Provisions

§107. Applicable Definitions

Variable Earnings—refers to that portion of funds in an ESA, invested in equities, bonds, short-term fixed income investments or a combination of any of the three.

Variable Earnings Transaction Fund—the subaccount established within the Louisiana Education Tuition and Savings Fund to receive funds as directed by rule.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3091-3099.2.

HISTORICAL NOTE: Promulgated by the Tuition Trust Authority, Office of Student Financial Assistance, LR 23:712 (June 1997), amended LR 24:1268 (July 1998), LR 25:1794 (October 1999), LR 26:2260 (October 2000), LR 27:37 (January 2001), LR

27:1222 (August 2001), LR 27:1876 (November 2001), LR 28:450 (March 2002), LR 28:777 (April 2002), LR 28:2334 (November 2002), LR 29:556 (April 2003), LR 30:786 (April 2004), LR 30:1169 (June 2004), LR 30:2302 (October 2004), LR 31:639 (March 2005), LR 32:

Chapter 3. Education Savings Account

§305. Deposits to Education Savings Accounts

A. – E.1. ...

2. Deposits for investment options that include variable earnings will be assigned a trade date based on the method of deposit and the date of receipt.

a. Deposits by check will be assigned a trade date three business days after the business day during which they were received.

b. Deposits made by electronic funds transfer through the Automated Clearing House (ACH) Network, or its successor, will be assigned a trade date of three business days after the business day during which they were received.

c. Deposits made by all other means of electronic funds transfer will be assigned a trade date of one business day after the business day during which they were received.

3. Deposits for investment options that include variable earnings, which are received via check or electronic funds transfer through the Automated Clearing House Network, will be deposited into the fixed earnings option until the trade date. Earnings accrued on these deposits prior to the trade date shall be deposited in the Variable Earnings Transaction Fund.

4. Deposits received on weekends and holidays will be considered received on the next business day.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3091-3099.2.

HISTORICAL NOTE: Promulgated by the Tuition Trust Authority, Office of Student Financial Assistance, LR 23:715 (June 1997), amended LR 24:1270 (July 1998), LR 26:2263 (October 2000), LR 27:1880 (November 2001), LR 30:788 (April 2004), LR 30:1169 (June 2004), LR 30:2302 (October 2004), LR 32:

§311. Termination and Refund of an Education Savings Account

A. - C.2.b. ...

c. the deposits to or the current value of an account invested in a variable earnings option, whichever is less, less earning enhancements allocated to the account and earnings thereon if the account has been open for less than 12 months. Any increase in the value of an account invested in a variable earnings option over the amount deposited shall be forfeited by the account owner and deposited in the Variable Earnings Transaction Fund, if the account was invested in a variable earnings option and terminated within 12 months of the date the account was opened;

C.2.d. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3091-3099.2.

HISTORICAL NOTE: Promulgated by the Tuition Trust Authority, Office of Student Financial Assistance, LR 23:717 (June 1997), amended LR 24:1273 (July 1998), repromulgated LR 26:2265 (October 2000), amended LR 27:38 (January 2001), LR 27:1882 (November 2001), LR 28:779 (April 2002), LR 30:790 (April 2004), LR 31:639 (March 2005), LR 32:

§315. Miscellaneous Provisions

A. - M.2. ...

3. Earnings reported by the state treasurer on deposits made by check or an ACH transfer, which is not honored by the financial institution on which it was drawn subsequent to

the trade date, shall be forfeited by the account owner and deposited into the Variable Earnings Transaction Fund.

N. - R. ...

S. Variable Earnings Transaction Fund

1. Monies in the Variable Earnings Transaction Fund shall be used to pay any charges assessed to the START Saving Program by a financial institution and any loss of value between the purchase and redemption of units in a variable earnings option that are incurred when a check or ACH transfer is dishonored after the trade date by the financial institution on which it was drawn.

2. After the payment of expenses as provided in Paragraph 1, above, LATTI may declare monies remaining in the Variable Earnings Transaction Fund as surplus. Such surplus shall be appropriated to the Saving Enhancement Fund to be used as earnings enhancements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3091-3099.2.

HISTORICAL NOTE: Promulgated by the Tuition Trust Authority, Office of Student Financial Assistance, LR 23:718 (June 1997), amended LR 24:1274 (July 1998), LR 26:1263 (June 2000), repromulgated LR 26:2267 (October 2000), amended LR 27:1221 (August 2001), LR 27:1884 (November 2001), LR 28:1761 (August 2002), LR 28:2335 (November 2002), LR 29:2038 (October 2003), repromulgated LR 29:2374 (November 2003), amended LR 30:791 (April 2004), LR 30:1472 (July 2004), LR 31:2216 (September 2005), LR 32:

Interested persons may submit written comments on the proposed changes (ST0674NI) until 4:30 p.m., August 9, 2006, to Jack L. Guinn, Executive Director, Office of Student Financial Assistance, P.O. Box 91202, Baton Rouge, LA 70821-9202.

George Badge Eldredge
General Counsel

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: START Savings Program

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

Under this change, monies received by ACH Transfer or check for deposit in a START variable earnings investment option will be held for three days before they are invested. Any interest earned on these funds will be used to pay for trading losses due to a dishonored deposit and any surplus will be used to pay for START Earnings Enhancements payments. This will reduce the state's obligation to fund the Earnings Enhancements from State General Fund monies.

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

The agency self-generated revenues will increase slightly as interest on deposits held for the three-day holding period are earned and placed in the Variable Earnings Transaction Fund.

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

It is standard business practice to hold deposits received by check or ACH transfer to allow time for the deposit to clear the depositor's bank. Therefore, the impact on START depositors due to the three-day holding period is considered minimal. In fact, depositors are receiving an increased benefit since the proposed change reduces the current five-day holding period to three days, giving them two additional days of investment.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There are no anticipated effects on competition and employment resulting from these measures.

George Badge Eldredge
General Counsel
0607#008

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Environmental Quality
Office of the Secretary
Legal Affairs Division**

Environmental Quality Regulations—Cleanup Package (LAC 33:I.705 and 909; III.509; V.2299 and 3325; IX.107 and 7107; XI.301; and XV.102 and 399)(OS070)

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary gives notice that rulemaking procedures have been initiated to amend the Environmental Quality regulations, LAC 33:I.705 and 909; III.509; V.2299 and 3325; IX.107 and 7107; XI.301; and XV.102 and 399 (Log #OS070).

Minor changes are being incorporated into LAC 33:Parts I, III, V, IX, XI, and XV. These amendments involve clarification in language and correction of several minor mistakes and omissions. This Rule will address typographical errors, incorrect references, minor mistakes, and inadvertent omissions that have been found in the regulations. The basis and rationale for this proposed Rule are to incorporate necessary corrections into the regulations.

This proposed Rule meets an exception listed in R.S. 30:2019(D)(2) and R.S. 49:953(G)(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This proposed Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Title 33

ENVIRONMENTAL QUALITY

Part I. Office of the Secretary

Subpart 1. Departmental Administrative Procedures

Chapter 7. Penalties

§705. Penalty Determination Method

A. - D. ...

E. The information obtained from the violation-specific and violator-specific factors can be entered into one of the following formulas to obtain a penalty amount (P_n) for each penalty event:

$$P_n = A_n + (B_n \times [C_n - A_n])$$

$$P_n = 2(A_n + [B_n \times (C_n - A_n)]) *$$

where:

P_n = penalty amount for a given penalty event.

A_n = the minimum value of the penalty range for the cell located on the penalty matrix for a given penalty event.

B_n = the sum of percentage adjustments calculated for a given penalty event, where 100 percent ≥ B ≥ -100 percent.

C_n = the maximum value of the penalty range for the cell located on the penalty matrix for a given penalty event.

* [NOTE: For violation of a previous enforcement action the penalty is multiplied by 2. The statutory maximum is \$50,000 in circumstances where the penalty event constitutes a violation of a previous enforcement action as stated in R.S. 30:2025(E)(2).]

F. - J. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2050.3.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 25:658 (April 1999), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 25:2400 (December 1999), LR 30:421 (March 2004), amended by the Office of Environmental Assessment, LR 30:2802 (December 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 32:

**Chapter 9. Petition for Rulemaking
§909. Processing a Rulemaking Petition**

A. ...

B. Within 90 days of receipt of the petition for rulemaking, the administrative authority shall deny the petition in writing, stating reasons for the denial, or shall initiate rulemaking by providing the petitioner with the necessary, completed form as provided in the department's Policy Number 0003-88, "Rule Development Procedure."

1. - 2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 23:298 (March 1997), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2440 (November 2000), amended by the Office of the Secretary, Legal Affairs Division, LR 32:

Part III. Air

**Chapter 5. Permit Procedures
§509. Prevention of Significant Deterioration**

A. - A.4.e. ...

f. Hybrid Test for Projects That Involve Multiple Types of Emissions Units. A significant emissions increase of a regulated NSR pollutant is projected to occur if the sum of the emissions increases for each emissions unit, using the method specified in Subparagraphs A.4.c-d of this Section as applicable with respect to each emissions unit, for each type of emissions unit equals or exceeds the significant amount for that pollutant, as defined in Subsection B of this Section.

A.5. - AA.15.b....

Figure 1, AQCR, Map of Louisiana. Repealed.

[Editor's Note: Map is located after Section 509, Historical Note.]

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Nuclear Energy, Air Quality Division, LR 13:741 (December 1987), amended LR 14:348 (June 1988), LR 16:613 (July 1990), amended by the Office of Air Quality and Radiation Protection, Air Quality Division, LR 17:478 (May 1991), LR 21:170 (February 1995), LR 22:339 (May 1996), LR 23:1677 (December 1997), LR 24:654 (April 1998), LR 24:1284 (July 1998), repromulgated LR 25:259 (February 1999), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2447 (November 2000), LR 27:2234 (December 2001), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2437 (October 2005), LR 31:3135, 3156 (December 2005), LR 32:

Part V. Hazardous Waste and Hazardous Materials
Subpart 1. Department of Environmental
Quality—Hazardous Waste
Chapter 22. Prohibitions on Land Disposal
Subchapter B. Hazardous Waste Injection Restrictions
§2299. Appendix—Tables 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Table 2. Treatment Standards for Hazardous Wastes

Waste Code	Waste Description and Treatment/Regulatory Subcategory ¹	Regulated Hazardous Constituent		Wastewaters	Non-Wastewaters
		Common Name	CAS ² Number	Concentration in mg/L ³ ; or Technology Code ⁴	Concentration in mg/kg ⁵ unless noted as "mg/L TCLP" or Technology Code ⁴

[See Prior Text in D001 ⁹ – F028]					
F032	Wastewaters (except those that have not come into contact with process contaminants), process residuals, preservative drippage, and spent formulations from wood preserving processes generated at plants that currently use or have previously used chlorophenolic formulations (except potentially cross-contaminated wastes that have had the F032 waste code deleted in accordance with LAC 33:V.4901.B.3 or potentially cross-contaminated wastes that are otherwise currently regulated as hazardous wastes (i.e., F034 or F035), and where the generator does not resume or initiate use of chlorophenolic formulations). This listing does not include K001 bottom sediment sludge from the treatment of wastewater from wood preserving processes that use creosote and/or pentachlorophenol.	Acenaphthene	83-32-9	0.059	3.4
		Anthracene	120-12-7	0.059	3.4
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2	0.11	6.8
		Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9	0.11	6.8
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		2-4 Dimethylphenol	105-67-9	0.036	14
		Fluorene	86-73-7	0.059	3.4
		Hexachlorodibenzo-p-dioxins	NA	0.000063, or CMBST ¹¹	0.001, or CMBST ¹¹
		Hexachlorodibenzofurans	NA	0.000063, or CMBST ¹¹	0.001, or CMBST ¹¹
		Indeno (1,2,3-c,d) pyrene	193-39-5	0.0055	3.4
		Naphthalene	91-20-3	0.059	5.6
		Pentachlorodibenzo-p-dioxins	NA	0.000063, or CMBST ¹¹	0.001, or CMBST ¹¹
		Pentachlorodibenzofurans	NA	0.000035, or CMBST ¹¹	0.001, or CMBST ¹¹
		Pentachlorophenol	87-86-5	0.089	7.4
		Phenanthrene	85-01-8	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Pyrene	129-00-0	0.067	8.2
		Tetrachlorodibenzo-p-dioxins	NA	0.000063, or CMBST ¹¹	0.001, or CMBST ¹¹
		Tetrachlorodibenzofurans	NA	0.000063, or CMBST ¹¹	0.001, or CMBST ¹¹
		2,3,4,6- Tetrachlorophenol	58-90-2	0.030	7.4
2,4,6- Trichlorophenol	88-06-2	0.035	7.4		
Arsenic	7440-38-2	1.4	5.0 mg/L TCLP		
Chromium (Total)	7440-47-3	2.77	0.60 mg/L TCLP		
F034	Wastewaters (except those that have not come into contact with process contaminants), process residuals, preservative drippage, and spent formulations from wood preserving processes generated at plants that use creosote formulations. This listing does not include K001 bottom sediment sludge from the treatment of wastewater from wood preserving processes that use creosote and/or pentachlorophenol.	Acenaphthene	83-32-9	0.059	3.4
		Anthracene	120-12-7	0.059	3.4
		Benz(a)anthracene	56-55-3	0.059	3.4
		Benzo(b)fluoranthene (difficult to distinguish from benzo(k)fluoranthene)	205-99-2	0.11	6.8
		Benzo(k)fluoranthene (difficult to distinguish from benzo(b)fluoranthene)	207-08-9	0.11	6.8
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		Fluorene	86-73-7	0.059	3.4
		Indeno (1,2,3-c,d) pyrene	193-39-5	0.0055	3.4
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.059	5.6
		Pyrene	129-00-0	0.067	8.2
		Arsenic	7440-38-2	1.4	5.0 mg/L TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/L TCLP

Table 2. Treatment Standards for Hazardous Wastes

Waste Code	Waste Description and Treatment/Regulatory Subcategory ¹	Regulated Hazardous Constituent		Wastewaters	Non-Wastewaters
		Common Name	CAS ² Number	Concentration in mg/L ³ ; or Technology Code ⁴	Concentration in mg/kg ⁵ unless noted as "mg/L TCLP" or Technology Code ⁴
F035	Wastewaters (except those that have not come into contact with process contaminants), process residuals, preservative drippage, and spent formulations from wood preserving processes generated at plants that use inorganic preservatives containing arsenic or chromium. This listing does not include K001 bottom sediment sludge from the treatment of wastewater from wood preserving processes that use creosote and/or pentachlorophenol.	Arsenic	7440-38-2	1.4	5.0 mg/L TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/L TCLP
F037	Petroleum refinery primary oil/water/solids separation sludge. Any sludge generated from the gravitational separation of oil/water/solids during the storage or treatment of process wastewaters and oily cooling wastewaters from petroleum refineries. Such sludges include, but are not limited to, those generated in: oil/water/solids separators; tanks and impoundments; ditches and other conveyances; sumps; and stormwater units receiving dry weather flow. Sludge generated in stormwater units that do not receive dry weather flow, sludges generated from noncontact once-through cooling waters segregated for treatment from other process or oily cooling waters, sludges generated in aggressive biological treatment units as defined in LAC 33:V.4901.B.2.b. (including sludges generated in one or more additional units after wastewaters have been treated in aggressive biological treatment units) and K051 wastes are not included in this listing. This listing does include residuals generated from processing or recycling oil-bearing hazardous secondary materials excluded under LAC 33:V.105.D.1.1, if those residuals are to be disposed.	Acenaphthene	83-32-9	0.059	NA
		Anthracene	120-12-7	0.059	3.4
		Benzene	71-43-2	0.14	10
		Benzo(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
		Chrysene	218-01-9	0.059	3.4
		Di-n-butyl phthalate	84-74-2	0.057	28
		Ethylbenzene	100-41-4	0.057	10
		Fluorene	86-73-7	0.059	NA
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	85-01-8	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Pyrene	129-00-0	0.067	8.2
		Toluene	108-88-3	0.080	10
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Chromium (Total)	7440-47-3	2.77	0.60 mg/L TCLP
		Cyanides (Total) ⁷	57-12-5	1.2	590
		Lead	7439-92-1	0.69	NA
Nickel	7440-02-0	NA	11mg/L TCLP		
*** [See Prior Text in F038]					
F039	Leachate (liquids that have percolated through land disposed wastes) resulting from the disposal of more than one restricted waste classified as hazardous under LAC 33:V.Subchapter A. (Leachate resulting from the disposal of one or more of the following EPA Hazardous Wastes and no other Hazardous Wastes retains its EPA Hazardous Waste Number(s): F020, F021, F022, F026, F027, and/or F028.)	*** [See Prior Text in Acenaphthylene – Endosulfan II]			
		Endosulfan sulfate	1031-07-8	0.029	0.13
*** [See Prior Text in Endrin – Vanadium]					
K001	Bottom sediment sludge from the treatment of wastewaters from wood preserving processes that use creosote and/or pentachlorophenol.	Naphthalene	91-20-3	0.059	5.6
		Pentachlorophenol	87-86-5	0.089	7.4
		Phenanthrene	85-01-8	0.059	5.6
		Pyrene	129-00-0	0.067	8.2
		Toluene	108-88-3	0.080	10
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
		Lead	7439-92-1	0.69	0.75 mg/L TCLP
*** [See Prior Text in K002 – K010]					

Table 2. Treatment Standards for Hazardous Wastes

Waste Code	Waste Description and Treatment/Regulatory Subcategory ¹	Regulated Hazardous Constituent		Wastewaters	Non-Wastewaters
		Common Name	CAS ² Number	Concentration in mg/L ³ ; or Technology Code ⁴	Concentration in mg/kg ⁵ unless noted as "mg/L TCLP" or Technology Code ⁴
K011	Bottom stream from the wastewater stripper in the production of acrylonitrile.	Acetonitrile	75-05-8	5.6	38
		Acrylonitrile	107-13-1	0.24	84
		Acrylamide	79-06-1	19	23
		Benzene	71-43-2	0.14	10
		Cyanide (Total)	57-12-5	1.2	590
* * *					
[See Prior Text in K013 – K060]					
K061	Emission control dust/sludge from the primary production of steel in electric furnaces.	Antimony	7440-36-0	NA	1.15 mg/L TCLP
		Arsenic	7440-38-2	NA	5.0 mg/L TCLP
		Barium	7440-39-3	NA	21 mg/L TCLP
		Beryllium	7440-41-7	NA	1.22 mg/L TCLP
		Cadmium	7440-43-9	0.69	0.11 mg/L TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/L TCLP
		Lead	7439-92-1	0.69	0.75 mg/L TCLP
		Mercury	7439-97-6	NA	0.025 mg/L TCLP
		Nickel	7440-02-0	3.98	11 mg/L TCLP
		Selenium	7782-49-2	NA	5.7 mg/L TCLP
		Silver	7440-22-4	NA	0.14 mg/L TCLP
		Thallium	7440-28-0	NA	0.20 mg/L TCLP
		Zinc	7440-66-6	NA	4.3 mg/L TCLP
* * *					
[See Prior Text in K062 – K085]					
K086	Solvent wastes and sludges, caustic washes and sludges, or water washes and sludges from cleaning tubs and equipment used in the formulation of ink from pigments, driers, soaps, and stabilizers containing chromium and lead.	Acetone	67-64-1	0.28	160
		Acetophenone	96-86-2	0.010	9.7
		bis(2-Ethylhexyl) phthalate	117-81-7	0.28	28
		n-Butyl alcohol	71-36-3	5.6	2.6
		Butylbenzyl phthalate	85-68-7	0.017	28
		Cyclohexanone	108-94-1	0.36	NA
		o-Dichlorobenzene	95-50-1	0.088	6.0
		Diethyl phthalate	84-66-2	0.20	28
		Dimethyl phthalate	131-11-3	0.047	28
		Di-n-butyl phthalate	84-74-2	0.057	28
		Di-n-octyl phthalate	117-84-0	0.017	28
		Ethyl acetate	141-78-6	0.34	33
		Ethylbenzene	100-41-4	0.057	10
		Methanol	67-56-1	5.6	NA
		Methyl ethyl ketone	78-93-3	0.28	36
		Methyl isobutyl ketone	108-10-1	0.14	33
		Methylene chloride	75-09-2	0.089	30
		Naphthalene	91-20-3	0.059	5.6
		Nitrobenzene	98-95-3	0.068	14
		Toluene	108-88-3	0.080	10
		1,1,1-Trichloroethane	71-55-6	0.054	6.0
		Trichloroethylene	79-01-6	0.054	6.0
		Xylenes-mixed isomers (sum of o-, m-, and p-xylene concentrations)	1330-20-7	0.32	30
Chromium (Total)	7440-47-3	2.77	0.60 mg/L TCLP		
Cyanides (Total) ⁷	57-12-5	1.2	590		
Lead	7439-92-1	0.69	0.75 mg/L TCLP		
* * *					
[See Prior Text in K087]					
K088	Spent potliners from primary aluminum reduction.	Acenaphthene	83-32-9	0.059	3.4
		Anthracene	120-12-7	0.059	3.4
		Benzo(a)anthracene	56-55-3	0.059	3.4
		Benzo(a)pyrene	50-32-8	0.061	3.4
		Benzo(b)fluoranthene	205-99-2	0.11	6.8
		Benzo(k)fluoranthene	207-08-9	0.11	6.8
		Benzo(g,h,i)perylene	191-24-2	0.0055	1.8
		Chrysene	218-01-9	0.059	3.4
		Dibenz(a,h)anthracene	53-70-3	0.055	8.2
		Fluoranthene	206-44-0	0.068	3.4
		Indeno (1,2,3-c,d)pyrene	193-39-5	0.0055	3.4
		Phenanthrene	85-01-8	0.059	5.6
		Pyrene	129-00-0	0.067	8.2

Table 2. Treatment Standards for Hazardous Wastes

Waste Code	Waste Description and Treatment/Regulatory Subcategory ¹	Regulated Hazardous Constituent		Wastewaters	Non-Wastewaters
		Common Name	CAS ² Number	Concentration in mg/L ³ ; or Technology Code ⁴	Concentration in mg/kg ⁵ unless noted as "mg/L TCLP" or Technology Code ⁴
		Antimony	7440-36-0	1.9	1.15 mg/L TCLP
		Arsenic	7440-38-2	1.4	26.1
		Barium	7440-39-3	1.2	21 mg/L TCLP
		Beryllium	7440-41-7	0.82	1.22 mg/L TCLP
		Cadmium	7440-43-9	0.69	0.11 mg/L TCLP
		Chromium (Total)	7440-47-3	2.77	0.60 mg/L TCLP
		Lead	7439-92-1	0.69	0.75 mg/L TCLP
		Mercury	7439-97-6	0.15	0.025 mg/L TCLP
		Nickel	7440-02-0	3.98	11 mg/L TCLP
		Selenium	7782-49-2	0.82	5.7 mg/L TCLP
		Silver	7440-22-4	0.43	0.14 mg/L TCLP
		Cyanide (Total) ⁷	57-12-5	1.2	590
		Cyanide (Amenable) ⁷	57-12-5	0.86	30
		Fluoride	16984-48-8	35	N/A
* * *					
[See Prior Text in K093 – K161]					
K169	Crude oil tank sediment from petroleum refining operations.	Benz(a)anthracene	56-55-3	0.059	3.4
		Benzene	71-43-2	0.14	10
		Benzo(g,h,i)perylene	191-24-2	0.0055	1.8
		Chrysene	218-01-9	0.059	3.4
		Ethyl Benzene	100-41-4	0.057	10
		Fluorene	86-73-7	0.059	3.4
		Naphthalene	91-20-3	0.059	5.6
		Phenanthrene	81-05-8	0.059	5.6
		Pyrene	129-00-0	0.067	8.2
		Toluene (Methyl Benzene)	108-88-3	0.080	10
		Xylene(s) (Total)	1330-20-7	0.32	30
* * *					
[See Prior Text in K170 – K174]					
K175	Wastewater treatment sludge from the production of vinyl chloride monomer using mercuric chloride catalyst in an acetylene-based process.	Arsenic	7440-36-0	1.4	5.0 mg/L TCLP
		Mercury ¹²	7438-97-6	NA	0.025 mg/L TCLP
		pH ¹²		NA	pH≤6.0
	All K175 wastewaters.	Mercury	7438-97-6	0.15	NA
* * *					
[See Prior Text in K176 – P064]					
P065	Mercury fulminate nonwastewaters, regardless of their total mercury content, that are not incinerator residues or are not residues from RMERC.	Mercury	7439-97-6	NA	IMERC
	Mercury fulminate nonwastewaters that are either incinerator residues or are residues from RMERC; and contain greater than or equal to 260 mg/kg total mercury.	Mercury	7439-97-6	NA	RMERC
	Mercury fulminate nonwastewaters that are residues from RMERC and contain less than 260 mg/kg total mercury.	Mercury	7439-97-6	NA	0.20 mg/L TCLP
	Mercury fulminate nonwastewaters that are incinerator residues and contain less than 260 mg/kg total mercury.	Mercury	7439-97-6	NA	0.025 mg/L TCLP
	All mercury fulminate wastewaters.	Mercury	7439-97-6	0.15	NA
* * *					
[See Prior Text in P066 – P089]					
P092	Phenyl mercuric acetate nonwastewaters, regardless of their total mercury content, that are not incinerator residues or are not residues from RMERC.	Mercury	7439-97-6	NA	IMERC; or RMERC
	Phenyl mercuric acetate nonwastewaters that are either incinerator residues or are residues from RMERC; and still contain greater than or equal to 260 mg/kg total mercury.	Mercury	7439-97-6	NA	RMERC

Table 2. Treatment Standards for Hazardous Wastes

Waste Code	Waste Description and Treatment/Regulatory Subcategory ¹	Regulated Hazardous Constituent		Wastewaters	Non-Wastewaters
		Common Name	CAS ² Number	Concentration in mg/L ³ ; or Technology Code ⁴	Concentration in mg/kg ⁵ unless noted as "mg/L TCLP" or Technology Code ⁴
	Phenyl mercuric acetate nonwastewaters that are residues from RMERC and contain less than 260 mg/kg total mercury.	Mercury	7439-97-6	NA	0.20 mg/L TCLP
	Phenyl mercuric acetate nonwastewaters that are incinerator residues and contain less than 260 mg/kg total mercury.	Mercury	7439-97-6	NA	0.025 mg/L TCLP
	All phenyl mercuric acetate wastewaters.	Mercury	7439-97-6	0.15	NA
* * *					
[See Prior Text in P093 – U411]					

Footnote 1. - Footnote 12. ...

[Note: NA means Not Applicable.]

Table 3. - Table 12. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2180 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Hazardous Waste Division, LR 16:1057 (December 1990), amended LR 17:658 (July 1991), LR 21:266 (March 1995), LR 22:22 (January 1996), LR 22:834 (September 1996), LR 23:566 (May 1997), LR 24:301 (February 1998), LR 24:670 (April 1998),

LR 24:1732 (September 1998), LR 25:451 (March 1999), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:282 (February 2000), LR 27:295 (March 2001), LR 29:322 (March 2003), LR 30:1682 (August 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 32:828 (May 2006), LR 32:

Chapter 33. Ground Water Protection

§3325. Ground Water Monitoring List

Table 4 lists ground water monitoring constituents.

Table 4. Ground Water Monitoring List¹

Common Name ²	CAS RN ³	Chemical Abstracts Service Index Name ⁴
Acenaphthene	83-32-9	Acenaphthylene, 1,2-dihydro-
Acenaphthylene	208-96-8	Acenaphthylene
Acetone	67-64-1	2-Propanone
Acetophenone	98-86-2	Ethanone, 1-phenyl-
Acetonitrile; Methyl cyanide	75-05-8	Acetonitrile
2-Acetylamino-fluorene; 2-AAF	53-96-3	Acetamide, N-9H-fluoren-2-yl-
Acrolein	107-02-8	2-Propenal
Acrylonitrile	107-13-1	2-Propenenitrile
Aldrin	309-00-2	1,4:5,8-Dimethano-naph-thalene, 1,2,3,4,10,10- hexachloro-1,4,4a,5,8, 8a,-hexa-hydro (1a,4a, 4aβ,5β,8a,8aβ)
Allyl chloride	107-05-1	1-Propene, 3-chloro-
4-Amino-biphenyl	92-67-1	[1,1'-Biphenyl]-4-amine
Aniline	62-53-3	Benzenamine
Anathracene	120-12-7	Anthracene
Antimony	(Total)	Antimony
Aramite	140-57-8	Sulfurous acid,2-chloro-ethyl 2-[4-(1,1-di-methylethyl) phenoxy]-1- methyl-ethyl ester
Arsenic	(Total)	Arsenic
Barium	(Total)	Barium
Benzene	71-43-2	Benzene
Benzo[a]anthracene; Benzanthracene	56-55-3	Benzo[a]anthracene
Benzo[b]-fluor-anthene	205-99-2	Benzo[e]acephen-anthry-lene
Benzo[k]-fluor-anthene	207-08-9	Benzo[k]fluoranthene
Benzo[ghi]perylene	191-24-2	Benzo[ghi]perylene
Benzo[a]pyrene	50-32-8	Benzo[a]pyrene
Benzyl alcohol	100-51-6	Benzenemethanol
Beryllium	(Total)	Beryllium
alpha-BHC	319-84-6	Cyclohexane,1,2,3,4,5, 6-hexachloro-, (1α,2α,3β,4α,5β,6β)
beta-BHC	319-85-7	Cyclohexane, 1,2,3,4,5, 6-hexachloro-, (1α,2β,3α,4β,5α,6β)-
delta-BHC	319-86-8	Cyclohexane, 1,2,3,4,5, 6-hexachloro-, (1α,2α,3α, 4β,5α,6β)-
gamma-BHC; Lindane	58-89-9	Cyclohexane, 1,2,3,4,5, 6-hexachloro-, (1α,2α,3β,4α,5α,6β)
Bis(2-chloroethoxy) methane-	111-91-1	Ethane,1,1'-[methyl- enebis(oxy)]bis[2- chloro-
Bis(2-chloroethyl) ether	111-44-4	Ethane, 1,1'-oxybis[2- chloro-
Bis(2-chloro-1-methylethyl)ether; 2,2'-Dichlorodi- isopropyl ether	108-60-1	Propane, 2,2'-oxybis [1-chloro-
Bis(2-ethyl-hexyl) phthalate	117-81-7	1,2-Benzenedicarboxylic acid,bis(2-ethylhexyl) ester
Bromodichloro- methane	75-27-4	Methane, bromodichloro-

Table 4. Ground Water Monitoring List¹

Common Name ²	CAS RN ³	Chemical Abstracts Service Index Name ⁴
Bromoform;Tri-bromomethane	75-25-2	Methane, tribromo-
4-Bromophenyl-phenyl ether	101-55-3	Benzene,1-bromo-4- phenoxy-
Butyl benzyl phthalate;Benzyl butyl phthalate	85-68-7	1,2-Benzenedicarboxylic acid, butyl phenyl- methyl ester
Cadmium	(Total)	Cadmium
Carbon disulfide	75-15-0	Carbon disulfide
Carbon tetrachloride	56-23-5	Methane, tetrachloro-
Chlordane	57-74-9	4,7-Methano-1H-indene, 1,2,4,5,6,7,8,8-octa-chloro-2,3,3a,4,7,7a-hexahydro-
p-Chloroaniline	106-47-8	Benzenamine, 4 chloro-
Chlorobenzene	108-90-7	Benzene, chloro-
Chloro- benzilate	510-15-6	Benzenaeetic acid, 4-chloro- α -(4-chloro- phenyl)- α -hydroxy-, ethyl ester
p-Chloro- m-cresol	59-50-7	Phenol, 4-chloro-3- methyl-
Chloroethane; Ethyl chloride	75-00-3	Ethane, chloro-
Chloroform	67-66-3	Methane, trichloro-
2-Chloro- naphthalene	91-58-7	Naphthalene, 2-chloro-
2-Chlorophenol	95-57-8	Phenol, 2-chloro-
4-Chlorophenyl phenyl ether	7005-72-3	Benzene, 1-chloro-4- phenoxy-
Chloroprene	126-99-8	1,3-Butadiene, 2-chloro-
Chromium	(Total)	Chromium
Chrysene	218-01-9	Chrysene
Cobalt	(Total)	Cobalt
Copper	(Total)	Copper
m-Cresol	108-39-4	Phenol, 3-methyl-
o-Cresol	95-48-7	Phenol, 2-methyl-
p-Cresol	106-44-5	Phenol, 4-methyl-
Cyanide	57-12-5	Cyanide
2,4-D; 2,4-Di-chlorophenoxy-acetic acid	94-75-7	Acetic acid, (2,4- dichlorophenoxy)-
4,4'-DDD	72-54-8	Benzene, 1,1'-(2,2- dichloroethylidene) bis[4-chloro-
4,4'-DDE	72-55-9	Benzene, 1,1'-(dichloro- ethenylidene) bis[4- chloro-
4,4'-DDT	50-29-3	Benzene, 1,1'-(2,2,2- trichloroethylidene) bis[4-chloro-
Diallate	2303-16-4	Carbamothioic acid, bis(1-methylethyl)-, S-(2,3-dichloro-2-propenyl)ester
Dibenz[a,h] anthracene	53-70-3	Dibenz[a,h]anthracene
Dibenzofuran	132-64-9	Dibenzofuran
Dibromochloro- methane; Chlorodi- bromomethane	124-48-1	Methane, dibromo- chloro-
1,2-Dibromo-3-chloropropane; DBCP	96-12-8	Propane, 1,2-dibromo- 3-chloro-
1,2-Dibromoethane; Ethylene dibromide	106-93-4	Ethane, 1,2-dibromo-
Di-n-butyl phthalate	84-74-2	1,2-Benzenedicarboxylic acid, dibutyl ester
o-Dichlorobenzene	95-50-1	Benzene, 1,2-dichloro-
m-Dichlorobenzene	541-73-1	Benzene, 1,3-dichloro-
p-Dichlorobenzene	106-46-7	Benzene, 1,4-dichloro-
3,3'-Dichloro- benzidine	91-94-1	[1,1'-Biphenyl]4,4'- diamine, 3,3'-dichloro-
trans-1,4- Dichloro-2-butene	110-57-6	2-Butene,1,4- dichloro-, (E)-
Dichlorodifluoro- methane	75-71-8	Methane, dichloro- difluoro-
1,1-Dichloro-ethane	75-34-3	Ethane, 1,1-dichloro-
1,2-Dichloro-ethane; Ethylene dichloride	107-06-2	Ethane, 1,2-dichloro-
1,1-Dichloro- ethylene; Vinylidene chloride	75-35-4	Ethene, 1,1-dichloro-
trans-1,2- Dichloroethylene	156-60-5	Ethene,1,2-dichloro-(E)-
2,4-Dichlorophenol	120-83-2	Phenol, 2,4-dichloro-
2,6-Dichlorophenol	87-65-0	Phenol, 2,6-dichloro-
1,2-Dichloro-propane	78-87-5	Propane, 1,2- dichloro-
cis-1,3- Dichloro- propene	10061-01-5	1-Propene, 1,3- dichloro-, (Z)-
trans-1,3- Dichloropropene	10061-02-6	1-Propene, 1,3- dichloro-, (E)-
Diieldrin	60-57-1	2,7:3,6-Dimethanonaphth [2,3-b]oxirene,3,4,5, 6,9,9- hexachloro-1a,2,2a,3,6,6a,7,7a-octahydro-, (1 α ,2 β ,2 α ,3 β ,6 β ,6 α ,7 β ,7 α)-
Diethyl phthalate	84-66-2	1,2-Benzenedicarboxylic acid, diethyl ester
O,O-Diethyl O-2-pyrazinyl phosphorothioate; Thionazin	297-97-2	Phosphorothioic acid, O,O-diethyl O-pyrazinyl ester
Dimethoate	60-51-5	Phosphorodithioic acid, O,O-dimethyls-[2-(methylamino)-2-oxoethyl] ester
p-(Dimethyl-amino)azobenzene	60-11-7	Benzenamine, N,N-di-methyl-4- (phenylazo)-
7,12-Dimethyl- benz[a] anthracene	57-97-6	Benz[a]anthracene, 7,12-dimethyl-
3,3'-Dimethyl- benzidine	119-93-7	[1,1'-Biphenyl]-4,4'- diamine, 3,3'-dimethyl-
alpha, alpha- Dimethyl- phenethylamine	122-09-8	Benzenethanamine, α , α -dimethyl-
2,4-Dimethyl- phenol	105-67-9	Phenol, 2,4-dimethyl-
Dimethyl phthalate	131-11-3	1,2-Benzenedicarboxylic acid, dimethyl ester
m-Dinitrobenzene	99-65-0	Benzene, 1,3-dinitro-
4,6-Dinitro-o- cresol	534-52-1	Phenol, 2-methyl-4,6- dinitro-
2,4-Dinitrophenol	51-28-5	Phenol, 2,4-dinitro-
2,4-Dinitro- toluene	121-14-2	Benzene, 1-methyl-2, 4-dinitro-
2,6-Dinitro- toluene	606-20-2	Benzene, 2-methyl- 1,3-dinitro-

Table 4. Ground Water Monitoring List¹

Common Name ²	CAS RN ³	Chemical Abstracts Service Index Name ⁴
Dinoseb; DNBP; 2-sec-Butyl- 4,6-dinitrophenol	88-85-7	Phenol, 2-(1-methyl- propyl)-4,6-dinitro-
Di-n-octyl phthalate	117-84-0	1,2-Benzenedicarboxylic acid, dioctyl ester
1,4-Dioxane	123-91-1	1,4-Dioxane
Diphenylamine	122-39-4	Benzenamine, N-phenyl-
Disulfoton	298-04-4	Phosphorodithioic acid, O,O-diethyl S-[2- (ethylthio)ethyl]ester
Endosulfan I	959-98-8	6,9-Methano-2,4,3- benzodioxathiepin 6,7,8, 9,10,10-hexachloro-1,5,5a,6,9,9a-hexahydro-, 3-oxide, (3 α ,5 α β ,6 α ,9 α ,9 α β)-
Endosulfan II	3213-65-9	6,9-Methano-2,4,3- benzodioxathiepin, 6,7,8,9,10,10-hexa-chloro-1,5,5a,6,9, 9a-hexahydro-, 3-oxide, (3 α ,5 α ,6 β ,9 α ,9 α β)-
Endosulfan sulfate	1031-07-8	6,9-Methano-2,4,3- benzodioxathiepin, 6,7,8,9,10,10-hexa-chloro-1,5,5a,6,9,9a- hexahydro-, 3,3-dioxide
Endrin	72-20-8	2,7:3,6-Dimethanonaphth[2,3-b]oxirene,3,4,5,6,9,9-hexachloro-1a,2,2a,3,6,6a,7,7a-octahydro-, (1 α ,2 β ,2 α β , 3 α ,6 α ,6 α β , 7 β ,7 α)-
Endrin aldehyde	7421-93-4	1,2,4-Methenocyclopenta[cd] pentalene- 5-carboxaldehyde, 2,2a,3,3,4,7-hexachloro-decahydro-,(1 α ,2 β ,2 α β , 4 β ,4 α β ,5 β ,6 α β ,6 β β ,7R*)-
Ethylbenzene	100-41-4	Benzene, ethyl-
Ethyl methacrylate	97-63-2	2-Propenoic acid, 2-methyl-, ethyl ester
Ethyl methane- sulfonate	62-50-0	Methanesulfonic acid, ethyl ester
Famphur	52-85-7	Phosphorothioic acid, O-[4-[(dimethylamino) sulfonyl]phenyl]-O,O-di-methyl ester
Fluoranthene	206-44-0	Fluoranthene
Fluorene	86-73-7	9H-Fluorene
Heptachlor	76-44-8	4,7-Methano-1H-indene, 1,4,5,6,7,8,8-hepta-chloro-3a,4,7,7a-tetrahydro-
Heptachlor epoxide	1024-57-3	2,5-Methano-2H-indeno [1,2-b]oxirene,2,3,4,5, 6,7,7-heptachloro-1a,1b,5,5a, 6,6a-hexa-hydro-,(1 α ,1 β ,2 α , 5 α ,5 α β ,6 β ,6 α)
Hexachlorobenzene	118-74-1	Benzene, hexachloro-
Hexachlorobutadiene	87-68-3	1,3-Butadiene, 1,1,2,3,4,4- hexachloro-
Hexachloro- cyclopentadiene	77-47-4	1,3-Cyclopentadiene, 1,2,3,4,5,5-hexachloro-
Hexachloroethane	67-72-1	Ethane, hexachloro-
Hexachlorophene	70-30-4	Phenol,2,2'-methyl-enebis [3,4,6- tri-chloro-
Hexachloropropene	1888-71-7	1-Propene,1,1,2,3,3,3-hexachloro
2-Hexanone	591-78-6	2-Hexanone
Indeno(1,2,3- cd) pyrene	193-39-5	Indeno[1,2,3-cd] pyrene
Isobutyl alcohol	78-83-1	1-Propanol, 2-methyl-
Isodrin	465-73-6	1,4,5,8-Dimethano- naphthalene,1,2,3,4,10,10-hexachloro-1,4,4a,5,8,8a-hexahydro- (1 α ,4 α ,4 α β , 5 β ,8 β ,8 α β) -
Isophorone	78-59-1	2-Cyclohexen-1-one,3,5,5-trimethyl-
Isosafrole	120-58-1	1,3-Benzodioxole,5-(1- propenyl)-
Kepone	143-50-0	1,3,4-Metheno-2H-cylo-buta-[cd]pentalen-2-one,1,1a,3,3a,4,5,5,5a,5b,6-decachloroocta-hydro-
Lead	(Total)	Lead
Mercury	(Total)	Mercury
Methacrylonitrile	126-98-7	2-Propenenitrile, 2-methyl-
Methapyrilene	91-80-5	1,2,Ethanediamine, N,N- dimethyl-N'-2-pyridinyl-N'-(2-thienylmethyl)-
Methoxychlor	72-43-5	Benzene,1,1'-(2,2,2, trichloroethylidene) bis[4-methoxy-
Methyl bromide; Bromomethane	74-83-9	Methane, bromo-
Methyl chloride; Chloromethane	74-87-3	Methane, chloro-
3-Methyl-cholanthrene	56-49-5	Benz[j]aceanthrylene, 1,2-dihydro-3-methyl-
Methylene bromide; Dibromomethane	74-95-3	Methane, dibromo-
Methylene chloride; Dichloromethane	75-09-2	Methane, dichloro-
Methyl ethyl ketone; MEK	78-93-3	2-Butanone
Methyl iodide; Iodomethane	74-88-4	Methane, iodo-
Methylmethacrylate	80-62-6	2-Propenoic acid, 2- methyl-, methyl ester
Methyl methanesulfonate	66-27-3	Methanesulfonic acid, methyl ester
2-Methyl-naphthalene	91-57-6	Naphthalene, 2-methyl-
Methyl parathion; Parathion methyl	298-00-0	Phosphorothioic acid, O,O-dimethyl O-(4-nitrophenyl)ester
4-Methyl-2- pentanone; Methylisobutyl ketone	108-10-1	2-Pentanone, 4-methyl
Naphthalene	91-20-3	Naphthalene
1,4-Naphthoquinone	130-15-4	1,4-Naphthalene-dione
1-Naphthylamine	134-32-7	1-Naphthalenamine
2-Naphthylamine	91-59-8	2-Naphthalenamine
Nickel	(Total)	Nickel
o-Nitroaniline	88-74-4	Benzenamine, 2-nitro-
m-Nitroaniline	99-09-2	Benzenamine, 3-nitro-
p-Nitroaniline	100-01-6	Benzenamine, 4-nitro-
Nitrobenzene	98-95-3	Benzene, nitro-
o-Nitrophenol	88-75-5	Phenol, 2-nitro-
p-Nitrophenol	100-02-7	Phenol, 4-nitro-
4-Nitroquinoline, 1-oxide	56-57-5	Quinoline, 4-nitro-, 1-oxide
N-Nitrosodi-n- butylamine	924-16-3	1-Butanamine, N-butyl-N-nitroso

Table 4. Ground Water Monitoring List¹

Common Name ²	CAS RN ³	Chemical Abstracts Service Index Name ⁴
N-Nitroso- diethylamine	55-18-5	Ethanamine, N-ethyl- N-nitroso
N-Nitroso- dimethylamine	62-75-9	Methanamine, N- methyl-N-nitroso-
N-Nitroso- diphenylamine	86-30-6	Benzenamine, N-nitroso-N-phenyl-
N-Nitrosodipropyl-amine;Di-n-propyl-nitrosamine	621-64-7	1-Propanamine, N-nitroso-N-propyl-
N-Nitrosom- ethylethylamine	10595-95-6	Ethanamine, N-methyl- N-nitroso-
N-Nitrosomor- pholine	59-89-2	Morpholine, 4-nitroso-
N-Nitrosopiperi-dine	100-75-4	Piperidine, 1- nitroso-
N-Nitrosopyrroli-dine	930-55-2	Pyrrolidine, 1- nitroso-
5-Nitro-o- toluidine	99-55-8	Benzenamine,2-methyl-5-nitro-
Parathion	56-38-2	Phosphorothioic acid, O,O-diethyl-O-(4-nitro-phenyl) ester
Polychlorinated biphenyls; PCBs	See Note 5	1,1'-Biphenyl, chloro derivatives
Polychlorinated dibenzo-p- dioxins; PCDDs	See Note 6	Dibenzo[b,e][1,4]dioxin, chloro derivatives
Polychlorinated dibenzofurans; PCDFs	See Note 7	Dibenzofuran, chloro derivatives
Pentachlorobenzene	608-93-5	Benzene, pentachloro-
Pentachloroethane	76-01-7	Ethane, pentachloro-
Pentachloro- nitrobenzene	82-68-8	Benzene, pentachloro- nitro-
Pentachlorophenol	87-86-5	Phenol, pentachloro-
Phenacetin	62-44-2	Acetamide, N-(4- ethoxyphenyl)
Phenanthrene	85-01-8	Phenanthrene
Phenol	108-95-2	Phenol
p-Phenylenediamine	106-50-3	1,4- Benzenediamine
Phorate	298-02-2	Phosphorodithioic acid, O,O-diethyl S-[(ethylthio)methyl] ester
2-Picoline	109-06-8	Pyridine, 2-methyl-
Pronamide	23950-58-5	Benzamide, 3,5-dichloro-N-(1,1-dimethyl-2-pro-pynyl)-
Propionitrile; Ethyl cyanide	107-12-0	Propanenitrile
Pyrene	129-00-0	Pyrene
Pyridine	110-86-1	Pyridine
Safrole	94-59-7	1,3-Benzodioxole, 5- (2-propenyl)-
Selenium	(Total)	Selenium
Silver	(Total)	Silver
Silvex; 2,4,5-TP	93-72-1	Propanoic acid,2-(2,4, 5-trichlorophenoxy)-
Styrene	100-42-5	Benzene, ethenyl-
Sulfide	18496-25-8	Sulfide
2,4,5-T; 2,4,5-, Trichlorophenoxy-acetic acid	93-76-5	Acetic acid, (2,4,5- trichlorophenoxy)-
2,3,7,8-TCDD; 2,3,7,8-Tetra-chlorodibenzo-p- dioxin	1746-01-6	Dibenzo[b,e][1,4]dioxin 2,3,7,8-tetrachloro-
1,2,4,5-Tetra- chlorobenzene	95-94-3	Benzene, 1,2,4,5-tetrachloro-
1,1,1,2-Tetra- chloroethane	630-20-6	Ethane, 1,1,1,2- tetrachloro-
1,1,2,2-Tetra- chloroethane	79-34-5	Ethane, 1,1,2,2- tetrachloro-
Tetrachloro- ethylene; Perchloroethylene; Tetrachloroethene	127-18-4	Ethene, tetrachloro-
2,3,4,6-Tetra- chlorophenol	58-90-2	Phenol, 2,3,4,6- tetrachloro-
Tetraethyl dithio-pyrophosphate; Sulfotepp	3689-24-5	Thiodiphosphoric acid ([(HO) ₂ P(S)] ₂ O), tetraethyl ester
Thallium	(Total)	Thallium
Tin	(Total)	Tin
Toluene	108-88-3	Benzene, methyl-
o-Toluidine	95-53-4	Benzenamine, 2-methyl-
Toxaphene	8001-35-2	Toxaphene
1,2,4-Tri- chlorobenzene	120-82-1	Benzene, 1,2,4-trichloro-
1,1,1-Tri- chloroethane; Methylchloroform	71-55-6	Ethane, 1,1,1-trichloro-
1,1,2-Tri- chloroethane	79-00-5	Ethane, 1,1,2-trichloro-
Trichloro- ethylene; Trichloroethene	79-01-6	Ethene, trichloro-
Trichlorofluoro- methane	75-69-4	Methane, trichlorofluoro-
2,4,5-Tri- chlorophenol	95-95-4	Phenol, 2,4,5-trichloro-
2,4,6-Tri- chlorophenol	88-06-2	Phenol, 2,4,6-trichloro-
1,2,3-Tri- chloropropane	96-18-4	Propane, 1,2,3-tri- chloro-
O,O,O-Triethyl phosphorothioate	126-68-1	Phosphorothioic acid, O,O,O-triethyl ester
sym-Trinitro- benzene	99-35-4	Benzene, 1,3,5- trinitro
Vanadium	(Total)	Vanadium
Vinyl acetate	108-05-4	Acetic acid, ethenyl ester
Vinyl chloride	75-01-4	Ethene, chloro-
Xylene (total)	1330-20-7	Benzene, dimethyl-
Zinc	(Total)	Zinc

¹The regulatory requirements pertain only to the list of substances.

²Common names are those widely used in government regulations, scientific publications, and commerce; synonyms exist for many chemicals.

³Chemical Abstracts Service registry number. Where "Total" is entered, all species in the ground water that contain this element are included.

⁴CAS index names are those used in the ninth Cumulative Index.

⁵Polychlorinated biphenyls (CAS RN 1336-36-3); this category contains congener chemicals, including constituents of Aroclor-1016 (CAS RN 12674-11-2), Aroclor-1221 (CAS RN 11104-28-2), Aroclor-1232 (CAS RN 11141-16-5), Aroclor-1242 (CAS RN 53469-21-9), Aroclor-1248 (CAS RN 12672-29-6), Aroclor-1254 (CAS RN 11097-69-1), and Aroclor-1260 (CAS RN 11096-82-5).

⁶This category contains congener chemicals, including tetrachlorodibenzo-p-dioxins (see also 2,3,7,8-TCDD), pentachlorodibenzo-p-dioxins, and hexachlorodibenzo-p-dioxins.

⁷This category contains congener chemicals, including tetrachlorodibenzofurans, pentachlorodibenzofurans, and hexachlorodibenzofurans.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2180 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Hazardous Waste Division, LR 16:399 (May 1990), amended LR 18:1256 (November 1992), amended by the Office of Waste Services, Hazardous Waste Division, LR 24:1742 (September 1998), amended by the Office of the Secretary, Legal Affairs Division, LR 32:

Part IX. Water Quality

Subpart 1. Water Pollution Control

Chapter 1. General Provisions

§107. Definitions

Designated Water Use—repealed.

Primary Contact—repealed.

Secondary Contact—repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq., and in particular Section 2074(B)(3) and (B)(4).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 11:1066 (November 1985), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2538 (November 2000), LR 30:1473 (July 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 32:

Subpart 2. The Louisiana Pollutant Discharge Elimination System (LPDES) Program

Chapter 71. Appendices

§7107. Appendix D—Permit Application Testing Requirements (LAC 33:IX.2501)

Table I. Testing Requirements for Organic Toxic Pollutants by Industrial Category for Existing Dischargers				
Industrial Category	GC/MS Fraction ⁽¹⁾			
	Volatile	Acid	Base/Neutral	Pesticides

[See Prior Text in Adhesives and Sealants – Petroleum Refining]				
Pharmaceutical Preparations	*	*	*	

[See Prior Text in Photographic Equipment and Supplies – Timber Products Processing]				

⁽¹⁾The toxic pollutants in each fraction are listed in Table II.

* Testing required.

Table II. – Table V. Editorial Note. ...

For the duration of the suspensions, therefore, Table I effectively reads:

Table I. Testing Requirements for Organic Toxic Pollutants by Industry Category				
Industrial Category	GC/MS Fraction ⁽¹⁾			
	Volatile	Acid	Base/Neutral	Pesticides

[See Prior Text in Adhesives and Sealants - Foundries]				
Gum and Wood (All Subparts except D and F)	*	*		
Subpart D—tall oil rosin	*	*	*	
Subpart F—rosin-based derivatives	*	*	*	
Inorganic Chemicals Manufacturing	*	*	*	

[See Prior Text in Iron and Steel Manufacturing - Petroleum Refining]				
Pharmaceutical Preparations	*	*	*	
Photographic Equipment and Supplies	*	*	*	

[See Prior Text in Plastic and Synthetic Materials Manufacturing - Timber Products Processing]				

⁽¹⁾The pollutants in each fraction are listed in Item V-C in the NPDES permit application.

*Testing required.

Table I.A. – Footnote †. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq., and in particular Section 2074(B)(3) and (B)(4).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 21:945 (September 1995), repromulgated by the Office of Environmental Assessment, Environmental Planning Division, LR 30:233 (February 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 32:

Part XI. Underground Storage Tanks

Chapter 3. Registration Requirements, Standards, and Fee Schedule

§301. Registration Requirements

A. - B.1. ...

a. tank and piping installation in accordance with LAC 33:XI.303.B.4;

b. cathodic protection of steel tanks and piping in accordance with LAC 33:XI.303.B.1-2;

B.1.c. - C.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Underground Storage Tank Division, LR 11:1139 (December 1985), amended LR 16:614 (July 1990), LR 17:658 (July 1991), LR 18:727 (July 1992), LR 20:294 (March 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2558 (November 2000), LR 28:475 (March 2002),

amended by the Office of Environmental Assessment, LR 31:1066 (May 2005), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2520 (October 2005), repromulgated LR 32:393 (March 2006), amended LR 32:

Part XV. Radiation Protection

Chapter 1. General Provisions

§102. Definitions and Abbreviations

As used in these regulations, these terms have the definitions set forth below. Additional definitions used only in a certain chapter may be found in that chapter.

* * *

Byproduct Material—

1. ...

2. the tailings or wastes produced by the extraction or concentration of uranium or thorium (R.S. 30:2103) from ore processed primarily for its source material content, including discrete surface wastes resulting from uranium or thorium solution extraction processes. Underground ore bodies depleted by these solution extraction operations do not constitute byproduct material within this definition.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Nuclear Energy Division, LR 13:569 (October 1987), amended by Office of Air Quality and Radiation Protection, Radiation Protection Division, LR 18:34 (January 1992), LR 19:1421 (November 1993), LR 20:650 (June 1994), LR 22:967 (October 1996), LR 24:2089 (November 1998), repromulgated LR 24:2242 (December 1998), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2563 (November 2000), LR 26:2767 (December 2000), LR 30:1171, 1188 (June 2004), amended by the Office of Environmental Assessment, LR 31:44 (January 2005), LR 31:1064 (May 2005), amended by the Office of the Secretary, Legal Affairs Division, LR 32:811 (May 2006), LR 32:

Chapter 3. Licensing of Radioactive Material

Subchapter Z. Appendices

§399. Schedules A and B, and Appendices A, B, C, D, E, and F

Schedule A. - Note 4. ...

Schedule B Exempt Quantities	
Byproduct Material	Microcuries
Antimony 122 (Sb 122)	100
Antimony 124 (Sb 124)	10
Antimony 125 (Sb 125)	10
Arsenic 73 (As 73)	100
Arsenic 74 (As 74)	10
Arsenic 76 (As 76)	10
Arsenic 77 (As 77)	100
Barium 131 (Ba 131)	10
Barium 133 (Ba 133)	10
Barium 140 (Ba 140)	10
Bismuth 210 (Bi 210)	1
Bromine 82 (Br 82)	10
Cadmium 109 (Cd 109)	10
Cadmium 115m (Cd 115m)	10
Cadmium 115 (Cd 115)	100
Calcium 45 (Ca 45)	10
Calcium 47 (Ca 47)	10
Carbon 14 (C 14)	100
Cerium 141 (Ce 141)	100
Cerium 143 (Ce 143)	100
Cerium 144 (Ce 144)	1
Cesium 131 (Cs 131)	1,000
Cesium 134m (Cs 134m)	100

Schedule B Exempt Quantities	
Byproduct Material	Microcuries
Cesium 134 (Cs 134)	1
Cesium 135 (Cs 135)	10
Cesium 136 (Cs 136)	10
Cesium 137 (Cs 137)	10
Chlorine 36 (Cl 36)	10
Chlorine 38 (Cl 38)	10
Chromium 51 (Cr 51)	1,000
Cobalt 58m (Co 58m)	10
Cobalt 58 (Co 58)	10
Cobalt 60 (Co 60)	1
Copper 64 (Cu 64)	100
Dysprosium 165 (Dy 165)	10
Dysprosium 166 (Dy 166)	100
Erbium 169 (Er 169)	100
Erbium 171 (Er 171)	100
Europium 152 9.2h (Eu 152 9.2h)	100
Europium 152 13 yr (Eu 152 13 yr)	1
Europium 154 (Eu 154)	1
Europium 155 (Eu 155)	10
Fluorine 18 (F 18)	1,000
Gadolinium 153 (Gd 153)	10
Gadolinium 159 (Gd 159)	100
Gallium 67 (Ga 67)	100
Gallium 72 (Ga 72)	10
Germanium 71 (Ge 71)	100
Gold 198 (Au 198)	100
Gold 199 (Au 199)	100
Hafnium 181 (Hf 181)	10
Holmium 166 (Ho 166)	100
Hydrogen 3 (H 3)	1,000
Indium 113m (In 113m)	100
Indium 114m (In 114m)	10
Indium 115m (In 115m)	100
Indium 115 (In 115)	10
Iodine 125 (I 125)	1
Iodine 126 (I 126)	1
Iodine 129 (I 129)	0.1
Iodine 131 (I 131)	1
Iodine 132 (I 132)	10
Iodine 133 (I 133)	1
Iodine 134 (I 134)	10
Iodine 135 (I 135)	10
Iridium 192 (Ir 192)	10
Iridium 194 (Ir 194)	100
Iron 55 (Fe 55)	100
Iron 59 (Fe 59)	10
Krypton 85 (Kr 85)	100
Krypton 87 (Kr 87)	10
Lanthanum 40 (La 140)	10
Lutetium 177 (Lu 177)	100
Manganese 52 (Mn 52)	10
Manganese 54 (Mn 54)	10
Manganese 56 (Mn 56)	10
Mercury 197m (Hg 197m)	100
Mercury 197 (Hg 197)	100
Mercury 203 (Hg 203)	10
Molybdenum 99 (Mo 99)	100
Neodymium 147 (Nd 147)	100
Neodymium 149 (Nd 149)	100
Nickel 59 (Ni 59)	100
Nickel 63 (Ni 63)	10
Nickel 65 (Ni 65)	100
Niobium 93m (Nb 93m)	10
Niobium 95 (Nb 95)	10
Niobium 97 (Nb 97)	10
Osmium 185 (Os 185)	10
Osmium 191m (Os 191m)	100
Osmium 191 (Os 191)	100
Osmium 193 (Os 193)	100

Schedule B Exempt Quantities	
Byproduct Material	Microcuries
Palladium 103 (Pd 103)	100
Palladium 109 (Pd 109)	100
Phosphorus 32 (P 32)	10
Platinum 191 (Pt 191)	100
Platinum 193m (Pt 193m)	100
Platinum 193 (Pt 193)	100
Platinum 197m (Pt 197m)	100
Platinum 97 (Pt 197)	100
Polonium 210 (P 210)	0.1
Potassium 42 (K 42)	10
Praseodymium 142 (Pr 142)	100
Praseodymium 143 (Pr 143)	100
Promethium 147 (Pm 147)	10
Promethium 149 (Pm 149)	10
Rhenium 186 (Re 186)	100
Rhenium 188 (Re 188)	100
Rhodium 103m (Rh 103m)	100
Rhodium 105 (Rh 105)	100
Rubidium 86 (Rb 86)	10
Rubidium 87 (Rb 87)	10
Ruthenium 97 (Ru 97)	100
Ruthenium 103 (Ru 103)	10
Ruthenium 105 (Ru 105)	10
Ruthenium 106 (Ru 106)	1
Samarium 151 (Sm 151)	10
Samarium 153 (Sm 153)	100
Scandium 46 (Sc 46)	10
Scandium 47 (Sc 47)	100
Scandium 48 (Sc 48)	10
Selenium 75 (Se 75)	10
Silicon 31 (Si 31)	100
Silver 105 (Ag 105)	10
Silver 110m (Ag 110m)	1
Silver 111 (Ag 111)	100
Sodium 24 (Na 24)	10
Strontium 85 (Sr 85)	10
Strontium 89 (Sr 89)	1
Strontium 90 (Sr 90)	0.1
Strontium 91 (Sr 91)	10
Strontium 92 (Sr 92)	10
Sulfur 35 (S 35)	100
Tantalum 182 (Ta 182)	10
Technetium 96 (Tc 96)	10
Technetium 97m (Tc 97m)	100
Technetium 97 (Tc 97)	100
Technetium 99m (Tc 99m)	100
Technetium 99 (Tc 99)	10
Tellurium 125m (Te 125m)	10
Tellurium 127m (Te 127m)	10
Tellurium 127 (Te 127)	100
Tellurium 129m (Te 129m)	10
Tellurium 129 (Te 129)	100
Tellurium 131m (Te 131m)	10
Tellurium 132 (Te 132)	10
Terbium 60 (Tb 160)	10
Thallium 200 (Tl 200)	100
Thallium 201 (Tl 201)	100
Thallium 202 (Tl 202)	100
Thallium 204 (Tl 204)	10
Thulium 170 (Tm 170)	10
Thulium 171 (Tm 171)	10
Tin 113 (Sn 113)	10
Tin 125 (Sn 125)	10
Tungsten 181 (W 181)	10
Tungsten 185 (W 185)	10
Tungsten 187 (W 187)	100
Vanadium 48 (V 48)	10
Xenon 131m (Xe 131m)	1,000
Xenon 133 (Xe 133)	100

Schedule B Exempt Quantities	
Byproduct Material	Microcuries
Xenon 135 (Xe 135)	100
Ytterbium 175 (Yb 175)	100
Yttrium 90 (Y 90)	Section 399
Yttrium 91 (Y 91)	10
Yttrium 92 (Y 92)	100
Yttrium 93 (Y 93)	100
Zinc 65 (Zn 65)	10
Zinc 69m (Zn 69m)	100
Zinc 69 (Zn 69)	1,000
Zirconium 93 (Zr 93)	10
Zirconium 95 (Zr 95)	10
Zirconium 97 (Zr 97)	10
Any byproduct material not listed above other than alpha-emitting byproduct material.	0.1

Appendix A. - Appendix F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Nuclear Energy Division, LR 13:569 (October 1987), amended by the Office of Air Quality and Radiation Protection, Radiation Protection Division, LR 18:34 (January 1992), LR 20:180 (February 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2574 (November 2000), LR 27:1228 (August 2001), amended by the Office of Environmental Assessment, LR 31:46 (January 2005), LR 31:1580 (July 2005), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2528 (October 2005), LR 32:820 (May 2006), LR 32:

A public hearing will be held on August 24, 2006, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room, 602 N. Fifth Street, Baton Rouge, LA 70802. Interested persons are invited to attend and submit oral comments on the proposed amendments. Should individuals with a disability need an accommodation in order to participate, contact Judith A. Schuerman, Ph.D., at the address given below or at (225) 219-3550. Free parking is available in the Galvez Garage with a validated parking ticket.

All interested persons are invited to submit written comments on the proposed regulation. Persons commenting should reference this proposed regulation by OS070. Such comments must be received no later than August 31, 2006, at 4:30 p.m., and should be sent to Judith A. Schuerman, Ph.D., Office of the Secretary, Legal Affairs Division, Box 4302, Baton Rouge, LA 70821-4302 or to fax (225) 219-3582 or by e-mail to judith.schuerman@la.gov. Copies of this proposed regulation can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy of OS070. This regulation is available on the Internet at www.deq.louisiana.gov under Rules and Regulations.

This proposed regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374; 645 N. Lotus Drive, Suite C, Mandeville, LA 70471.

Herman Robinson, CPM
Executive Counsel

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Cleanup Package**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)
There are no expected implementation costs or savings to state or local governmental units as a result of the proposed rule.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There is no estimated effect on revenue collections of state or local governmental units as a result of the proposed rule.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
There are no estimated costs and/or economic benefits to directly affected persons or non-governmental groups as a result of the proposed rule.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
There is no estimated effect on competition or employment as a result of the proposed rule.

Herman Robinson, CPM
Executive Counsel
0607#030

Robert E. Hosse
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Environmental Quality
Office of the Secretary
Legal Affairs Division**

**Oil and Gas Construction Activities Storm Water Waiver
(LAC 33:IX.2511)(WQ069ft)**

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary gives notice that rulemaking procedures have been initiated to amend the Water Quality regulations, LAC 33:IX.2511 (Log #WQ069ft).

This proposed Rule is identical to federal regulations found in 71 FR 33628-33640 (June 12, 2006), which are applicable in Louisiana. For more information regarding the federal requirement, contact the Regulation Development Section at (225) 219-3550 or Box 4302, Baton Rouge, LA 70821-4302. No fiscal or economic impact will result from the proposed Rule; therefore, the Rule will be promulgated in accordance with R.S. 49:953(F)(3) and (4).

This Rule implements the June 12, 2006, revision to 40 CFR 122 (71 FR 33628-33640), which modifies the National Pollutant Discharge Elimination System (NPDES) regulations to provide that certain storm water discharges from field activities or operations, including construction, associated with oil and gas exploration, production, processing, or treatment operations or transmission facilities are exempt from NPDES permit requirements. The Department of Environmental Quality, Office of Environmental Services, became the NPDES permit issuing authority for the State of Louisiana on August 27, 1996. This rule is necessary in order to comply with federal regulations that require the LPDES program to be consistent with the

EPA NPDES program. The basis and rationale for this rule are to mirror the federal regulations.

This proposed Rule meets an exception listed in R.S. 30:2019(D)(2) and R.S. 49:953(G)(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This proposed Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

**Title 33
ENVIRONMENTAL QUALITY**

Part IX. Water Quality

**Subpart 2. The Louisiana Pollutant Discharge
Elimination System (LPDES) Program**

**Chapter 25. Permit Application and Special LPDES
Program Requirements**

§2511. Storm Water Discharges

A. - A.1.e.iv. ...

2. The state administrative authority may not require a permit for discharges of storm water runoff from the following:

a. mining operations composed entirely of flows that are from conveyances or systems of conveyances (including but not limited to pipes, conduits, ditches, and channels) used for collecting and conveying precipitation runoff and that are not contaminated by contact with, or that have not come into contact with, any overburden, raw material, intermediate products, finished product, byproduct, or waste products located on the site of such operations, except in accordance with Subparagraph C.1.d of this Section; and

b. all field activities or operations associated with oil and gas exploration, production, processing, or treatment operations or transmission facilities, including activities necessary to prepare a site for drilling and for the movement and placement of drilling equipment, whether or not such field activities or operations may be considered to be construction activities, except in accordance with Subparagraph C.1.c of this Section. Discharges of sediment from construction activities associated with oil and gas exploration, production, processing, or treatment operations or transmission facilities are not subject to the provisions of Clause C.1.c.iii of this Section.

[Note to Subparagraph A.2.b: The department encourages operators of oil and gas field activities or operations to implement and maintain Best Management Practices (BMPs) to minimize discharges of pollutants, including sediment, in storm water both during and after construction activities to help ensure protection of surface water quality during storm events. Appropriate controls would be those suitable to the site conditions and consistent with generally accepted engineering design criteria and manufacturer specifications. Selection of BMPs could also be affected by seasonal or climate conditions.]

A.3. - E.7.c. ...

8. Any storm water discharge associated with small construction activities identified in Subparagraph B.15.a of this Section requires permit authorization by March 10, 2003, unless designated for coverage before then.

E.9. - G.4.d, certification. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq., and in particular Section 2074(B)(3) and (B)(4).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 21:945 (September 1995), amended LR 23:957 (August 1997), amended by the Office of Environmental Assessment, Environmental

Planning Division, LR 26:2273 (October 2000), LR 26:2552 (November 2000), repromulgated LR 27:40 (January 2001), amended LR 28:467 (March 2002), LR 29:701 (May 2003), repromulgated LR 30:230 (February 2004), amended by the Office of Environmental Assessment, LR 31:1321 (June 2005), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2510 (October 2005), LR 32:

A public hearing will be held on August 24, 2006, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room, 602 N. Fifth Street, Baton Rouge, LA 70802. Interested persons are invited to attend and submit oral comments on the proposed amendments. Should individuals with a disability need an accommodation in order to participate, contact Judith A. Schuerman, Ph.D., at the address given below or at (225) 219-3550. Parking in the Galvez Garage is free with a validated parking ticket.

All interested persons are invited to submit written comments on the proposed regulation. Persons commenting should reference this proposed regulation by WQ069ft. Such comments must be received no later than August 24, 2006, at 4:30 p.m., and should be sent to Judith A. Schuerman, Ph.D., Office of the Secretary, Legal Affairs Division, Box 4302, Baton Rouge, LA 70821-4302 or to fax (225) 219-3582 or by e-mail to judith.schuerman@la.gov. The comment period for this rule ends on the same date as the public hearing. Copies of this proposed regulation can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy of WQ069ft. This regulation is available on the Internet at www.deq.louisiana.gov under Rules and Regulations.

This proposed regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374; 645 N. Lotus Drive, Suite C, Mandeville, LA 70471.

Herman Robinson, CPM
Executive Counsel

0607#031

NOTICE OF INTENT

Office of the Governor Division of Administration Office of Group Benefits

EPO Plan of Benefits
(LAC 32:V.Chapters 1-7)

In accordance with the applicable provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and pursuant to the authority granted by R.S. 42:801(C) and 802(B)(1), as amended and reenacted by Act 1178 of 2001, vesting the Office of Group Benefits (OGB) with the responsibility for administration of the programs of benefits authorized and provided pursuant to Chapter 12 of Title 42 of the Louisiana Revised Statutes, and granting the power to adopt and promulgate rules with respect thereto, OGB finds that it is necessary to revise and amend provisions of the EPO Plan Document. The reason for this action is to

enhance member clarification and enable fair and effective administration health care benefits effectively for the program and members.

Accordingly, OGB hereby gives Notice of Intent to adopt the following Rule to become effective upon promulgation.

Title 32

EMPLOYEE BENEFITS

Part V. Exclusive Provider Organization (EPO) Plan of Benefits

Chapter 1. Eligibility

§101. Persons to Be Covered

Eligibility requirements apply to all participants in the Program, including the PPO plan, the EPO plan, the MCO plan, an HMO plan, or the life insurance plan.

A. - A.2. ...

3. Effective Dates of Coverage, New Employee, Transferring Employee. Coverage for each Employee who completes the applicable Enrollment Form and agrees to make the required payroll contributions to his Participant Employer is effective as follows.

a. If employment begins on the first day of the month, coverage is effective on the first day of the following month (For example, if hired on July 1, coverage will begin on August 1).

b. If employment begins on or after the second day of the month, coverage is effective on the first day of the second month following employment (For example, if hired on July 15, coverage will begin on September 1).

c. Employee coverage will not become effective unless the Employee completes an Enrollment Form within 30 days following the date of employment. If completed after 30 days following the date of employment, the Employee will be considered an overdue applicant.

d. An Employee who transfers employment to another Participating Employer must complete a Transfer Form within 30 days following the date of transfer to maintain coverage without interruption. If completed after 30 days following the date of transfer, the Employee will be considered an overdue applicant.

4. Re-Enrollment, Previous Employment for Health Benefits and Life Insurance

A.4.a. - B.1.a. ...

b. An Employee retired from a Participant Employer may not be covered as an Employee.

c. Retirees are not eligible for coverage as overdue applicants.

2. Effective Date of Coverage

a. Retiree coverage will be effective on the first day of the month following the date of retirement if the Retiree and Participant Employer have agreed to make and are making the required contributions (For example, if retired July 15, coverage will begin August 1).

C. - C.2. ...

a. Dependents of Employees. Coverage will be effective on the date the Employee becomes eligible for Dependent Coverage.

C.2.b. - D. ...

1. The terms of the following paragraphs apply to all eligible Employees who apply for coverage after 30 days from the date the Employee became eligible for coverage and to all eligible Dependents of Employees and Retirees for whom the application for coverage was not completed within 30 days from the Date Acquired.

D.2. - E.2. ...

a. A special enrollment application must be made within 30 days of either the termination date of the prior coverage or the date the new Dependent is acquired. If it is made more than 30 days after eligibility, they will be considered overdue applicants subject to a pre-existing condition limitation.

b. ...

i. For loss of other coverage or marriage, the first day of the month following the date the Program receives all required forms for enrollment;

ii. - iii. ...

c. Special enrollment applicants must complete the "Acknowledgment of Pre-existing Condition" form and "Statement of Physical Condition" form.

E.2.d. - G.3. ...

H. Medicare+Choice/Medicare Advantage Option for Retirees (effective July 1, 1999). Retirees who are eligible to participate in a Medicare+Choice/Medicare Advantage plan who cancel coverage with the Program upon enrollment in a Medicare+Choice/Medicare Advantage plan may re-enroll in the Program upon withdrawal from or termination of coverage in the Medicare+Choice/Medicare Advantage plan, at the earlier of the following:

1. - 2. ...

I. Tricare for Life Option for Military Retirees. Retirees eligible to participate in the Tricare for Life (TFL) option on and after October 1, 2001 who cancel coverage with the Program upon enrollment in TFL may re-enroll in the Program in the event that the TFL option is discontinued or its benefits significantly reduced.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1804 (October 1999), amended LR 27:718 (May 2001), LR 28:2339 (November 2002), LR 29:336,338 (March 2003), LR 32:

§103. Continued Coverage

A. ...

1. Leave of Absence without Pay, Employer Contributions to Premiums

a. A participating employee who is granted leave of absence without pay due to a service related injury may continue coverage and the participating employer shall continue to pay its portion of health plan premiums for up to twelve months.

b. A participating employee who suffers a service related injury that meets the definition of a total and permanent disability under the workers' compensation laws of Louisiana may continue coverage and the participating employer shall continue to pay its portion of the premiums until the employee becomes gainfully employed or is placed on state disability retirement.

c. A participating employee who is granted leave of absence without pay in accordance with the federal Family and Medical Leave Act (F.M.L.A.) may continue coverage during the time of such leave and the participating employer may continue to pay its portion of premiums.

2. Leave of Absence without Pay; No Employer Contributions to Premiums. An employee granted leave of absence without pay for reasons other than those stated in Paragraph A, may continue to participate in an Office of

Group Benefits benefit plan for a period up to twelve months upon the employee's payment of the full premiums due.

B. - B.2. ...

C. Surviving Dependents/Spouse

1. Benefits under the Plan for covered Dependents of a deceased covered Employee or Retiree will terminate on the last day of the month in which the Employee's or Retiree's death occurred unless the surviving covered Dependents elect to continue coverage.

a. The surviving legal spouse of an Employee or Retiree may continue coverage unless or until the surviving spouse is or becomes eligible for coverage in a Group Health Plan other than Medicare.

b. The surviving never married Dependent Child of an Employee or Retiree may continue coverage unless or until such Dependent Child is or becomes eligible for coverage under a Group Health Plan other than Medicare, or until attainment of the termination age for Children, whichever occurs first.

c. Surviving Dependents will be entitled to receive the same Participant Employer premium contributions as Employees and Retirees, subject to the provisions of Louisiana Revised Statutes, Title 42, Section 851 and rules promulgated pursuant thereto by the Office of Group Benefits.

d. Coverage provided by the Civilian Health and Medical Program for the Uniformed Service (CHAMPUS/TRICARE) or successor program will not be sufficient to terminate the coverage of an otherwise eligible surviving legal spouse or a Dependent Child.

2. A surviving spouse or Dependent Child cannot add new Dependents to continued coverage other than a Child of the deceased Employee born after the Employee's death.

3. Participant Employer/Dependent Responsibilities

a. It is the responsibility of the Participant Employer and surviving covered Dependent to notify the Program within 60 days of the death of the Employee or Retiree.

b. The Program will notify the surviving Dependents of their right to continue coverage.

c. Application for continued coverage must be made in writing to the Program within 60 days of receipt of notification, and premium payment must be made within 45 days of the date continued coverage is elected for coverage retroactive to the date coverage would have otherwise terminated.

d. Coverage for the surviving spouse under this section will continue until the earliest of the following:

i. failure to pay the applicable premium timely;

ii. eligibility of the surviving spouse for coverage under a Group Health Plan other than Medicare.

e. Coverage for a surviving Dependent Child under this section will continue until the earliest of the following events:

i. failure to pay the applicable premium timely;

ii. eligibility of the surviving Dependent Child for coverage under any Group Health Plan other than Medicare.

iii. the attainment of the termination age for Children.

4. The provisions of paragraphs 1 through 3 this subsection are applicable to surviving Dependents who, on or after July 1, 1999, elect to continue coverage following

the death of an Employee or Retiree. Continued coverage for surviving Dependents who made such election before July 1, 1999, shall be governed by the rules in effect at the time.

D. - D.3. ...

E. Military Service. Members of the National Guard or of the United States military reserves who are called to active military duty, and who are OGB participating Employees or covered Dependents will have access to continued coverage under OGB's health and life plans.

1. Health Plan Participation. When called to active military duty, participating employees and covered dependents may:

a. continue participation in the OGB health plan during the period of active military service, in which case the participating employer may continue to pay its portion of premiums; or

b. cancel participation in the OGB health plan during the period of active military service, in which case such plan participants may apply for reinstatement of OGB coverage within 30 days of:

i. the date of the Employee's reemployment with a participating employer,

ii. the Dependent's date of discharge from active military duty, or

iii. the date of termination of extended health coverage provided as a benefit of active military duty, such as TRICARE Reserve Select;

iv. plan participants who elect this option and timely apply for reinstatement of OGB coverage will not be subject to a pre-existing condition (PEC) limitation, and the lapse in coverage during active military duty or extended military coverage will not result in any adverse consequences with respect to the participation schedule set forth in La. R.S. 42:851E and the corresponding Rules promulgated by OGB.

2. Life Insurance. When called to active military duty, Employees with OGB life insurance coverage may:

a. continue participation in the OGB life insurance during the period of active military service, however, the Accidental Death and Dismemberment coverage will not be in effect during the period of active military duty; or

b. cancel participation in the OGB life insurance during the period of active military service, in which case such Employee may apply for reinstatement of OGB life insurance within 30 days of the date of the Employee's reemployment with a participating employer; Employees who elect this option and timely apply for reinstatement of OGB life insurance will not be required to provide evidence of insurability.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1806 (October 1999), amended LR 30:1190 (June 2004), LR 32:

§105. COBRA

A. Employees

1. Coverage under this Plan for a covered Employee will terminate on the last day of the calendar month during which employment is terminated (voluntarily or involuntarily) or significantly reduced, the Employee no longer meets the definition of an Employee, or coverage

under a Leave of Absence has expired, unless the covered Employee elects to continue coverage at the Employee's own expense. Employees terminated for gross misconduct are not eligible for COBRA coverage.

2. It is the responsibility of the Participant Employer to notify the Program within 30 days of the date coverage would have terminated because of any of the foregoing events, and the Program will notify the Employee within 14 days of his or her right to continue coverage.

3. Application for continued coverage must be made in writing to the Program within 60 days of the date of the election notification and premium payment must be made within 45 days of the date the Employee elects continued coverage, for coverage retroactive to the date coverage would have otherwise terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage under this section will continue until the earliest of the following:

a. failure to pay the applicable premium timely;

b. 18 months from the date coverage would have otherwise terminated;

c. entitlement to Medicare;

d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or

e. the Employer ceases to provide any group health plan for its employees.

5. If employment for a covered Employee is terminated (voluntarily or involuntarily) or significantly reduced, the Employee no longer meets the definition of an Employee, or a Leave of Absence has expired, and the Employee has not elected to continue coverage, the covered spouse and/or covered Dependent Children may elect to continue coverage at his/her/their own expense. The elected coverage will be subject to the above-stated notification and termination provisions.

B. Surviving Dependents

1. Coverage under this Plan for covered surviving Dependents of an Employee or Retiree will terminate on the last day of the month in which the Employee's or Retiree's death occurs, unless the surviving covered Dependents elect to continue coverage at his/her own expense.

2. It is the responsibility of the Participant Employer or surviving covered Dependents to notify the Program within 30 days of the death of the Employee or Retiree. The Program will notify the surviving Dependents of their right to continue coverage. Application for continued coverage must be made in writing to the Program within 60 days of the date of the election notification.

3. Premium payment must be made within 45 days of the date the continued coverage was elected, retroactive to the date coverage would have terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for the surviving Dependents under this section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the Employer ceases to provide any group health plan for its employees.

C. Divorced Spouse

1. Coverage under this Plan for an Employee's spouse will terminate on the last day of the month during which dissolution of the marriage occurs by virtue of a legal decree of divorce from the Employee or Retiree, unless the covered divorced spouse elects to continue coverage at his or her own expense.

2. It is the responsibility of the divorced spouse to notify the Program within 60 days from the date of divorce and the Program will notify the divorced spouse within 14 days of his or her right to continue coverage. Application for continued coverage must be made in writing to the Program within 60 days of the election notification.

3. Premium payment must be made within 45 days of the date continued coverage is elected, for coverage retroactive to the date coverage would have otherwise terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for the divorced spouse under this section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the Employer ceases to provide any group health plan for its employees.

D. Dependent Children

1. Coverage under this Plan for a covered Dependent Child of a covered Employee or Retiree will terminate on the last day of the month during which the Dependent Child no longer meets the definition of an eligible covered Dependent, unless the Dependent elects to continue coverage at his or her own expense.

2. It is the responsibility of the Dependent to notify the Program within 60 days of the date coverage would have terminated and the Program will notify the Dependent within 14 days of his or her right to continue coverage. Application for continued coverage must be made in writing to the Program within 60 days of receipt of the election notification.

3. Premium payment must be made within 45 days of the date the continued coverage is elected, for coverage

retroactive to the date coverage would have otherwise terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for Children under this section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the Employer ceases to provide any group health plan for its employees.

E. Dependents of COBRA Participants

1.a. If a covered terminated Employee has elected to continue coverage and if during the period of continued coverage the covered spouse or a covered Dependent Child becomes ineligible for coverage due to:

- i. death of the employee;
- ii. divorce from the employee; or
- iii. a dependent child no longer meets the definition of an eligible covered Dependent;

b. Then, the spouse and/or Dependent Child may elect to continue COBRA coverage at his/her own expense. Coverage will not be continued beyond 36 months from the date coverage would have otherwise terminated.

2. It is the responsibility of the spouse and/or the Dependent Child to notify the Program within 60 days of the date COBRA coverage would have terminated.

3. Monthly payments for each month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for Children under this section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the employer ceases to provide any group health plan for its employees.

F. Disability COBRA

1. If a Covered Employee or Covered Dependent is determined by the Social Security Administration or by the Program staff (in the case of a person who is ineligible for Social Security disability benefits due to insufficient "quarters" of employment), to have been totally disabled on the date the Covered Person became eligible for continued coverage or within the initial 18 months of coverage, coverage under this Plan for the Covered Person who is totally disabled may be extended at his or her own expense

up to a maximum of 29 months from the date coverage would have otherwise terminated.

2. To qualify the Covered Person must:

a. submit a copy of his or her Social Security Administration's disability determination to the Program before the initial 18-month continued coverage period expires and within 60 days after the latest of:

i. the date of issuance of the Social Security Administration's disability determination; and

ii. the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction of hours.

b. In the case of a person who is ineligible for Social Security disability benefits due to insufficient "quarters" of employment, submit proof of total Disability to the Program before the initial 18-month continued coverage period expires. The staff and medical director of the Program will make the determination of total Disability based upon medical evidence, not conclusions, presented by the applicant's physicians, work history, and other relevant evidence presented by the applicant.

3. For purposes of eligibility for continued coverage under this section, total Disability means the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of 12 months. To meet this definition one must have a severe impairment which makes one unable to do his previous work or any other substantial gainful activity which exists in the national economy, based upon a person's residual functional capacity, age, education, and work experience.

4. Monthly payments for each month of extended COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

5. Coverage under this section will continue until the earliest of the following:

a. failure to pay the applicable premium timely;

b. 29 months from the date coverage would have otherwise terminated;

c. entitlement to Medicare;

d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied;

e. the Employer ceases to provide any group health plan for its employees; or

f. 30 days after the month in which the Social Security Administration determines that the Covered Person is no longer disabled. (The Covered Person must report the determination to the Program within 30 days after the date of issuance by the Social Security Administration.) In the case of a person who is ineligible for Social Security disability benefits due to insufficient "quarters" of employment, 30 days after the month in which the Program determines that the Covered Person is no longer disabled.

G. Medicare COBRA

1. If an Employee becomes entitled to Medicare less than 18 months before the date the Employee's eligibility for

benefits under this Plan terminates, the period of continued coverage available for the Employee's covered Dependents will continue until the earliest of the following:

a. failure to pay the applicable premium timely;

b. 36 months from the date of the Employee's Medicare entitlement;

c. entitlement to Medicare;

d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or

e. the Employer ceases to provide any group health plan for its employees.

2. Monthly payments for each month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

H. Miscellaneous Provisions. During the period of continuation, benefits will be identical to those provided to others enrolled in this Plan under its standard eligibility provisions for Employees and Retirees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1807 (October 1999), amended LR 32:

§107. Change of Classification

A. Adding or Deleting Dependents. The Plan Member must notify the Program when a Dependent is added to or deleted from the Plan Member's coverage that results in a change in the class of coverage. Notice must be provided within 30 days of the addition or deletion.

B. Change in Coverage

1. When there is a change in family status (e.g., marriage, birth of child) that affects the class of coverage, the change in classification will be effective on the date of the event. Application for the change must be made within 30 days of the date of the event.

2. When the addition of a Dependent changes the class of coverage, the additional premium will be charged for the entire month if the date of change occurs before the 15th day of the month. If the date of change occurs on or after the 15th day of the month, an additional premium will not be charged until the first day of the following month.

C. Notification of Change. It is the Employee's responsibility to notify the Program of any change in classification of coverage that affects the Employee's contribution amount. If failure to notify is later determined, it will be corrected on the first day of the following month.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1809 (October 1999), amended LR 32:

Chapter 2. Termination of Coverage

§201. Active Employee and Retired Employee Coverage

A. ...

1. the date the Program terminates;

2. the date the group or agency employing the covered Employee terminates or withdraws from the Program;

3. the date contribution is due if the group or agency fails to pay the required contribution for the covered Employee;

4. the date contribution is due if the Covered Person fails to make any contribution which is required for the continuation of coverage;

5. the last day of the month of the covered Employee's death;

6. the last day of the month in which the covered Employee ceases to be eligible.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1809 (October 1999), amended LR 32:

§203. Dependent Coverage

A. ...

1. the last day of the month the Employee ceases to be covered;

2. the last day of the month in which the Dependent, as defined in this Plan, ceases to be an eligible Dependent of the covered Employee;

3. - 4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1)

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1809 (October 1999), amended LR 32:

Chapter 3. Medical Benefits

§301. Eligible Expenses

A. Eligible Expenses are the charges incurred for the following services, drugs, supplies, and devices, when performed, prescribed, or ordered by a Physician and Medically Necessary for the Treatment of a Covered Person. All charges are subject to applicable deductibles, copayments, and/or coinsurance amounts (unless otherwise specifically provided), Fee Schedule limitations, Schedule of Benefits, exclusions, and other provisions of the Plan. A charge is incurred on the date that the service, drug, supply, or device is performed or furnished.

1. - 3. ...

4. anesthesia and its administration when ordered by the operating Physician and administered by an appropriately licensed nurse anesthetist or Physician in conjunction with a covered surgical service;

5. - 6. ...

7. Blood, blood derivatives, and blood processing, when not replaced;

8. - 8.c. ...

d. Ostomy Supplies, except supplies for nutritional and/or enteral feeding;

e. - 1. ...

9. Services of a licensed speech therapist when pre-approved through Outpatient Procedure Certification (§309, below) for the purpose of restoring partial or complete loss of speech resulting from stroke, surgery, cancer, radiation laryngitis, cerebral palsy, accidental injury, or other similar structural or neurological disease, limited to 26 visits per Plan Year;

10. ...

11. Services rendered by a Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) for the

Treatment of Accidental Injury to a Covered Person's natural teeth, under the following conditions:

a. Coverage was in effect with respect to the individual at the time of the accident;

b. Treatment commences within 90 days from the date of the accident and is completed within two years from the date of the accident;

c. Coverage remains continuously in effect with respect to the Covered Person during the course of the Treatment;

d. Eligible Expenses are limited to the cost of Treatment as estimated at the time of initial Treatment;

e. Eligible Expenses may include dental braces and orthodontic appliances, upon review and approval by the Program's Dental Consultant, and only under the following circumstances:

i. to return the alveolar alignment to its former state prior to a covered dental accident. The Program will allow benefits for orthopedic correction to establish reasonable occlusal function;

ii. a covered surgery that requires the use of braces for stabilization;

iii. severe skeletal deformity (i.e., cleft palate). The Program will allow benefits for orthopedic correction to establish reasonable occlusal function;

f. As used herein Accidental Injury means a condition occurring as a direct result of a traumatic bodily injury sustained solely through accidental means from an external force, and with respect to injuries to teeth, the act of chewing does not constitute an external force.

12. Durable Medical Equipment subject to the lifetime maximum payment limitation as listed in the Schedule of Benefits. The Program will require written certification by the treating Physician to substantiate the Medical Necessity for the equipment and the length of time that it will be used. The purchase of Durable Medical Equipment will be considered an Eligible Expense only upon a showing that the rental cost would exceed the purchase price. Under no circumstances may the Eligible Expense for an item of Durable Medical Equipment exceed the purchase price of such item;

13. - 17. ...

18. Orthopedic shoes prescribed by a Physician and completely custom built, limit one pair per plan year;

19. Acupuncture when rendered by a medical doctor licensed in the state in which the services are rendered;

20. - 20.d. ...

21. Services of a Physical Therapist or Occupational Therapist licensed in the state in which the services are rendered, under the following conditions:

a. services are prescribed by a licensed Physician and rendered in an individual setting;

b. restorative potential exists;

c. services meet the generally accepted standards for medical practice;

d. services are reasonable and Medically Necessary for Treatment of a disease, illness, accident, injury, or post-operative condition;

e. services are approved through Case Management when rendered in the home;

f. services are limited to 50 visits per Plan Year. Additional visits subject to approval by Utilization Management.

22. Cardiac Rehabilitation when:

a. Rendered at a medical facility under the supervision of a licensed Physician;

b. - c. ...

NOTE: Charges incurred for dietary instruction, educational services, behavior modification literature, biofeedback, health club membership, exercise equipment, preventive programs, and any other items excluded by the Plan are not covered, unless provided for under Paragraph 30 of this subsection.

23. Preventive care consisting of routine physical examinations, lab work, and immunizations (including a yearly influenza vaccination) as follows:

a. Well Baby Care expenses subject to the annual deductible and co-payments:

i. newborn facility and professional charges;

ii. birth to age 1—all office visits for scheduled immunizations and screening;

b. Well Child Care expenses subject to the annual deductible and co-payments:

i. age 1 until age 3—three office visits per year for scheduled immunizations and screening;

ii. age 3 until age 15—one office visit per year for scheduled immunizations and screening;

c. Well Adult Care expenses, not subject to the annual deductible, but limited to a maximum benefit of \$200.00:

i. age 16 until age 40—once during a 3-year period;

ii. age 40 until age 50—once during a 2-year period;

iii. age 50 and over—once during a 1-year period.

NOTE: Benefits for Well Baby Care, Well Child Care and routine physical examinations for Well Adult Care, including immunizations, are based on the U.S. Preventive Services Task Force guidelines and recommendations of the National Immunization Program of the Centers for Disease Control and Prevention. All services must be rendered on an outpatient basis to monitor and maintain health and to prevent illness.

24. Specialized, age-appropriate wellness care, not subject to the annual deductible, as follows:

a. One Pap test for cervical cancer per Plan Year;

b. Mammographic examinations performed according to the following schedule:

i. one mammogram during the five-year period a person is 35-39 years of age;

ii. one mammogram every two Plan Years for any person who is 40-49 years of age;

iii. one mammogram every 12 months for any person who is 50 years of age or older;

c. Testing for detection of prostate cancer, including digital rectal examination and prostate-specific antigen testing, once every 12 months for men over the age of 50 years;

25. - 26. ...

27. Services rendered by the following, when billed by the supervising Physician:

a. Perfusionists and Registered Nurse Assistants assisting in the operating room;

b. Physician Assistants and Registered Nurse Practitioners;

28. - 30.c. ...

31. Testing of sleep disorders only when the tests are performed at either:

a. a facility accredited by the American Academy of Sleep Medicine or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or

b. a sleep study facility located within a healthcare facility accredited by JCAHO. No benefits are payable for surgical treatment of sleep disorders (including LAUP) except following demonstrated failure of non-surgical treatment and upon approval by the Program;

32. - 33.c. ...

34. Treatment provided in accordance with a clinical trial for cancer, including costs of investigational treatments and of associated protocol-related patient care if all of the following criteria are met:

a. treatment is being provided with a therapeutic or palliative intent for patients with cancer, or for the prevention or early detection of cancer;

b. treatment is being provided or the studies are being conducted in a Phase II, Phase III, or Phase IV clinical trial for cancer;

c. treatment is being provided in accordance with a clinical trial approved by one of the following entities:

i. one of the United States National Institutes of Health;

ii. a cooperative group funded by one of the United States National Institutes of Health;

iii. the FDA in the form of an investigational new drug application;

iv. the United States Department of Veterans Affairs;

v. the United States Department of Defense;

vi. a federally funded general clinical research center;

vii. the Coalition of National Cancer Cooperative Groups.

d. the proposed protocol has been reviewed and approved by a qualified institutional review board which operates in this state and which has a multiple project assurance contract approved by the office of protection from research risks;

e. the facility and personnel providing the protocol provided the treatment within their scope of practice, experience, and training and are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise;

f. there is no clearly superior, non-investigational approach;

g. the available clinical or preclinical data provide a reasonable expectation that the treatment will be at least as efficacious as the non-investigational alternative; and

h. the patient has signed an institutional review board-approved consent form.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1)

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1810 (October 1999), amended LR 28:478 (March 2002), LR 29:334, 338 (March 2003), LR 30:1190 (June 2004), LR 31:440 (February 2005), LR 32:

§303. Fee Schedule

A. The Fee Schedule establishes the maximum allowable charges for Eligible Expenses. The Fee Schedule applies to both contracted (EPO) health care providers, who have entered into agreements with OGB regarding reimbursement under this plan, and to non-contracted (non-EPO) health care providers who have not entered into such agreements.

B. Plan Members may be subject to greater financial responsibility for services, drugs, supplies, and devices provided by non-contracted health care providers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1811 (October 1999), amended LR 32:

§305. Automated Claims Adjusting

A. OGB utilizes commercially licensed software that applies all claims against its medical logic program to identify improperly billed charges and charges for which this Plan provides no benefits. Any claim with diagnosis or procedure codes deemed inadequate or inappropriate will be automatically reduced or denied. Providers accepting assignment of benefits cannot bill the Plan Member for the differential on the denial amount, in whole or in part.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1811 (October 1999), amended LR 32:

§307. Utilization Review—Pre-Admission Certification, Continued Stay Review

A. - A.2. ...

B. For a routine vaginal delivery, PAC is not required for a stay of two days or less. If the mother's stay exceeds or is expected to exceed two days, PAC is required within 24 hours after delivery or on the date on which any complications arose, whichever is applicable. If the baby's stay exceeds the mother's stay, PAC is required within 72 hours of the mother's discharge, and a separate pre-certification number must be obtained for the baby. In the case of a Caesarean Section, PAC is required if the mother's stay exceeds or is expected to exceed four days.

C. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1812 (October 1999), amended LR 32:

§309. Outpatient Procedure Certification (OPC)

A. The purpose of OPC is for the Plan to certify that particular outpatient procedures and therapies are Medically Necessary. If OPC is not obtained when required, no benefits are payable under this Plan.

A.1. - B. ...

1. Speech therapy, subject to the limitations set forth in §301.A.9 of this Part.

2. - 7.d. repealed.

C. - C.2. ...

D. repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1812 (October 1999), amended LR 32:

§311. Case Management

A. - D.3.b. ...

E. repealed.

F. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1812 (October 1999), amended LR 32:

§313. Dental Surgical Benefits

A. ...

B. If a Covered Person requires dental treatment in a hospital setting that is otherwise an Eligible Expense, the Plan will provide benefits for anesthesia rendered in the hospital and associated hospital charges. Prior authorization for hospitalization for dental treatment is required in the same manner as prior authorization is required for other covered medical services.

C. Eligible Expenses incurred in connection with the removal of impacted teeth, including pre-operative and post-operative care, anesthesia, radiology, pathology services, and facility charges, are subject to a deductible, co-insurance, and the maximum benefit provisions of the Plan.

D. The provisions of this section shall not apply to Treatment rendered for Temporomandibular joint (TMJ) diseases or disorders.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1813 (October 1999), amended LR 32:

§315. Medicare Reduction

A. ...

B. Retiree 100-Medicare COB. Upon enrollment and payment of the additional monthly premium, a Plan Member and Dependents who are covered under Medicare Parts A and B (both) may choose to have full coordination of benefits with Medicare. Enrollment must be made within 30 days of eligibility for Medicare, or within 30 days of retirement if already eligible for Medicare, and at the annual enrollment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1813 (October 1999), amended LR 32:

§317. Exceptions and Exclusions

A. No benefits are provided under this Plan for the following:

1. injury compensable under any worker's compensation program, regardless of whether the patient has filed a claim for benefits. This applies to compensation provided on an expense-incurred basis or blanket settlements for past and future losses;

2. maintenance therapy consisting of convalescent, skilled nursing, sanitarium, custodial care, assisted living facilities, or rest cures designed to assist in daily living activities, maintain present physical and/or mental condition, or provide a structured or safe environment;

3. expenses for elective, non-therapeutic voluntary abortions (abortions performed for reasons other than to save the life of the mother);

4. injuries sustained by a Covered Person while in an aggressor role;

5. expenses incurred as a result of a Covered Person's commission or attempted commission of an illegal act;

6. services, supplies, or treatment for cosmetic purposes, including cosmetic surgery and any cosmetic complications of cosmetic surgery, unless necessary for the immediate repair of a deformity caused by a disease and/or injury that occurs while coverage is in force. No payment will be made for expenses incurred in connection with the treatment of any body part not affected by the disease and/or injury;

7. shoes and related items, such as wedges, cookies, and arch supports;

8. dental and orthodontic services, appliances, supplies, and devices, including, but not limited to the following:

a. dental braces and orthodontic appliances, except as specifically provided in §301.A.11.e of this Part;

b. treatment of periodontal disease;

c. dentures, dental implants, and any surgery for their use, except if needed as the result of an accident that meets the Program's requirements;

d. treatment for Temporomandibular Joint (TMJ) diseases or disorders, except as specifically provided in §301.A.28 of this Part;

e. expenses incurred for services rendered by a dentist or oral surgeon and any ancillary or related services, except for covered dental surgical procedures, as specifically set forth herein, dental procedures which fall under the guidelines of treatment of accidental injury, procedures necessitated as a result of or secondary to cancer, or oral and maxillofacial surgeries which are shown to the satisfaction of the Program to be Medically Necessary, non-dental, non-cosmetic procedures;

9. medical services, supplies, treatments, and prescription drugs provided without charge to the Covered Person or for which the Covered Person is not legally obligated to pay;

10. maternity expenses incurred by any person other than the Employee or the Employee's legal Spouse;

11. personal convenience items including, but not limited to, admit kits, bedside kits, telephone, television, guest meals, and beds, and charges for luxury accommodations in any hospital or allied health facility provided primarily for the patient's convenience which are not deemed Medically Necessary by the Program;

12. charges for services, supplies, treatment, drugs, and devices which are in excess of the maximum allowable under the Medical Fee Schedule, Outpatient Surgical Facility Fee Schedule, or any other limitations of the Plan;

13. services, supplies, treatment, drugs, devices, and deluxe medical equipment which are not deemed Medically Necessary by the Program;

14. services rendered for remedial reading and recreational, visual, and behavioral modification therapy, biofeedback, pain rehabilitation control and/or therapy, and dietary or educational instruction for all diseases and/or illnesses, except diabetes;

15. services and supplies for the treatment of and/or related to gender dysphoria or reverse sterilization;

16. artificial organ implants, penile implants, transplantation of non-human organs, and any surgery and

other treatment, services, or supplies, related to such procedures, or to complications related to such procedures;

17. expenses subsequent to the initial diagnosis for infertility and complications, including but not limited to, services, drugs, procedures, or devices to achieve fertility, in-vitro fertilization, low tubal transfer, artificial insemination, intracytoplasmic sperm injection, embryo transfer, gamete transfer, zygote transfer, surrogate parenting, donor semen, donor eggs, and reversal of sterilization procedures;

18. non-medical supplies such as air conditioners and/or filters, dehumidifiers, air purifiers, wigs or toupees, heating pads, cold devices, home enema equipment, rubber gloves, swimming pools, saunas, whirlpool baths, home pregnancy tests, lift chairs, devices or kits to stimulate the penis, exercise equipment, any other items not normally considered medical supplies, and any items the Program determines are not medical supplies;

19. administrative fees, interest, penalties, or sales tax;

20. marriage counseling, family relations counseling, divorce counseling, parental counseling, job counseling, and career counseling;

21. charges for Physician services rendered to a Covered Person over the telephone or in a non-face-to-face setting;

22. radial keratotomy, laser surgery, and any other procedures, services, or supplies for the correction of refractive errors of the eyes;

23. services, supplies, surgeries, and treatments for excess body fat, resection of excess skin and/or fat following weight loss or pregnancy, and/or obesity, and morbid obesity.

24. hearing aids and any examination to determine the fitting or necessity of hearing aids, except as specifically provided for in §301(A)(33) of this Part;

25. hair plugs and/or transplants;

26. routine physical examinations and/or immunizations not provided for under Eligible Expenses;

27. eye examinations, glasses, and contact lenses, except as specifically provided for as an Eligible Expense in §301.A.15 of this Part;

28. diagnostic or treatment measures that are not recognized as generally accepted medical practice;

29. medical supplies not listed under Eligible Expenses;

30. treatment or services for mental health and substance abuse provided outside the treatment plan developed by the Program's managed care contractor or by therapists with whom or at facilities with which the Program's managed care contractor does not have a contract;

31. genetic testing, except when determined to be Medically Necessary during a covered pregnancy;

32. services rendered by a private-duty Registered Nurse (R.N.) or by a private-duty Licensed Practical Nurse (L.P.N.);

33. services rendered by a Physician or other health care Provider related to the patient by blood, adoption, or marriage;

34. expenses for services rendered by a Physician or other health care Provider who is not licensed in the state where such services are rendered or in any facility not

holding a valid license in the state and for the services rendered;

35. facility fees for services rendered in a Physician's office or in any facility not approved by the federal Health Care Finance Administration for Medicare reimbursement;

36. glucometers;

37. augmentative communication devices;

38. charges to obtain medical records or any other information needed and/or required to adjudicate a claim;

39. charges greater than the global allowance for any laboratory, pathology, or radiological procedure;

40. speech therapy or the services of a speech therapist except as specifically provided in §301.A.9.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1813 (October 1999), amended LR 26:487 (March 2000), LR 27:717 (May 2001), LR 28:2340 (November 2002), LR 31:440 (February 2005), LR 32:

§321. Exclusive Provider Program

A. The Program may implement Exclusive Provider Organization (EPO) arrangements or other agreements to discount payable fees. The Program reserves the right to negotiate the amount of discounts, incentives offered to Plan Members, and all other provisions which are a part of any discount fee arrangement. To be eligible, the Program must be the primary carrier at the time services are rendered.

1. If a Covered Person obtains medical services or hospital services from an eligible provider who has agreed to provide the services at a mutually agreed upon discount from the maximum medical Fee Schedule or at a per diem or discounted rate from a hospital, the Program will pay, after applicable copays, as specified in the Schedule of Benefits. There is a contractual assignment to all EPO providers

2. If a Covered Person receives services from a non-EPO Provider, the Program will pay, after satisfaction of applicable deductibles, as specified in the Schedule of Benefits. Eligible Expenses of non-EPO Providers are based upon the OGB's Fee Schedule.

NOTE: Both EPO and non-EPO services are subject to the applicable co-pays or deductibles, limitations, and exclusions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1835 (October 1999), amended LR 27:722 (May 2001), LR 29:339 (March 2003), LR 32:

§325. Prescription Drug Benefits

A. This Plan allows benefits for drugs and medicines approved by the Food and Drug Administration or its successor that require a prescription and are dispensed by a licensed pharmacist or pharmaceutical company.

1. These include and shall not be limited to:

a. Insulin;

b. Retin-A dispensed for covered persons under the age of 27;

c. Vitamin B-12 injections;

d. prescription Potassium Chloride; and

e. over-the-counter diabetic supplies including, but not limited to, strips, lancets, and swabs.

2. In addition, this Plan allows benefits limited to \$200 per month for expenses incurred for the purchase of low protein food products for the treatment of inherited metabolic diseases if the low protein food products are Medically Necessary and are obtained from a source approved by the OGB. Such expenses shall be subject to coinsurance and co-payments relating to prescription drug benefits. In connection with this benefit, the following words shall have the following meanings:

a. *Inherited Metabolic Disease*—a disease caused by an inherited abnormality of body chemistry and shall be limited to:

i. Phenylketonuria (PKU),

ii. Maple Syrup Urine Disease (MSUD),

iii. Methylmalonic Acidemia (MMA),

iv. Isovaleric Acidemia (IVA),

v. Propionic Acidemia,

vi. Glutaric Acidemia,

vii. Urea Cycle Defects, or

viii. Tyrosinemia

b. *Low Protein Food Products*—food products that are especially formulated to have less than one gram of protein per serving and are intended to be used under the direction of a physician for the dietary treatment of an inherited metabolic disease. Low protein food products shall not include natural foods that are naturally low in protein.

B. The following drugs, medicines, and related services and supplies are not covered:

1. appetite suppressant drugs;

2. dietary supplements;

3. topical forms of Minoxidil;

4. Retin-A dispensed for a covered person over age 26;

5. amphetamines dispensed for diagnoses other than Attention Deficit Disorder or Narcolepsy;

6. nicotine, gum, patches, or other products, services, or programs intended to assist an individual to reduce or cease smoking, or other use of tobacco products;

7. nutritional or parenteral therapy;

8. vitamins and minerals;

9. drugs available over the counter;

10. serostim dispensed for any diagnoses or therapeutic purposes other than AIDS wasting;

11. drugs prescribed for the treatment of impotence, except following the surgical removal of the prostate gland; and

12. glucometers.

C. - C.7 ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1815 (October 1999), amended LR 27:717,718 (May 2001), LR 27:1886 (November 2001), LR 28:2340 (November 2002), LR 29:337 (March 2003), LR 32:

Chapter 4. Uniform Provisions

§401. Statement of Contractual Agreement

A. This Plan, as amended, including the Schedule of Benefits, together with the Application for Coverage and any related documents executed by or on behalf of the covered Employee, constitute the entire agreement between the parties.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1816 (October 1999), amended LR 32:

§403. Properly Submitted Claim

A. For Plan reimbursement, a claim must include:

1. - 4. ...
5. type of services rendered, with diagnosis and/or procedure codes that are valid and current for the date of service;
6. date and place of service;
7. - 10. ...

B. The Program may require additional documentation in order to determine the extent of coverage or the appropriate reimbursement. Failure to furnish information within 90 days of the request will constitute a reason for the denial of benefits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1816 (October 1999), amended LR 32:

§405. When Claims Must Be Filed

A. - B. ...

C. Requests for review of payment or corrected bills must be submitted within 18 months of receipt date of the original claim. Requests for review of payment or corrected bills received after that time will not be considered.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1816 (October 1999), amended LR 28:476 (March 2002), LR 32:

§407. Right to Receive and Release Information

A. Without notice or consent the Program may release to or obtain from any company, organization, or person, any information regarding any person which the Program deems necessary to carry out the provisions of this Plan, or to determine how, or if, they apply. Any claimant under the Plan must furnish the Program with any information necessary to implement this provision. OGB retains information for the minimum period of time required by law. After such time, information may no longer be available.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1816 (October 1999), amended LR 32:

§409. Legal Limitations

A. ...

B. Information provided by the Program or any of its employees or agents to Plan Members does not modify or override the terms and provisions of the Plan. In the event of any conflict between the written provisions of this Plan and any information provided, the written provisions of this Plan shall supercede and control.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1816 (October 1999), amended LR 28:477 (March 2002), LR 32:

§413. Recovery of Overpayments

A. If an overpayment occurs, the Program retains the right to recover the overpayment. The Covered Person, institution, or Provider receiving the overpayment must return the overpayment. At the Plan's discretion, the overpayment may be deducted from future claims. Should legal action be required as a result of fraudulent statements or deliberate omissions on the application for coverage or a claim for benefits, the defendant will be responsible for attorney fees of 25 percent of the overpayment or \$1,000, whichever is greater. The defendant will also be responsible for court costs and legal interest from the date of judicial demand until paid.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1816 (October 1999), amended LR 32:

§415. Subrogation and Reimbursement

A. Upon payment of any eligible benefits covered under this Plan, the Office of Group Benefits shall succeed and be subrogated to all rights of recovery of the covered Employee, his Dependents or other Covered Persons, or their heirs or assigns, for whose benefit payment is made, and they shall execute and deliver instruments and papers and do whatever is necessary to secure such rights, and shall do nothing after loss to prejudice such rights.

B. The Office of Group Benefits shall be entitled, to the extent of any payment made to a covered Employee, his Dependents or other Covered Persons, to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of a covered Employee, his Dependents or other Covered Persons, against any person or entity legally responsible for the disease, illness, accident or injury for which said payment was made. To this end, covered Employees, their Dependents, or other Covered Persons agree to immediately notify the Office of Group Benefits of any action taken to attempt to collect any sums against any person or entity responsible for the disease, illness, accident or injury.

C. These subrogation and reimbursement rights also apply when a Covered Person recovers under, but not limited to, an uninsured or underinsured motorist plan, homeowner's plan, renter's plan, medical malpractice plan, worker's compensation plan or any general liability plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1817 (October 1999), amended LR 32:

§417. Employer Responsibility

A. It is the responsibility of the Participant Employer to submit enrollment and change forms and all other necessary documentation to the Program on behalf of its Employees. Employees of a Participant Employer will not, by virtue of furnishing any documentation to the Program, be considered agents of the Program, and no representation made by any such person at any time will change the provisions of this Plan.

B. A Participant Employer shall immediately inform OGB when a Retiree with OGB coverage returns to full-time employment. The Employee shall be placed in the Re-employed Retiree category for premium calculation. The Re-

employed Retiree premium classification applies to Retirees with and without Medicare. The premium rates applicable to the Re-employed Retiree premium classification shall be identical to the premium rates applicable to the classification for Retirees without Medicare.

C. A Participant Employer that receives a Medicare Secondary Payer (MSP) collection notice or demand letter shall deliver the MSP notice to the OGB MSP Adjuster within 15 days of receipt. If timely forwarded, OGB will assume responsibility for medical benefits, interest, fines and penalties due to Medicare for a covered Employee. If not timely forwarded, OGB will assume responsibility only for Covered Plan benefits due to Medicare for a covered Employee. The Participant Employer will be responsible for interest, fines, and penalties due.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1817 (October 1999), amended LR 29:1819 (September 2003), LR 32:

§419. Program Responsibility

A. OGB will administer the Plan in accordance with its terms, state and federal law, the OGB's established policies, interpretations, practices, and procedures. OGB will have maximum legal discretionary authority to construe and interpret the terms and provisions of the Plan, to make determinations regarding eligibility for benefits and to decide disputes which may arise relative to a Covered Person's rights.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1817 (October 1999), amended LR 32:

§423. Amendments to or Termination of the Plan and/or Contract

A. OGB has the statutory responsibility of providing health and accident and death benefits to Covered Persons to the extent that funds are available. OGB reserves the right to terminate or amend the eligibility and benefit provisions of the Plan from time to time as necessary to prudently discharge its duties. Such modifications will be promulgated subject to the applicable provisions of law, and nothing contained herein shall be construed to guarantee or vest benefits for any Employee, whether active or retired.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1818 (October 1999), amended LR 32:

Chapter 6. Definitions

§601. Definitions

Accidental Injury—a condition occurring as a direct result of a traumatic bodily injury sustained solely through accidental means from an external force. With respect to injuries to teeth, the act of chewing does not constitute an external force.

Appeal—a request by a Plan Member for and a formal review of a medical claim for benefits or an eligibility determination.

Benefit Payment—payment of Eligible Expenses due or owing by a Covered Person, after applicable deductibles, co-payments, and coinsurance, and subject to all limitations and

exclusions, at the rate shown under Percentage Payable in the Schedule of Benefits.

Board of Trustees—repealed.

Brand Drug—the trademark name of a drug approved by the U. S. Food and Drug Administration.

Calendar Year—repealed.

* * *

Child or Children includes—

1. A legitimate, duly acknowledged, and/or legally adopted Child of the Employee and/or the Employee's legal spouse's who is dependent upon the Employee for support;

2. A Child in the process of being adopted by the Employee through an agency adoption, who is living in the household of the Employee, and is or will be included as a Dependent on the Employee's federal income tax return for the current or following tax year (if filing is required);

3. A Child in the legal custody of the Employee, who lives in the household of the Employee and is or will be included as a Dependent on the Employee's federal income tax return for the current or following tax year (if filing is required);

4. A Grandchild of the Employee that is not in the legal custody of the Employee, who is dependent upon the Employee for support and whose parent is a covered Dependent. If the Employee seeking to cover a Grandchild is a paternal grandparent, the Program will require that the biological father, i.e. the covered son of the Employee, execute an acknowledgement of paternity.

NOTE: If the Employee Dependent parent becomes ineligible for coverage under the Program, the Employee's Grandchild will also be ineligible for coverage, unless the Employee has legal custody of his/her Grandchild.

COBRA—the federal continuation of coverage laws originally enacted in the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended from time to time.

Committee—repealed.

Convalescent, Maintenance Care, or Rest Cures—treatment or services, regardless of by whom recommended or where provided, in which the service could be rendered safely and reasonably by oneself, family, or other caregivers who are not eligible Providers. The services are primarily designed to help the patient with daily living activities, maintain the patient's present physical and mental condition, and/or provide a structured or safe environment.

Covered Person—an active or retired Employee, his/her eligible Dependent, or any other individual eligible for coverage for whom the necessary application forms have been completed and for whom the required contribution is made.

Covered Services—to those health care services for which a Plan Member is entitled to receive Benefit Payments in accordance with the terms of this Plan.

Custodial Care—

1. Care designed to assist an individual in the performance of daily living activities (i.e. services which constitute personal care such as walking, getting in and out of bed, bathing, dressing, eating, and using the toilet) that does not require admission to a hospital or other institution for the treatment of a disease, illness, accident, or injury, or for the performance of surgery;

2. Care primarily intended to provide room and board to an individual with or without routine nursing care, training in personal hygiene, or other forms of self-care;

3. Supervisory care provided by a Physician whose patient who is mentally or physically incapacitated and is not under specific medical, surgical, or psychiatric treatment, when such care is intended to reduce the patient's incapacity to the extent necessary to enable the patient to live outside of an institution providing medical care, or when, despite treatment, there is not reasonable a likelihood that the incapacity will be reduced.

Date Acquired—the date a Dependent of a covered Employee is acquired in the following instances and on the following dates only:

1. legal spouse—the date of marriage;
2. child or children—
 - a. natural child—the date of birth;
 - b. child in the process of being adopted;
 - c. agency adoption—the date the adoption contract was executed between the employee and the adoption agency;
 - d. private adoption—the date the Act of Voluntary Surrender is executed in favor of the Employee. The Program must be furnished with certification by the appropriate clerk of court setting forth the date of execution of the Act and the date it Act became irrevocable, or the date of the first court order granting legal custody, whichever occurs first;
 - e. child who lives in the household of the covered Employee and is currently or will be included as a Dependent on the Employee's federal income tax return—the date of the court order granting legal custody;
 - f. grandchild of the Employee that is not in the legal custody of the Employee, but who is dependent upon the Employee for support and whose parent is a covered Dependent:
 - i. the date of birth of the Grandchild, if all of the above requirements are met at the time of birth; or
 - ii. the date on which the coverage becomes effective for the covered Dependent, if all of the above requirements are not met at the time of birth.

Deductible—the dollar amount that a Covered Person must pay as shown in the Schedule of Benefits before benefits will be paid in a Plan Year.

Dependent—any of the following persons who are enrolled for coverage as Dependents, if they are not also covered as an Employee:

1. the covered Employee's legal Spouse;
2. a never married Child from date of birth up to 21 years of age and dependent upon the Employee for support ;
3. a never married Child who is a fulltime student under 24 years of age and financially dependent upon the Employee for support;
4. a never married Child of any age who meets the criteria set forth in §103.D, above;

Durable Medical Equipment (DME)—equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, is not generally useful to a person in the absence of a illness or injury, and is appropriate for use in the home. DME includes, but is not limited to, items such as wheelchairs, hospital beds, respirators, braces (non-dental), custom orthotics which must be specially made and not available at retail stores.

Emergency Medical Condition—a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part, or with respect to a pregnant woman who is having contractions that there is inadequate time to effect a safe transfer to another hospital before delivery, or the transfer may pose a threat to the health or safety of the woman or unborn child.

Emergency Room Services—medical services eligible for reimbursement that are necessary to screen, evaluate, and stabilize an Emergency Medical Condition and are provided at a hospital Emergency Room and billed by a hospital.

Employee—a full-time Employee as defined by a Participant Employer and in accordance with state law.

Family Unit Limit—each of three covered members of a family unit have met the dollar amount shown in the Schedule of Benefits as Plan Year deductible for an individual. Once the Family Unit Limit is met, the deductibles of all other covered members of the family unit will be considered satisfied for that Plan Year.

Fee Schedule—the maximum allowable charges for professional or hospital services adopted by the OGB that may be considered as an Eligible Expense.

Future Medical Recovery—repealed.

Generic Drug—a chemically equivalent copy of a "brand name" drug.

Group Health Plan—a plan (including a self-insured plan) offered or contributed to, by an employer (including a self-employed person) or employee organization to provide health care to employees, former employees, the employer, others associated or formerly associated with the employer in a business relationship, and/or their families.

Health Insurance Coverage—benefits consisting of medical care offered by a health insurance issuer under any hospital or medical service policy or certificate, hospital or medical service plan contract, or HMO contract.

HIPAA—the Health Insurance Portability and Accountability Act of 1996 (U.S. Public Law 104-191) and Federal Regulations promulgated pursuant thereto.

Hospital—an institution that is currently licensed as a hospital by the state in which services are rendered and is not primarily an institution for rest, the aged, the treatment of pulmonary tuberculosis, a nursing home, extended care facility, remedial training institution, or a facility primarily for the treatment of conduct and behavior disorders.

Incurred Date—the date when a particular service or supply is rendered or obtained. When a single charge is made for a series of services, each service will bear a prorated share of the charge.

Lifetime Maximum Benefit—the maximum amount of benefits that will be paid under the Plan for all Eligible Expenses incurred by a Covered Person.

Medically Necessary—a service, treatment, procedure, equipment, drug, device, item, or supply, which, in the judgment of the Program:

1. is appropriate and consistent with a Covered Person's diagnosis and treatment as well as with nationally accepted medical standards; and

2. is not primarily for personal comfort or convenience or Custodial Care.

Medicare—the health insurance available through Medicare laws enacted by the Congress of the United States.

* * *

Occupational Therapy—the application of any activity one engages in for the purposes of evaluation, interpretation, treatment planning, and treatment of problems interfering with functional performance in persons impaired by physical illness or injury in order to significantly improve functioning.

* * *

Participating Provider—an EPO, as defined herein.

Physical Therapy means the evaluation of physical status as related to functional abilities and treatment procedures as indicated by that evaluation. And licensed for the state where services are rendered.

Physician—

1. *Physician* means the following persons, appropriately licensed to practice their respective professional skills at the time and place the service is rendered:

- a. a Doctor of Medicine (M.D.);
- b. a Doctor of Dental Surgery (D.D.S.);
- c. a Doctor of Dental Medicine (D.M.D.);
- d. a Doctor of Osteopathy (D.O.);
- e. a Doctor of Podiatric Medicine (D.P.M.);
- f. a Doctor of Chiropractic (D.C.);
- g. a Doctor of Optometry (O.D.);
- h. a Psychologist meeting the requirements of the National Register of Health Service Providers in Psychology;
- i. a mental health counselor;
- j. a substance abuse counselor;
- k. an Audiologist.

2. The term *Physician* does not include a medical doctor in the capacity of supervising interns, residents, senior residents, or fellows enrolled in a training program who does not personally provide medical Treatment or perform a surgical procedure for the Covered Person.

Plan—coverage offered by the Office of Group Benefits under this contract including EPO benefits, prescription drug benefits, mental health and substance abuse benefits, and comprehensive medical benefits. The term Plan as defined herein is used interchangeably with the term Program as defined below.

* * *

Plan Year—the period from July 1, or the date the Covered Person first becomes covered under the Plan, through the next following June 30. Each successive Plan Year will be the twelve month period from July 1 through the next following June 30.

PPO—repealed.

Program—the Office of Group Benefits and/or the Plan.

Provider—one or more entities which offer health care services and shall include but not be limited to individuals,

or groups of physicians, individuals or groups of psychologists, nurse midwives, ambulance service companies, hospitals, and other health care entities that provide Covered Services to Covered Individuals.

Recovery—with respect to Subrogation and Reimbursement (§413) recovery means any and all monies paid to the Covered Person by way of judgment, settlement, or otherwise to compensate for losses allegedly caused by injury or sickness, whether or not the losses reflect medical or dental charges covered by the Program.

Referee—repealed.

Rehabilitation and Rehabilitation Therapy—care concerned with the management and functional ability of patients disabled by disease, illness, accident, or injury.

Reimbursement—repayment to the Program for Benefits Payments made by the Program.

Retiree—

1. *Retiree* means an individual who was a covered Employee immediately prior to the date of retirement and who, upon retirement, satisfied one of the following categories:

- a. immediately received retirement benefits from an approved state or governmental agency defined benefit plan;
- b. was not eligible for participation in such plan or legally opted not to participate in such plan; and either:
 - i. began employment prior to September 15, 1979, has 10 years of continuous state service, and has reached the age of 65; or
 - ii. began employment after September 16, 1979, has 10 years of continuous state service, and has reached the age of 70; or
 - iii. was employed after July 8, 1992, has 10 years of continuous state service, has a credit for a minimum of 40 quarters in the Social Security system at the time of employment, and has reached the age of 65; or
 - iv. maintained continuous coverage with the Program as an eligible Dependent until he/she became eligible as a former state employee to receive a retirement benefit from an approved state governmental agency defined benefit plan;
- c. immediately received retirement benefits from a state-approved or state governmental agency-approved defined contribution plan and has accumulated the total number of years of creditable service which would have entitled him/her to receive a retirement allowance from the defined benefit plan of the retirement system for which the employee would have otherwise been eligible. The appropriate state governmental agency or retirement system responsible for administration of the defined contribution plan is responsible for certification of eligibility to the Office of Group Benefits.

2. *Retiree* also means an individual who was a covered Employee and continued the coverage through the provisions of COBRA immediately prior to the date of retirement and who, upon retirement, qualified for any of Subparagraphs a., b., and c above.

Room and Board—all expenses necessary to maintain and sustain a Covered Person upon admittance to a hospital and during a hospital confinement. This can include, but is not limited to, facility charges for the maintenance of the Covered Person's hospital room, dietary and food services,

nursing services performed by nurses employed by or under contract with the hospital, and housekeeping services.

* * *

Utilization Management—the process of evaluating the necessity, appropriateness, and efficiency of health care services against established guidelines and criteria.

Utilization Review Organization (URO)—an entity that has established one or more utilization review programs which evaluates the medical necessity, appropriateness, and efficiency of the uses of health care services, procedures, and facilities.

Well Adult Care—covered persons age 16 and older and means a routine physical examination by a physician that may include an influenza vaccination, lab work, and x-rays performed as part of the exam in that physician's office, when such services are billed by that physician with wellness procedure and diagnosis codes. Other health care services billed with wellness procedures and diagnosis codes, as well as treatment and/or diagnosis of a specific illness, will not be considered as *Well Adult Care*.

Well Baby Care—covered persons from birth until age 1 and means routine care to a well, newborn infant that may include physical examinations and active immunizations provided by a physician when such services are billed by that physician with wellness procedure and diagnosis codes. Other health care services billed with wellness procedures and diagnosis codes, as well as treatment and/or diagnosis of a specific illness, will not be considered as *Well Baby Care*.

Well Child Care—covered persons from age 1 through age 15 and means routine physical examinations and active immunizations provided by a physician, when such services are billed by that physician with wellness procedure and diagnosis codes. Other health care services billed with wellness procedure and diagnosis codes, as well as treatment and/or diagnosis of a specific illness, will not be considered as *Well Child Care*.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1)

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1820 (October 1999), amended LR 29:335 (March 2003), LR 32:

Chapter 7. Schedule of Benefits—EPO
§701. Comprehensive Medical Benefits

A. Eligible Expenses for professional medical services are reimbursed on a fee schedule of maximum allowable charges. All eligible expenses are determined in accordance with plan limitations and exclusions.

Lifetime maximum for all benefits, except outpatient prescription drug benefits, per person	\$2,000,000
Lifetime maximum for outpatient prescription drug benefits, per person	\$250,000

1. ...

2. Percentage Payable, Member Co-Payments

A.2.a. - C.3. ...

²Participating providers are reimbursed at 100% of Eligible Expenses up to the maximum benefit; Non-Participating providers are reimbursed at 70% of Eligible Expenses up to the maximum benefit

Services include screenings to detect illness or health risks during a Physician office visit. The covered services are based on prevailing medical standards and may vary according to age and family history.

Specialized age appropriate wellness (not subject to deductible). For a complete list of benefits, see §301(A)24 of this Part.

D. Pre-Natal and Postpartum Maternity. See Percentage payable after member co-payment and satisfaction of applicable deductibles (§701.A.2.a above). \$90 one-time member copay to include physician delivery charge, all pre-natal, and one post-partum visit.

E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1823 (October 1999), amended LR 26: 487 (March 2000), LR 27:717,719 (May 2001), LR 27:1886 (November 2001), LR 28:476 (March 2002), LR 28:2342,2343 (November 2002), LR 28:2509 (December 2002), LR 29:335, 337, 338 (March 2003), LR 30:1190 (June 2004), LR 32:

Family Impact Statement

The proposed Rule has no known impact on family formation, stability, or autonomy.

Interested persons may present their views, in writing, to Tommy D. Teague, Chief Executive Officer, Office of Group Benefits, Box 44036, Baton Rouge, LA 70804, until 4:30 p.m. on Monday, August 21, 2006.

Tommy D. Teague
 Chief Executive Officer

**FISCAL AND ECONOMIC IMPACT STATEMENT
 FOR ADMINISTRATIVE RULES
 RULE TITLE: EPO Plan of Benefits**

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

This rule change is to clarify the current EPO Plan of Benefits and make certain technical amendments to the document. The reason for this action is to enhance member clarification and be able to administer health care benefits effectively for the Program and the member. It is anticipated \$3,000 in expenses will be incurred with the publishing of this rule in FY 06/07.

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

Revenue collections of State or Local Governmental units should not be affected by this rule.

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

This rule modifies and updates the EPO Plan of Benefits for the clarification of the members and effectiveness of the Program. This rule contains numerous amendments that incorporates the current administrative practices of the Office of Group Benefits.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Competition and employment will not be affected.

Tommy D. Teague
 Chief Executive Officer
 0607#051

H. Gordon Monk
 Legislative Fiscal Officer
 Legislative Fiscal Office

NOTICE OF INTENT

Office of the Governor Division of Administration Office of Group Benefits

MCO Plan of Benefits
(LAC 32:IX.Chapters 1-6)

In accordance with the applicable provisions of R.S. 49:950, et seq., the Administrative Procedure Act, and pursuant to the authority granted by R.S. 42:801(C) and 802(B)(1), as amended and reenacted by Act 1178 of 2001, vesting the Office of Group Benefits (OGB) with the responsibility for administration of the programs of benefits authorized and provided pursuant to Chapter 12 of Title 42 of the Louisiana Revised Statutes, and granting the power to adopt and promulgate rules with respect thereto, OGB finds that it is necessary to revise and amend provisions of the MCO Plan Document. The reason for this action is to enhance member clarification and be able to administer health care benefits effectively for the program and member.

Accordingly, OGB hereby gives Notice of Intent to adopt the following Rule to become effective upon promulgation.

Title 32

EMPLOYEE BENEFITS

Part IX. Managed Care Option (MCO) Plan of Benefits

Chapter 1. Eligibility

§101. Persons to Be Covered

NOTE: Eligibility requirements apply to all participants in the Program, including the PPO plan, the MCO plan, the MCO plan, an HMO plan, or the life insurance plan.

A. - A.2. ...

3. Effective Dates of Coverage, New Employee, Transferring Employee. Coverage for each employee who completes the applicable enrollment form and agrees to make the required payroll contributions to his participant employer is effective as follows.

a. If employment begins on the first day of the month, coverage is effective on the first day of the following month (for example, if hired on July 1, coverage will begin on August 1).

b. If employment begins on or after the second day of the month, coverage is effective on the first day of the second month following employment (for example, if hired on July 15, coverage will begin on September 1).

c. Employee coverage will not become effective unless the employee completes an enrollment form within 30 days following the date of employment. If completed after 30 days following the date of employment, the employee will be considered an overdue applicant.

d. An employee who transfers employment to another participating employer must complete a transfer form within 30 days following the date of transfer to maintain coverage without interruption. If completed after 30 days following the date of transfer, the employee will be considered an overdue applicant.

4. Re-Enrollment, Previous Employment for Health Benefits and Life Insurance

A.4.a. - B.1.a. ...

b. An employee retired from a participant employer may not be covered as an employee.

c. Retirees are not eligible for coverage as overdue applicants.

2. Effective Date of Coverage

a. Retiree coverage will be effective on the first day of the month following the date of retirement if the retiree and participant employer have agreed to make and are making the required contributions (For example, if retired July 15, coverage will begin August 1).

C. - C.2. ...

a. Dependents of Employees. Coverage will be effective on the date the employee becomes eligible for dependent coverage.

C.2.b. - D. ...

1. The terms of the following paragraphs apply to all eligible employees who apply for coverage after 30 days from the date the employee became eligible for coverage and to all eligible dependents of employees and retirees for whom the application for coverage was not completed within 30 days from the date acquired.

D.2.-E.1.c. ...

2. After Acquired Dependents. Special enrollment will be permitted for employees or dependents for whom the option to enroll for coverage was previously declined when the employee acquires a new dependent by marriage, birth, adoption, or placement for adoption.

a. A special enrollment application must be made within 30 days of either the termination date of the prior coverage or the date the new dependent is acquired. If it is made more than 30 days after eligibility, they will be considered overdue applicants subject to a pre-existing condition limitation.

b. ...

i. for loss of other coverage or marriage, the first day of the month following the date the program receives all required forms for enrollment;

ii. - iii. ...

c. Special enrollment applicants must complete the "Acknowledgment of Pre-existing Condition" form and "Statement of Physical Condition" form.

E.2.d. - G.3. ...

H. Medicare+Choice/Medicare Advantage Option for Retirees (effective July 1, 1999). Retirees who are eligible to participate in a Medicare+Choice/Medicare Advantage plan who cancel coverage with the program upon enrollment in a Medicare+Choice/Medicare Advantage plan may re-enroll in the program upon withdrawal from or termination of coverage in the Medicare+Choice/Medicare Advantage plan, at the earlier of the following:

H.1. - I. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:883 (June 2003), amended LR 32:

§103. Continued Coverage

A. ...

1. Leave of Absence without Pay, Employer Contributions to Premiums

a. A participating employee who is granted leave of absence without pay due to a service related injury may continue coverage and the participating employer shall

continue to pay its portion of health plan premiums for up to 12 months.

b. A participating employee who suffers a service related injury that meets the definition of a total and permanent disability under the workers' compensation laws of Louisiana may continue coverage and the participating employer shall continue to pay its portion of the premiums until the employee becomes gainfully employed or is placed on state disability retirement.

c. A participating employee who is granted leave of absence without pay in accordance with the federal Family and Medical Leave Act (F.M.L.A.) may continue coverage during the time of such leave and the participating employer may continue to pay its portion of premiums.

2. Leave of Absence without Pay; No Employer Contributions to Premiums. An employee granted leave of absence without pay for reasons other than those stated in Paragraph A, may continue to participate in an Office of Group Benefits benefit plan for a period up to 12 months upon the employee's payment of the full premiums due.

B. - B.2. ...

C. Surviving Dependents/Spouse

1. Benefits under the plan for covered dependents of a deceased covered employee or retiree will terminate on the last day of the month in which the employee's or retiree's death occurred unless the surviving covered dependents elect to continue coverage.

a. The surviving legal spouse of an employee or retiree may continue coverage unless or until the surviving spouse is or becomes eligible for coverage in a Group Health Plan other than Medicare.

b. The surviving never married dependent child of an employee or retiree may continue coverage unless or until such dependent child is or becomes eligible for coverage under a Group Health Plan other than Medicare, or until attainment of the termination age for children, whichever occurs first.

c. Surviving dependents will be entitled to receive the same participant employer premium contributions as employees and retirees, subject to the provisions of Louisiana Revised Statutes, Title 42, Section 851 and rules promulgated pursuant thereto by the Office of Group Benefits.

d. Coverage provided by the Civilian Health and Medical Program for the Uniformed Service (CHAMPUS/TRICARE) or successor program will not be sufficient to terminate the coverage of an otherwise eligible surviving legal spouse or a dependent child.

2. A surviving spouse or dependent child cannot add new dependents to continued coverage other than a child of the deceased employee born after the employee's death.

3. Participant Employer/Dependent Responsibilities

a. It is the responsibility of the participant employer and surviving covered dependent to notify the program within 60 days of the death of the employee or retiree.

b. The program will notify the surviving dependents of their right to continue coverage.

c. Application for continued coverage must be made in writing to the program within 60 days of receipt of notification, and premium payment must be made within 45 days of the date continued coverage is elected for coverage

retroactive to the date coverage would have otherwise terminated.

d. Coverage for the surviving spouse under this Section will continue until the earliest of the following:

i. failure to pay the applicable premium timely;

ii. eligibility of the surviving spouse for coverage under a Group Health Plan other than Medicare.

e. Coverage for a surviving dependent child under this section will continue until the earliest of the following events:

i. failure to pay the applicable premium timely;

ii. eligibility of the surviving dependent child for coverage under any Group Health Plan other than Medicare;

iii. the attainment of the termination age for children.

4. The provisions of Paragraphs 1 through 3 this Subsection are applicable to surviving dependents who, on or after July 1, 1999, elect to continue coverage following the death of an employee or retiree. Continued coverage for surviving dependents who made such election before July 1, 1999, shall be governed by the rules in effect at the time.

D. - D.3. ...

E. Military Service. Members of the National Guard or of the United States military reserves who are called to active military duty, and who are OGB participating employees or covered dependents will have access to continued coverage under OGB's health and life plans.

1. Health Plan Participation. When called to active military duty, participating employees and covered dependents may:

a. continue participation in the OGB health plan during the period of active military service, in which case the participating employer may continue to pay its portion of premiums; or

b. cancel participation in the OGB health plan during the period of active military service, in which case such plan participants may apply for reinstatement of OGB coverage within 30 days of:

i. the date of the employee's reemployment with a participating employer;

ii. the dependent's date of discharge from active military duty; or

iii. the date of termination of extended health coverage provided as a benefit of active military duty, such as TRICARE Reserve Select;

iv. plan participants who elect this option and timely apply for reinstatement of OGB coverage will not be subject to a pre-existing condition (PEC) limitation, and the lapse in coverage during active military duty or extended military coverage will not result in any adverse consequences with respect to the participation schedule set forth in R.S. 42:851(E) and the corresponding rules promulgated by OGB.

2. Life Insurance. When called to active military duty, employees with OGB life insurance coverage may:

a. continue participation in the OGB life insurance during the period of active military service, however, the accidental death and dismemberment coverage will not be in effect during the period of active military duty; or

b. cancel participation in the OGB life insurance during the period of active military service, in which case such employee may apply for reinstatement of OGB life

insurance within 30 days of the date of the employee's reemployment with a participating employer; employees who elect this option and timely apply for reinstatement of OGB life insurance will not be required to provide evidence of insurability.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:885 (June 2003), amended LR 30:1191 (June 2004), LR 32:

§105. COBRA

A. Employees

1. Coverage under this plan for a covered employee will terminate on the last day of the calendar month during which employment is terminated (voluntarily or involuntarily) or significantly reduced, the employee no longer meets the definition of an employee, or coverage under a leave of absence has expired, unless the covered employee elects to continue coverage at the employee's own expense. Employees terminated for gross misconduct are not eligible for COBRA coverage.

2. It is the responsibility of the participant employer to notify the program within 30 days of the date coverage would have terminated because of any of the foregoing events, and the program will notify the employee within 14 days of his or her right to continue coverage.

3. Application for continued coverage must be made in writing to the program within 60 days of the date of the election notification and premium payment must be made within 45 days of the date the employee elects continued coverage, for coverage retroactive to the date coverage would have otherwise terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage under this Section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 18 months from the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the employer ceases to provide any group health plan for its employees.

5. If employment for a covered employee is terminated (voluntarily or involuntarily) or significantly reduced, the employee no longer meets the definition of an employee, or a leave of absence has expired, and the employee has not elected to continue coverage, the covered spouse and/or covered dependent children may elect to continue coverage at his/her/their own expense. The elected coverage will be subject to the above-stated notification and termination provisions.

B. Surviving Dependents

1. Coverage under this plan for covered surviving dependents of an employee or retiree will terminate on the last day of the month in which the employee's or retiree's

death occurs, unless the surviving covered dependents elect to continue coverage at his/her own expense.

2. It is the responsibility of the participant employer or surviving covered dependents to notify the program within 30 days of the death of the employee or retiree. The program will notify the surviving dependents of their right to continue coverage. Application for continued coverage must be made in writing to the program within 60 days of the date of the election notification.

3. Premium payment must be made within 45 days of the date the continued coverage was elected, retroactive to the date coverage would have terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for the surviving dependents under this Section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the employer ceases to provide any group health plan for its employees.

C. Divorced Spouse

1. Coverage under this plan for an employee's spouse will terminate on the last day of the month during which dissolution of the marriage occurs by virtue of a legal decree of divorce from the employee or retiree, unless the covered divorced spouse elects to continue coverage at his or her own expense.

2. It is the responsibility of the divorced spouse to notify the program within 60 days from the date of divorce and the program will notify the divorced spouse within 14 days of his or her right to continue coverage. Application for continued coverage must be made in writing to the program within 60 days of the election notification.

3. Premium payment must be made within 45 days of the date continued coverage is elected, for coverage retroactive to the date coverage would have otherwise terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for the divorced spouse under this Section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or

e. the employer ceases to provide any group health plan for its employees.

D. Dependent Children

1. Coverage under this plan for a covered dependent child of a covered employee or retiree will terminate on the last day of the month during which the dependent child no longer meets the definition of an eligible covered dependent, unless the dependent elects to continue coverage at his or her own expense.

2. It is the responsibility of the dependent to notify the program within 60 days of the date coverage would have terminated and the program will notify the dependent within 14 days of his or her right to continue coverage. Application for continued coverage must be made in writing to the program within 60 days of receipt of the election notification.

3. Premium payment must be made within 45 days of the date the continued coverage is elected, for coverage retroactive to the date coverage would have otherwise terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for children under this Section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the employer ceases to provide any group health plan for its employees.

E. Dependents of COBRA Participants

1. If a covered terminated employee has elected to continue coverage and if during the period of continued coverage the covered spouse or a covered dependent child becomes ineligible for coverage due to:

- a. death of the employee;
- b. divorce from the employee; or
- c. a dependent child no longer meets the definition of an eligible covered dependent; then, the spouse and/or dependent child may elect to continue COBRA coverage at his/her own expense. Coverage will not be continued beyond 36 months from the date coverage would have otherwise terminated.

2. It is the responsibility of the spouse and/or the dependent child to notify the program within 60 days of the date COBRA coverage would have terminated.

3. Monthly payments for each month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for children under this Section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;

b. 36 months beyond the date coverage would have otherwise terminated;

c. entitlement to Medicare;

d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or

e. the employer ceases to provide any group health plan for its employees.

F. Disability COBRA

1. If a covered employee or covered dependent is determined by the Social Security Administration or by the program staff (in the case of a person who is ineligible for Social Security disability benefits due to insufficient "quarters" of employment), to have been totally disabled on the date the covered person became eligible for continued coverage or within the initial 18 months of coverage, coverage under this plan for the covered person who is totally disabled may be extended at his or her own expense up to a maximum of 29 months from the date coverage would have otherwise terminated.

2. To qualify the covered person must:

a. submit a copy of his or her Social Security Administration's disability determination to the program before the initial 18-month continued coverage period expires and within 60 days after the latest of:

- i. the date of issuance of the Social Security Administration's disability determination; and
- ii. the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the plan as a result of the covered employee's termination or reduction of hours;

b. in the case of a person who is ineligible for Social Security disability benefits due to insufficient "quarters" of employment, submit proof of total disability to the program before the initial 18-month continued coverage period expires. The staff and medical director of the program will make the determination of total disability based upon medical evidence, not conclusions, presented by the applicant's physicians, work history, and other relevant evidence presented by the applicant.

3. For purposes of eligibility for continued coverage under this Section, total disability means the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of 12 months. To meet this definition one must have a severe impairment which makes one unable to do his previous work or any other substantial gainful activity which exists in the national economy, based upon a person's residual functional capacity, age, education, and work experience.

4. Monthly payments for each month of extended COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

5. Coverage under this Section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 29 months from the date coverage would have otherwise terminated;

- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied;
- e. the employer ceases to provide any group health plan for its employees; or
- f. 30 days after the month in which the Social Security Administration determines that the covered person is no longer disabled. (The covered person must report the determination to the program within 30 days after the date of issuance by the Social Security Administration.) In the case of a person who is ineligible for Social Security disability benefits due to insufficient "quarters" of employment, 30 days after the month in which the program determines that the covered person is no longer disabled.

G. Medicare COBRA

1. If an employee becomes entitled to Medicare less than 18 months before the date the employee's eligibility for benefits under this plan terminates, the period of continued coverage available for the employee's covered dependents will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months from the date of the employee's Medicare entitlement;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the employer ceases to provide any group health plan for its employees.

2. Monthly payments for each month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

H. Miscellaneous Provisions. During the period of continuation, benefits will be identical to those provided to others enrolled in this plan under its standard eligibility provisions for employees and retirees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:886 (June 2003), amended LR 32:

§107. Change of Classification

A. Adding or Deleting Dependents. The plan member must notify the program when a dependent is added to or deleted from the plan member's coverage that results in a change in the class of coverage. Notice must be provided within 30 days of the addition or deletion.

B. Change in Coverage

1. When there is a change in family status (e.g., marriage, birth of child) that affects the class of coverage, the change in classification will be effective on the date of the event. Application for the change must be made within 30 days of the date of the event.

2. When the addition of a dependent changes the class of coverage, the additional premium will be charged for the entire month if the date of change occurs before the fifteenth day of the month. If the date of change occurs on or after the

fifteenth day of the month, an additional premium will not be charged until the first day of the following month.

C. Notification of Change. It is the employee's responsibility to notify the program of any change in classification of coverage that affects the employee's contribution amount. If failure to notify is later determined, it will be corrected on the first day of the following month.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:887 (June 2003), amended LR 32:

Chapter 2. Termination of Coverage

§201. Active Employee and Retired Employee Coverage

A. ...

- 1. the date the program terminates;
- 2. the date the group or agency employing the covered employee terminates or withdraws from the program;
- 3. the date contribution is due if the group or agency fails to pay the required contribution for the covered employee;
- 4. the date contribution is due if the covered person fails to make any contribution which is required for the continuation of coverage;
- 5. the last day of the month of the covered employee's death;
- 6. the last day of the month in which the covered employee ceases to be eligible.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:888 (June 2003), amended LR 32:

§203. Dependent Coverage

A. ...

- 1. the last day of the month the employee ceases to be covered;
- 2. the last day of the month in which the dependent, as defined in this plan, ceases to be an eligible dependent of the covered employee;
- 3. - 4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1)

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:888 (June 2003), amended LR 32:

Chapter 3. Medical Benefits

§301. Eligible Expenses

A. Eligible expenses are the charges incurred for the following services, drugs, supplies, and devices, when performed, prescribed, or ordered by a physician and medically necessary for the treatment of a covered person. All charges are subject to applicable deductibles, copayments, and/or coinsurance amounts (unless otherwise specifically provided), Fee Schedule limitations, Schedule of Benefits, exclusions, and other provisions of the plan. A charge is incurred on the date that the service, drug, supply, or device is performed or furnished.

1. - 3. ...

4. anesthesia and its administration when ordered by the operating physician and administered by an appropriately licensed nurse anesthetist or physician in conjunction with a covered surgical service;

- 5. - 6. ...
- 7. blood, blood derivatives, and blood processing, when not replaced;
- 8. - 8.c. ...
 - d. ostomy supplies, except supplies for nutritional and/or enteral feeding;
 - e. - l. ...
- 9. services of a licensed speech therapist when pre-approved through Outpatient Procedure Certification (§309, below) for the purpose of restoring partial or complete loss of speech resulting from stroke, surgery, cancer, radiation laryngitis, cerebral palsy, accidental injury, or other similar structural or neurological disease, limited to 26 visits per plan year;
- 10. ...
- 11. services rendered by a Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) for the treatment of accidental injury to a covered person's natural teeth, under the following conditions:
 - a. coverage was in effect with respect to the individual at the time of the accident;
 - b. treatment commences within 90 days from the date of the accident and is completed within two years from the date of the accident;
 - c. coverage remains continuously in effect with respect to the covered person during the course of the treatment;
 - d. eligible expenses are limited to the cost of treatment as estimated at the time of initial treatment;
 - e. eligible expenses may include dental braces and orthodontic appliances, upon review and approval by the program's dental consultant, and only under the following circumstances:
 - i. to return the alveolar alignment to its former state prior to a covered dental accident. The program will allow benefits for orthopedic correction to establish reasonable occlusal function;
 - ii. a covered surgery that requires the use of braces for stabilization;
 - iii. severe skeletal deformity (i.e., cleft palate). The program will allow benefits for orthopedic correction to establish reasonable occlusal function;
 - f. as used herein accidental injury means a condition occurring as a direct result of a traumatic bodily injury sustained solely through accidental means from an external force, and with respect to injuries to teeth, the act of chewing does not constitute an external force;
- 12. durable medical equipment subject to the lifetime maximum payment limitation as listed in the Schedule of Benefits. The program will require written certification by the treating physician to substantiate the medical necessity for the equipment and the length of time that it will be used. The purchase of durable medical equipment will be considered an eligible expense only upon a showing that the rental cost would exceed the purchase price. Under no circumstances may the eligible expense for an item of durable medical equipment exceed the purchase price of such item;
- 13. - 17. ...
- 18. orthopedic shoes prescribed by a physician and completely custom built, limit one pair per plan year;

- 19. acupuncture when rendered by a medical doctor licensed in the state in which the services are rendered;
- 20. - 20.d. ...
- 21. services of a physical therapist or occupational therapist licensed in the state in which the services are rendered, under the following conditions:
 - a. services are prescribed by a licensed physician and rendered in an individual setting;
 - b. restorative potential exists;
 - c. services meet the generally accepted standards for medical practice;
 - d. services are reasonable and medically necessary for treatment of a disease, illness, accident, injury, or post-operative condition;
 - e. services are approved through case management when rendered in the home;
 - f. services are limited to 50 visits per plan year. Additional visits subject to approval by utilization management;
- 22. cardiac rehabilitation when:
 - a. rendered at a medical facility under the supervision of a licensed physician;
 - b. - c. ...

NOTE: Charges incurred for dietary instruction, educational services, behavior modification literature, biofeedback, health club membership, exercise equipment, preventive programs, and any other items excluded by the plan are not covered, unless provided for under Paragraph 30 of this Subsection.
- 23. preventive care consisting of routine physical examinations, lab work, and immunizations (including a yearly influenza vaccination) as follows:
 - a. well baby care expenses subject to the annual deductible and co-payments:
 - i. newborn facility and professional charges;
 - ii. birth to age 1—all office visits for scheduled immunizations and screening;
 - b. well child care expenses subject to the annual deductible and co-payments:
 - i. age 1 until age 3—three office visits per year for scheduled immunizations and screening;
 - ii. age 3 until age 15—one office visit per year for scheduled immunizations and screening;
 - c. well adult care expenses, not subject to the annual deductible, but limited to a maximum benefit of \$200.00:
 - i. age 16 until age 40—once during a 3-year period;
 - ii. age 40 until age 50—once during a 2-year period;
 - iii. age 50 and over—once during a 1-year period.

NOTE: Benefits for well baby care, well child care and routine physical examinations for well adult care, including immunizations, are based on the U.S. Preventive Services Task Force guidelines and recommendations of the National Immunization Program of the Centers for Disease Control and Prevention. All services must be rendered on an outpatient basis to monitor and maintain health and to prevent illness.
- 24. specialized, age-appropriate wellness care, not subject to the annual deductible, as follows:
 - a. one Pap test for cervical cancer per plan year;
 - b. mammographic examinations performed according to the following schedule:
 - i. one mammogram during the five-year period a person is 35-39 years of age;

- ii. one mammogram every two plan years for any person who is 40-49 years of age;
- iii. one mammogram every 12 months for any person who is 50 years of age or older;
- c. testing for detection of prostate cancer, including digital rectal examination and prostate-specific antigen testing, once every 12 months for men over the age of 50 years;
- 25. - 26. ...
- 27. services rendered by the following, when billed by the supervising physician:
 - a. perfusionists and registered nurse assistants assisting in the operating room;
 - b. physician assistants and registered nurse practitioners;
- 28. - 30.c. ...
- 31. testing of sleep disorders only when the tests are performed at either:
 - a. a facility accredited by the American Academy of Sleep Medicine or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
 - b. a sleep study facility located within a healthcare facility accredited by JCAHO. No benefits are payable for surgical treatment of sleep disorders (including LAUP) except following demonstrated failure of non-surgical treatment and upon approval by the program;
- 32. - 33.c. ...
- 34. treatment provided in accordance with a clinical trial for cancer, including costs of investigational treatments and of associated protocol-related patient care if all of the following criteria are met:
 - a. treatment is being provided with a therapeutic or palliative intent for patients with cancer, or for the prevention or early detection of cancer;
 - b. treatment is being provided or the studies are being conducted in a Phase II, Phase III, or Phase IV clinical trial for cancer;
 - c. treatment is being provided in accordance with a clinical trial approved by one of the following entities:
 - i. one of the United States National Institutes of Health;
 - ii. a cooperative group funded by one of the United States National Institutes of Health;
 - iii. the FDA in the form of an investigational new drug application;
 - iv. the United States Department of Veterans Affairs;
 - v. the United States Department of Defense;
 - vi. a federally funded general clinical research center;
 - vii. the Coalition of National Cancer Cooperative Groups;
 - d. the proposed protocol has been reviewed and approved by a qualified institutional review board which operates in this state and which has a multiple project assurance contract approved by the office of protection from research risks;
 - e. the facility and personnel providing the protocol provided the treatment within their scope of practice, experience, and training and are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise;

- f. there is no clearly superior, non-investigational approach;
- g. the available clinical or preclinical data provide a reasonable expectation that the treatment will be at least as efficacious as the non-investigational alternative; and
- h. the patient has signed an institutional review board-approved consent form.

B. Emergency Services. Subject to all applicable terms of the plan, emergency services will be considered eligible expenses whether rendered by a participating provider or non-participating provider, as follows.

1. Emergency services provided to a covered person who is later determined not to have required emergency services will be considered eligible expenses except:

a. when the covered person's medical condition would not have led a prudent lay person, acting reasonably and possessing an average knowledge of health and medicine, to believe that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to health, serious impairment to bodily functions, or serious dysfunction of any bodily organ, unless the covered person was referred for emergency services by a participating provider or by an agent of OGB; or

b. when there was material misrepresentation, fraud, omission, or clerical error.

2. If a covered person requires hospitalization at a non-participating provider medically necessary inpatient services rendered by the non-participating provider will be considered eligible expenses until the covered person can be transferred to a participating provider.

3. OGB must be notified of the emergency services within 48 hours following commencement of treatment or admission, or as soon as medical circumstances permit. See also §307.C regarding the requirement for pre-admission certification (PAC) for emergency admissions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:888 (June 2003), amended LR 30:1191 (June 2004), LR 31:440 (February 2005), LR 32:

§303. Fee Schedule

A. The fee schedule establishes the maximum allowable charges for eligible expenses. The fee schedule applies to both contracted (MCO) health care providers, who have entered into agreements with OGB regarding reimbursement under this plan, and to non-contracted (non-MCO) health care providers who have not entered into such agreements.

B. Plan members may be subject to greater financial responsibility for services, drugs, supplies, and devices provided by non-contracted health care providers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:890 (June 2003), amended LR 32:

§305. Automated Claims Adjusting

A. OGB utilizes commercially licensed software that applies all claims against its medical logic program to identify improperly billed charges and charges for which this plan provides no benefits. Any claim with diagnosis or procedure codes deemed inadequate or inappropriate will be automatically reduced or denied. Providers accepting

assignment of benefits cannot bill the plan member for the differential on the denial amount, in whole or in part.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:890 (June 2003), LR 32:

§307. Utilization Review—Pre-Admission Certification, Continued Stay Review

A. ...

B. For a routine vaginal delivery, PAC is not required for a stay of two days or less. If the mother's stay exceeds or is expected to exceed two days, PAC is required within 24 hours after delivery or on the date on which any complications arose, whichever is applicable. If the baby's stay exceeds the mother's stay, PAC is required within 72 hours of the mother's discharge, and a separate pre-certification number must be obtained for the baby. In the case of a Caesarean section, PAC is required if the mother's stay exceeds or is expected to exceed four days.

C. - C.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:890 (June 2003), amended LR 32:

§309. Outpatient Procedure Certification (OPC)

A. The purpose of OPC is for the plan to certify that particular outpatient procedures and therapies are medically necessary. If OPC is not obtained when required, no benefits are payable under this plan.

B. OPC is required on the following procedures:

1. - 3. ...

4. all PET scans and MRI's, as follows:

- a. brain/head;
- b. upper extremity;
- c. lower extremity;
- d. spine;

5. - 7.d. ...

8. 23 hour observation;

9. hyperbaric treatment.

C. - C.2. ...

~~D. - Repealed.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:891 (June 2003), amended LR 32:

§311. Case Management

A. - D.3.b. ...

E. - E.8. Repealed.

F. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:891 (June 2003), amended LR 32:

§313. Dental Surgical Benefits

A. ...

B. If a covered person requires dental treatment in a hospital setting that is otherwise an eligible expense, the plan will provide benefits for anesthesia rendered in the hospital and associated hospital charges. Prior authorization

for hospitalization for dental treatment is required in the same manner as prior authorization is required for other covered medical services.

C. Eligible expenses incurred in connection with the removal of impacted teeth, including pre-operative and post-operative care, anesthesia, radiology, pathology services, and facility charges, are subject to a deductible, co-insurance, and the maximum benefit provisions of the plan.

D. The provisions of this section shall not apply to treatment rendered for Temporomandibular Joint (TMJ) diseases or disorders.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:891 (June 2003), amended LR 32:

§315. Medicare Reduction

A. ...

B. Retiree 100-Medicare COB—Upon enrollment and payment of the additional monthly premium, a plan member and dependents who are covered under Medicare Parts A and B (both) may choose to have full coordination of benefits with Medicare. Enrollment must be made within 30 days of eligibility for Medicare, or within 30 days of retirement if already eligible for Medicare, and at the annual enrollment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:891 (June 2003), amended LR 32:

§317. Exceptions and Exclusions

A. No benefits are provided under this plan for the following:

1. injury compensable under any worker's compensation program, regardless of whether the patient has filed a claim for benefits. This applies to compensation provided on an expense-incurred basis or blanket settlements for past and future losses;

2. maintenance therapy consisting of convalescent, skilled nursing, sanitarium, custodial care, assisted living facilities, or rest cures designed to assist in daily living activities, maintain present physical and/or mental condition, or provide a structured or safe environment;

3. expenses for elective, non-therapeutic voluntary abortions (abortions performed for reasons other than to save the life of the mother);

4. injuries sustained by a covered person while in an aggressor role;

5. expenses incurred as a result of a covered person's commission or attempted commission of an illegal act;

6. services, supplies, or treatment for cosmetic purposes, including cosmetic surgery and any cosmetic complications of cosmetic surgery, unless necessary for the immediate repair of a deformity caused by a disease and/or injury that occurs while coverage is in force. No payment will be made for expenses incurred in connection with the treatment of any body part not affected by the disease and/or injury;

7. shoes and related items, such as wedges, cookies, and arch supports;

8. dental and orthodontic services, appliances, supplies, and devices, including, but not limited to the following:

- a. dental braces and orthodontic appliances, except as specifically provided in §301.A.11.e of this Part;
 - b. treatment of periodontal disease;
 - c. dentures, dental implants, and any surgery for their use, except if needed as the result of an accident that meets the program's requirements;
 - d. treatment for Temporomandibular Joint (TMJ) diseases or disorders, except as specifically provided in §301.A.28 of this Part;
 - e. expenses incurred for services rendered by a dentist or oral surgeon and any ancillary or related services, except for covered dental surgical procedures, as specifically set forth herein, dental procedures which fall under the guidelines of treatment of accidental injury, procedures necessitated as a result of or secondary to cancer, or oral and maxillofacial surgeries which are shown to the satisfaction of the program to be medically necessary, non-dental, non-cosmetic procedures;
9. medical services, supplies, treatments, and prescription drugs provided without charge to the covered person or for which the covered person is not legally obligated to pay;
 10. maternity expenses incurred by any person other than the employee or the employee's legal spouse;
 11. personal convenience items including, but not limited to, admit kits, bedside kits, telephone, television, guest meals, and beds, and charges for luxury accommodations in any hospital or allied health facility provided primarily for the patient's convenience which are not deemed medically necessary by the program;
 12. charges for services, supplies, treatment, drugs, and devices which are in excess of the maximum allowable under the Medical Fee Schedule, Outpatient Surgical Facility Fee Schedule, or any other limitations of the plan;
 13. services, supplies, treatment, drugs, devices, and deluxe medical equipment which are not deemed medically necessary by the program;
 14. services rendered for remedial reading and recreational, visual, and behavioral modification therapy, biofeedback, pain rehabilitation control and/or therapy, and dietary or educational instruction for all diseases and/or illnesses, except diabetes;
 15. services and supplies for the treatment of and/or related to gender dysphoria or reverse sterilization;
 16. artificial organ implants, penile implants, transplantation of non-human organs, and any surgery and other treatment, services, or supplies, related to such procedures, or to complications related to such procedures;
 17. expenses subsequent to the initial diagnosis for infertility and complications, including but not limited to, services, drugs, procedures, or devices to achieve fertility, in-vitro fertilization, low tubal transfer, artificial insemination, intracytoplasmic sperm injection, embryo transfer, gamete transfer, zygote transfer, surrogate parenting, donor semen, donor eggs, and reversal of sterilization procedures;
 18. non-medical supplies such as air conditioners and/or filters, dehumidifiers, air purifiers, wigs or toupees, heating pads, cold devices, home enema equipment, rubber gloves, swimming pools, saunas, whirlpool baths, home pregnancy tests, lift chairs, devices or kits to stimulate the penis, exercise equipment, any other items not normally

- considered medical supplies, and any items the program determines are not medical supplies;
19. administrative fees, interest, penalties, or sales tax;
 20. marriage counseling, family relations counseling, divorce counseling, parental counseling, job counseling, and career counseling;
 21. charges for physician services rendered to a covered person over the telephone or in a non-face-to-face setting;
 22. radial keratotomy, laser surgery, and any other procedures, services, or supplies for the correction of refractive errors of the eyes;
 23. services, supplies, surgeries, and treatments for excess body fat, resection of excess skin and/or fat following weight loss or pregnancy, and/or obesity, and morbid obesity;
 24. hearing aids and any examination to determine the fitting or necessity of hearing aids, except as specifically provided for in §301.A.33 of this Part;
 25. hair plugs and/or transplants;
 26. routine physical examinations and/or immunizations not provided for under eligible expenses;
 27. eye examinations, glasses, and contact lenses, except as specifically provided for as an eligible expense in §301.A.15 of this Part;
 28. diagnostic or treatment measures that are not recognized as generally accepted medical practice;
 29. medical supplies not listed under eligible expenses;
 30. treatment or services for mental health and substance abuse provided outside the treatment plan developed by the program's managed care contractor or by therapists with whom or at facilities with which the program's managed care contractor does not have a contract;
 31. genetic testing, except when determined to be medically necessary during a covered pregnancy;
 32. services rendered by a private-duty Registered Nurse (R.N.) or by a private-duty Licensed Practical Nurse (L.P.N.);
 33. services rendered by a physician or other health care provider related to the patient by blood, adoption, or marriage;
 34. expenses for services rendered by a physician or other health care provider who is not licensed in the state where such services are rendered or in any facility not holding a valid license in the state and for the services rendered;
 35. facility fees for services rendered in a physician's office or in any facility not approved by the federal Health Care Finance Administration for Medicare reimbursement;
 36. glucometers;
 37. augmentative communication devices;
 38. charges to obtain medical records or any other information needed and/or required to adjudicate a claim;
 39. charges greater than the global allowance for any laboratory, pathology, or radiological procedure;
 40. speech therapy or the services of a speech therapist except as specifically provided in §301.A.9.
- AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).
- HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1834 (October 1999), amended LR 26:488 (March 2000),

§323. Prescription Drug Benefits

A. This plan allows benefits for drugs and medicines approved by the Food and Drug Administration or its successor that require a prescription and are dispensed by a licensed pharmacist or pharmaceutical company.

1. These include and shall not be limited to:
 - a. insulin;
 - b. Retin-A dispensed for covered persons under the age of 27;
 - c. Vitamin B12 injections;
 - d. prescription potassium chloride; and
 - e. over-the-counter diabetic supplies including, but not limited to, strips, lancets, and swabs.

2. In addition, this plan allows benefits limited to \$200 per month for expenses incurred for the purchase of low protein food products for the treatment of inherited metabolic diseases if the low protein food products are medically necessary and are obtained from a source approved by the OGB. Such expenses shall be subject to coinsurance and co-payments relating to prescription drug benefits. In connection with this benefit, the following words shall have the following meanings:

a. "inherited metabolic disease" shall mean a disease caused by an inherited abnormality of body chemistry and shall be limited to:

- i. Phenylketonuria (PKU);
- ii. Maple Syrup Urine Disease (MSUD);
- iii. Methylmalonic Acidemia (MMA);
- iv. Isovaleric Acidemia (IVA);
- v. Propionic Acidemia;
- vi. Glutaric Acidemia;
- vii. Urea Cycle Defects; or
- viii. Tyrosinemia;

b. "low protein food products" mean food products that are especially formulated to have less than one gram of protein per serving and are intended to be used under the direction of a physician for the dietary treatment of an inherited metabolic disease. Low protein food products shall not include natural foods that are naturally low in protein.

B. The following drugs, medicines, and related services and supplies are not covered:

1. appetite suppressant drugs;
2. dietary supplements;
3. topical forms of Minoxidil;
4. Retin-A dispensed for a covered person over age 26;
5. amphetamines dispensed for diagnoses other than Attention Deficit Disorder or Narcolepsy;
6. nicotine, gum, patches, or other products, services, or programs intended to assist an individual to reduce or cease smoking, or other use of tobacco products;
7. nutritional or parenteral therapy;
8. vitamins and minerals;
9. drugs available over the counter;
10. serostim dispensed for any diagnoses or therapeutic purposes other than AIDS wasting;
11. drugs prescribed for the treatment of impotence, except following the surgical removal of the prostate gland; and
12. glucometers.

C. - C.7. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:893 (June 2003), amended LR 32:

Chapter 4. Uniform Provisions

§401. Statement of Contractual Agreement

A. This plan, as amended, including the Schedule of Benefits, together with the application for coverage and any related documents executed by or on behalf of the covered employee, constitute the entire agreement between the parties.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:894 (June 2003), amended LR 32:

§403. Properly Submitted Claim

A. For plan reimbursement, a claim must include:

1. - 4. ...
5. type of services rendered, with diagnosis and/or procedure codes that are valid and current for the date of service;
6. date and place of service;
7. - 10. ...

B. The program may require additional documentation in order to determine the extent of coverage or the appropriate reimbursement. Failure to furnish information within 90 days of the request will constitute a reason for the denial of benefits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 29:894 (June 2003), amended LR 32:

§405. When Claims Must Be Filed

A. - B. ...

C. Requests for review of payment or corrected bills must be submitted within 18 months of receipt date of the original claim. Requests for review of payment or corrected bills received after that time will not be considered.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:895 (June 2003), amended LR 32:

§407. Right to Receive and Release Information

A. Without notice or consent the program may release to or obtain from any company, organization, or person, any information regarding any person which the program deems necessary to carry out the provisions of this plan, or to determine how, or if, they apply. Any claimant under the plan must furnish the program with any information necessary to implement this provision. OGB retains information for the minimum period of time required by law. After such time, information may no longer be available.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:895 (June 2003), amended LR 32:

§409. Legal Limitations

A. ...

B. Information provided by the program or any of its employees or agents to plan members does not modify or override the terms and provisions of the plan. In the event of any conflict between the written provisions of this plan and any information provided, the written provisions of this plan shall supersede and control.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:895 (June 2003), amended LR 32:

§413. Recovery of Overpayments

A. If an overpayment occurs, the program retains the right to recover the overpayment. The covered person, institution, or provider receiving the overpayment must return the overpayment. At the plan's discretion, the overpayment may be deducted from future claims. Should legal action be required as a result of fraudulent statements or deliberate omissions on the application for coverage or a claim for benefits, the defendant will be responsible for attorney fees of 25 percent of the overpayment or \$1,000, whichever is greater. The defendant will also be responsible for court costs and legal interest from the date of judicial demand until paid.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:895 (June 2003), amended LR 32:

§415. Subrogation and Reimbursement

A. Upon payment of any eligible benefits covered under this plan, the Office of Group Benefits shall succeed and be subrogated to all rights of recovery of the covered employee, his dependents or other covered persons, or their heirs or assigns, for whose benefit payment is made, and they shall execute and deliver instruments and papers and do whatever is necessary to secure such rights, and shall do nothing after loss to prejudice such rights.

B. The Office of Group Benefits shall be entitled, to the extent of any payment made to a covered employee, his dependents or other covered persons, to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of a covered employee, his dependents or other covered persons, against any person or entity legally responsible for the disease, illness, accident or injury for which said payment was made. To this end, covered employees, their dependents, or other covered persons agree to immediately notify the Office of Group Benefits of any action taken to attempt to collect any sums against any person or entity responsible for the disease, illness, accident or injury.

C. These subrogation and reimbursement rights also apply when a covered person recovers under, but not limited to, an uninsured or underinsured motorist plan, homeowner's plan, renter's plan, medical malpractice plan, worker's compensation plan or any general liability plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:895 (June 2003), amended LR 32:

§417. Employer Responsibility

A. It is the responsibility of the participant employer to submit enrollment and change forms and all other necessary

documentation to the program on behalf of its employees. Employees of a participant employer will not, by virtue of furnishing any documentation to the program, be considered agents of the program, and no representation made by any such person at any time will change the provisions of this plan.

B. A participant employer shall immediately inform OGB when a retiree with OGB coverage returns to full-time employment. The employee shall be placed in the re-employed retiree category for premium calculation. The re-employed retiree premium classification applies to retirees with and without Medicare. The premium rates applicable to the re-employed retiree premium classification shall be identical to the premium rates applicable to the classification for retirees without Medicare.

C. A participant employer that receives a Medicare Secondary Payer (MSP) collection notice or demand letter shall deliver the MSP notice to the OGB MSP Adjuster within 15 days of receipt. If timely forwarded, OGB will assume responsibility for medical benefits, interest, fines and penalties due to Medicare for a covered employee. If not timely forwarded, OGB will assume responsibility only for covered plan benefits due to Medicare for a covered employee. The participant employer will be responsible for interest, fines, and penalties due.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:896 (June 2003), amended LR 32:

§419. Program Responsibility

A. OGB will administer the plan in accordance with its terms, state and federal law, the OGB's established policies, interpretations, practices, and procedures. OGB will have maximum legal discretionary authority to construe and interpret the terms and provisions of the plan, to make determinations regarding eligibility for benefits and to decide disputes which may arise relative to a covered person's rights.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:896 (June 2003), amended LR 32:

§423. Amendments to or Termination of the Plan and/or Contract

A. OGB has the statutory responsibility of providing health and accident and death benefits to covered persons to the extent that funds are available. OGB reserves the right to terminate or amend the eligibility and benefit provisions of the plan from time to time as necessary to prudently discharge its duties. Such modifications will be promulgated subject to the applicable provisions of law, and nothing contained herein shall be construed to guarantee or vest benefits for any employee, whether active or retired.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:896 (June 2003), amended LR 32:

Chapter 6. Definitions

§601. Definitions

Accidental Injury—a condition occurring as a direct result of a traumatic bodily injury sustained solely through

accidental means from an external force. With respect to injuries to teeth, the act of chewing does not constitute an external force.

Appeal—a request by a plan member for and a formal review of a medical claim for benefits or an eligibility determination.

Benefit Payment—payment of eligible expenses due or owing by a covered person, after applicable deductibles, co-payments, and coinsurance, and subject to all limitations and exclusions, at the rate shown under percentage payable in the Schedule of Benefits.

Brand Drug—the trademark name of a drug approved by the U. S. Food and Drug Administration.

Child or Children includes—

1. a legitimate, duly acknowledged, and/or legally adopted child of the employee and/or the employee's legal spouse's who is dependent upon the employee for support;

2. a child in the process of being adopted by the employee through an agency adoption, who is living in the household of the employee, and is or will be included as a dependent on the employee's federal income tax return for the current or following tax year (if filing is required);

3. a child in the legal custody of the employee, who lives in the household of the employee and is or will be included as a dependent on the employee's federal income tax return for the current or following tax year (if filing is required);

4. a grandchild of the employee that is not in the legal custody of the employee, who is dependent upon the employee for support and whose parent is a covered dependent. If the employee seeking to cover a grandchild is a paternal grandparent, the program will require that the biological father, i.e., the covered son of the employee, execute an acknowledgement of paternity.

NOTE: If the employee dependent parent becomes ineligible for coverage under the program, the employee's grandchild will also be ineligible for coverage, unless the employee has legal custody of his/her grandchild.

COBRA—the federal continuation of coverage laws originally enacted in the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended from time to time.

Committee—Repealed.

Convalescent, Maintenance Care, or Rest Cures—treatment or services, regardless of by whom recommended or where provided, in which the service could be rendered safely and reasonably by oneself, family, or other caregivers who are not eligible providers. The services are primarily designed to help the patient with daily living activities, maintain the patient's present physical and mental condition, and/or provide a structured or safe environment.

Covered Person—an active or retired employee, his/her eligible dependent, or any other individual eligible for coverage for whom the necessary application forms have been completed and for whom the required contribution is made.

Covered Services—those health care services for which a plan member is entitled to receive benefit payments in accordance with the terms of this plan.

Custodial Care—

1. care designed to assist an individual in the performance of daily living activities (i.e., services which constitute personal care such as walking, getting in and out

of bed, bathing, dressing, eating, and using the toilet) that does not require admission to a hospital or other institution for the treatment of a disease, illness, accident, or injury, or for the performance of surgery;

2. care primarily intended to provide room and board to an individual with or without routine nursing care, training in personal hygiene, or other forms of self-care;

3. supervisory care provided by a physician whose patient who is mentally or physically incapacitated and is not under specific medical, surgical, or psychiatric treatment, when such care is intended to reduce the patient's incapacity to the extent necessary to enable the patient to live outside of an institution providing medical care, or when, despite treatment, there is not reasonable a likelihood that the incapacity will be reduced.

Date Acquired—the date a dependent of a covered employee is acquired in the following instances and on the following dates only:

1. legal spouse—the date of marriage;

2. child or children □

a. natural child—the date of birth;

b. child in the process of being adopted;

c. agency adoption—the date the adoption contract was executed between the employee and the adoption agency;

d. private adoption—the date the Act of Voluntary Surrender is executed in favor of the employee. The program must be furnished with certification by the appropriate clerk of court setting forth the date of execution of the Act and the date it Act became irrevocable, or the date of the first court order granting legal custody, whichever occurs first;

e. child who lives in the household of the covered employee and is currently or will be included as a dependent on the employee's federal income tax return—the date of the court order granting legal custody;

f. grandchild of the employee that is not in the legal custody of the employee, but who is dependent upon the employee for support and whose parent is a covered dependent:

i. the date of birth of the grandchild, if all of the above requirements are met at the time of birth; or

ii. the date on which the coverage becomes effective for the covered dependent, if all of the above requirements are not met at the time of birth.

Deductible—the dollar amount that a covered person must pay as shown in the Schedule of Benefits before benefits will be paid in a plan year.

Dependent—any of the following persons who are enrolled for coverage as dependents, if they are not also covered as an employee:

1. the covered employee's legal spouse;

2. a never married child from date of birth up to 21 years of age and dependent upon the employee for support;

3. a never married child who is a fulltime student under 24 years of age and financially dependent upon the employee for support;

4. a never married child of any age who meets the criteria set forth in §103.D, above;

Durable Medical Equipment (DME)—equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, is not generally useful to a

person in the absence of a illness or injury, and is appropriate for use in the home. DME includes, but is not limited to, items such as wheelchairs, hospital beds, respirators, braces (non-dental), custom orthotics which must be specially made and not available at retail stores.

Employee—a full-time *employee* as defined by a participant employer and in accordance with state law.

Family Unit Limit—that each of three covered members of a family unit have met the dollar amount shown in the Schedule of Benefits as plan year deductible for an individual. Once the family unit limit is met, the deductibles of all other covered members of the family unit will be considered satisfied for that plan year.

Fee Schedule—the maximum allowable charges for professional or hospital services adopted by the OGB that may be considered as an eligible expense.

Future Medical Recovery—Repealed.

Generic Drug—a chemically equivalent copy of a "brand name" drug.

Group Health Plan—a plan (including a self-insured plan) offered or contributed to, by an employer (including a self-employed person) or employee organization to provide health care to employees, former employees, the employer, others associated or formerly associated with the employer in a business relationship, and/or their families.

Health Insurance Coverage—benefits consisting of medical care offered by a health insurance issuer under any hospital or medical service policy or certificate, hospital or medical service plan contract, or HMO contract.

HIPAA—the Health Insurance Portability and Accountability Act of 1996 (U.S. Public Law 104-191) and Federal Regulations promulgated pursuant thereto.

Hospital—an institution that is currently licensed as a hospital by the state in which services are rendered and is not primarily an institution for rest, the aged, the treatment of pulmonary tuberculosis, a nursing home, extended care facility, remedial training institution, or a facility primarily for the treatment of conduct and behavior disorders.

Incurred Date—the date when a particular service or supply is rendered or obtained. When a single charge is made for a series of services, each service will bear a prorated share of the charge.

Lifetime Maximum Benefit—the maximum amount of benefits that will be paid under the plan for all eligible expenses incurred by a covered person.

Medically Necessary—a service, treatment, procedure, equipment, drug, device, item, or supply, which, in the judgment of the program:

1. is appropriate and consistent with a covered person's diagnosis and treatment as well as with nationally accepted medical standards; and

2. is not primarily for personal comfort or convenience or custodial care.

Medicare—the health insurance available through Medicare laws enacted by the Congress of the United States.

Occupational Therapy—the application of any activity one engages in for the purposes of evaluation, interpretation,

treatment planning, and treatment of problems interfering with functional performance in persons impaired by physical illness or injury in order to significantly improve functioning.

Physical Therapy—the evaluation of physical status as related to functional abilities and treatment procedures as indicated by that evaluation. And licensed for the state where services are rendered.

Physician—

1. the following persons, appropriately licensed to practice their respective professional skills at the time and place the service is rendered:

- a. a Doctor of Medicine (M.D.);
- b. a Doctor of Dental Surgery (D.D.S.);
- c. a Doctor of Dental Medicine (D.M.D.);
- d. a Doctor of Osteopathy (D.O.);
- e. a Doctor of Podiatric Medicine (D.P.M.);
- f. a Doctor of Chiropractic (D.C.);
- g. a Doctor of Optometry (O.D.);
- h. a Psychologist meeting the requirements of the National Register of Health Service Providers in Psychology;
- i. a mental health counselor;
- j. a substance abuse counselor;
- k. an Audiologist.

2. does not include a medical doctor in the capacity of supervising interns, residents, senior residents, or fellows enrolled in a training program who does not personally provide medical treatment or perform a surgical procedure for the covered person.

Plan—coverage offered by the Office of Group Benefits under this contract including MCO benefits, prescription drug benefits, mental health and substance abuse benefits, and comprehensive medical benefits. The term *plan* as defined herein is used interchangeably with the term *program* as defined below.

Plan Year—the period from July 1, or the date the covered person first becomes covered under the plan, through the next following June 30. Each successive plan year will be the 12 month period from July 1 through the next following June 30.

Program—the Office of Group Benefits and/or the plan.

Provider—one or more entities which offer health care services and shall include but not be limited to individuals, or groups of physicians, individuals or groups of psychologists, nurse midwives, ambulance service companies, hospitals, and other health care entities that provide covered services to covered individuals.

Recovery—with respect to Subrogation and Reimbursement (§415) recovery means any and all monies paid to the covered person by way of judgment, settlement, or otherwise to compensate for losses allegedly caused by injury or sickness, whether or not the losses reflect medical or dental charges covered by the program.

Referee—Repealed.

Rehabilitation and Rehabilitation Therapy—care concerned with the management and functional ability of patients disabled by disease, illness, accident, or injury.

Reimbursement—repayment to the program for benefits payments made by the program.

Retiree—

1. an individual who was a covered employee immediately prior to the date of retirement and who, upon retirement, satisfied one of the following categories:

a. immediately received retirement benefits from an approved state or governmental agency defined benefit plan;

b. was not eligible for participation in such plan or legally opted not to participate in such plan; and either:

i. began employment prior to September 15, 1979, has 10 years of continuous state service, and has reached the age of 65; or

ii. began employment after September 16, 1979, has 10 years of continuous state service, and has reached the age of 70; or

iii. was employed after July 8, 1992, has 10 years of continuous state service, has a credit for a minimum of 40 quarters in the Social Security system at the time of employment, and has reached the age of 65; or

iv. maintained continuous coverage with the program as an eligible dependent until he/she became eligible as a former state employee to receive a retirement benefit from an approved state governmental agency defined benefit plan;

b. immediately received retirement benefits from a state-approved or state governmental agency-approved defined contribution plan and has accumulated the total number of years of creditable service which would have entitled him/her to receive a retirement allowance from the defined benefit plan of the retirement system for which the employee would have otherwise been eligible. The appropriate state governmental agency or retirement system responsible for administration of the defined contribution plan is responsible for certification of eligibility to the Office of Group Benefits;

2. also means an individual who was a covered employee and continued the coverage through the provisions of COBRA immediately prior to the date of retirement and who, upon retirement, qualified for any of Paragraphs 1, 2, or 3 above.

Room and Board—all expenses necessary to maintain and sustain a covered person upon admittance to a hospital and during a hospital confinement. This can include, but is not limited to, facility charges for the maintenance of the covered person's hospital room, dietary and food services, nursing services performed by nurses employed by or under contract with the hospital, and housekeeping services.

Utilization Management—the process of evaluating the necessity, appropriateness, and efficiency of health care services against established guidelines and criteria.

Utilization Review Organization (URO)—an entity that has established one or more utilization review programs which evaluates the medical necessity, appropriateness, and efficiency of the uses of health care services, procedures, and facilities.

Well Adult Care—applies to covered persons age 16 and older and means a routine physical examination by a physician that may include an influenza vaccination, lab work, and X-rays performed as part of the exam in that physician's office, when such services are billed by that physician with wellness procedure and diagnosis codes.

Other health care services billed with wellness procedures and diagnosis codes, as well as treatment and/or diagnosis of a specific illness, will not be considered as well adult care.

Well Baby Care—applies to covered persons from birth until age 1 and means routine care to a well, newborn infant that may include physical examinations and active immunizations provided by a physician when such services are billed by that physician with wellness procedure and diagnosis codes. Other health care services billed with wellness procedures and diagnosis codes, as well as treatment and/or diagnosis of a specific illness, will not be considered as well baby care.

Well Child Care—applies to covered persons from age 1 through age 15 and means routine physical examinations and active immunizations provided by a physician, when such services are billed by that physician with wellness procedure and diagnosis codes. Other health care services billed with wellness procedure and diagnosis codes, as well as treatment and/or diagnosis of a specific illness, will not be considered as well child care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1)

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 29:898 (June 2003), amended LR 32:

Family Impact Statement

The proposed Rule has no known impact on family formation, stability, or autonomy.

Interested persons may present their views, in writing, to Tommy D. Teague, Chief Executive Officer, Office of Group Benefits, Box 44036, Baton Rouge, LA 70804, until 4:30 p.m. on Monday, August 21, 2006.

Tommy D. Teague
Chief Executive Officer

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: MCO Plan of Benefits**

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

This rule change is being made to add clarification to the MCO plan document language and bring it into line with current interpretation and practice. The rule: 1) clarifies the eligibility provision regarding continued coverage for disabled dependent children, 2) clarifies the coverage for physical and occupational therapy, and 3) modifies the coverage provision for sleep disorders to reflect the name of the accrediting organization. It is anticipated \$3,000 in expenses will be incurred with the publishing of this rule in FY 06/07.

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

Revenue collections of state and local governmental units will not be affected.

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

This rule should not directly impact any person or non-governmental group as it only serves to clarify plan document language contained in the MCO plan document to bring it into line with current interpretation and application. There should be no cost impact associated with this rule change.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)

Competition and employment will not be affected.

Tommy D. Teague
Chief Executive Officer
0607#053

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

**Office of the Governor
Division of Administration
Office of Group Benefits**

**PPO, EPO, and MCO Plans of Benefits—Colorectal
Screening (LAC 32:III.301, V.301, IX.301)**

In accordance with the applicable provisions of R.S. 49:950, et seq., the Administrative Procedure Act, and pursuant to the authority granted by R.S. 42:801(C) and 802(B)(2), as amended and reenacted by Act 1178 of 2001, vesting the Office of Group Benefits (OGB) with the responsibility for administration of the programs of benefits authorized and provided pursuant to Chapter 12 of Title 42 of the Louisiana Revised Statutes, and granting the power to adopt and promulgate rules with respect thereto, OGB finds that it is necessary to revise and amend provisions of the PPO, EPO, and MCO plan documents to authorize benefits for routine colorectal screening. This action is necessary to comply with the provisions of R.S. 22:215.12.

Accordingly, OGB hereby gives notice of intent to adopt the following Rule to become effective upon promulgation.

Title 32

EMPLOYEE BENEFITS

**Part III. Preferred Provider Organization (PPO)—Plan
of Benefits**

Chapter 3. Medical Benefits

**§301. Medical Benefits Apply When Eligible Expenses
Are Incurred by a Covered Person**

A. - A.33.c. ...

34. treatment provided in accordance with a clinical trial for cancer, including costs of investigational treatments and of associated protocol-related patient care if all of the following criteria are met:

a. treatment is being provided with a therapeutic or palliative intent for patients with cancer, or for the prevention or early detection of cancer;

b. treatment is being provided or the studies are being conducted in a Phase II, Phase III, or Phase IV clinical trial for cancer;

c. treatment is being provided in accordance with a clinical trial approved by one of the following entities:

i. one of the United States National Institutes of Health;

ii. a cooperative group funded by one of the United States National Institutes of Health;

iii. the FDA in the form of an investigational new drug application;

iv. the United States Department of Veterans Affairs;

v. the United States Department of Defense;

vi. a federally funded general clinical research center;

vii. the Coalition of National Cancer Cooperative Groups;

d. the proposed protocol has been reviewed and approved by a qualified institutional review board which operates in this state and which has a multiple project assurance contract approved by the office of protection from research risks;

e. the facility and personnel providing the protocol provided the treatment within their scope of practice, experience, and training and are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise;

f. there is no clearly superior, non-investigational approach;

g. the available clinical or preclinical data provide a reasonable expectation that the treatment will be at least as efficacious as the non-investigational alternative; and

h. the patient has signed an institutional review board-approved consent form;

35. routine colorectal cancer screening provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations, including:

a. fecal occult blood test;

b. flexible sigmoidoscopy; or

c. colonoscopy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1830 (October 1999), amended LR 28:480 (March 2002), LR 29:339, 343 (March 2003), LR 30:1192 (June 2004), LR 31:441 (February 2005), LR 32:

**Part V. Exclusive Provider Organization (EPO)—Plan
of Benefits**

Chapter 3. Medical Benefits

**§301. Medical Benefits Apply When Eligible Expenses
Are Incurred by a Covered Person**

A. - A.33.c. ...

34. treatment provided in accordance with a clinical trial for cancer, including costs of investigational treatments and of associated protocol-related patient care if all of the following criteria are met:

a. treatment is being provided with a therapeutic or palliative intent for patients with cancer, or for the prevention or early detection of cancer;

b. treatment is being provided or the studies are being conducted in a Phase II, Phase III, or Phase IV clinical trial for cancer;

c. treatment is being provided in accordance with a clinical trial approved by one of the following entities:

i. one of the United States National Institutes of Health;

ii. a cooperative group funded by one of the United States National Institutes of Health;

iii. the FDA in the form of an investigational new drug application;

iv. the United States Department of Veterans Affairs;

v. the United States Department of Defense;

vi. a federally funded general clinical research center;

vii. the Coalition of National Cancer Cooperative Groups;

d. the proposed protocol has been reviewed and approved by a qualified institutional review board which operates in this state and which has a multiple project assurance contract approved by the office of protection from research risks;

e. the facility and personnel providing the protocol provided the treatment within their scope of practice, experience, and training and are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise;

f. there is no clearly superior, non-investigational approach;

g. the available clinical or preclinical data provide a reasonable expectation that the treatment will be at least as efficacious as the non-investigational alternative; and

h. the patient has signed an institutional review board-approved consent form;

35. routine colorectal cancer screening provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations, including:

- a. fecal occult blood test;
- b. flexible sigmoidoscopy; or
- c. colonoscopy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits, LR 25:1810 (October 1999), amended LR 28:478 (March 2002), LR 29:334, 338 (March 2003), LR 30:1190 (June 2004), LR 31:440 (February 2005), LR 32:

Part IX. Managed Care Option (MCO)—Plan of Benefits

Chapter 3. Medical Benefits

§301. Medical Benefits Apply When Eligible Expenses Are Incurred by a Covered Person

A. - A.33.c. ...

34. treatment provided in accordance with a clinical trial for cancer, including costs of investigational treatments and of associated protocol-related patient care if all of the following criteria are met:

a. treatment is being provided with a therapeutic or palliative intent for patients with cancer, or for the prevention or early detection of cancer;

b. treatment is being provided or the studies are being conducted in a Phase II, Phase III, or Phase IV clinical trial for cancer;

c. treatment is being provided in accordance with a clinical trial approved by one of the following entities:

i. one of the United States National Institutes of Health;

ii. a cooperative group funded by one of the United States National Institutes of Health;

iii. the FDA in the form of an investigational new drug application;

iv. the United States Department of Veterans Affairs;

v. the United States Department of Defense;

vi. a federally funded general clinical research center;

vii. the Coalition of National Cancer Cooperative Groups;

d. the proposed protocol has been reviewed and approved by a qualified institutional review board which operates in this state and which has a multiple project assurance contract approved by the office of protection from research risks;

e. the facility and personnel providing the protocol provided the treatment within their scope of practice, experience, and training and are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise;

f. there is no clearly superior, non-investigational approach;

g. the available clinical or preclinical data provide a reasonable expectation that the treatment will be at least as efficacious as the non-investigational alternative; and

h. the patient has signed an institutional review board-approved consent form;

35. routine colorectal cancer screening provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations, including:

- a. fecal occult blood test;
- b. flexible sigmoidoscopy; or
- c. colonoscopy.

B. Emergency Services. Subject to all applicable terms of the plan, emergency services will be considered eligible expenses whether rendered by a participating provider or non-participating provider, as follows.

1. Emergency services provided to a covered person who is later determined not to have required emergency services will be considered eligible expenses except:

a. when the covered person's medical condition would not have led a prudent lay person, acting reasonably and possessing an average knowledge of health and medicine, to believe that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to health, serious impairment to bodily functions, or serious dysfunction of any bodily organ, unless the covered person was referred for emergency services by a participating provider or by an agent of OGB; or

b. when there was material misrepresentation, fraud, omission, or clerical error.

2. If a covered person requires hospitalization at a non-participating provider medically necessary inpatient services rendered by the non-participating provider will be considered eligible expenses until the covered person can be transferred to a participating provider.

3. OGB must be notified of the emergency services within 48 hours following commencement of treatment or admission, or as soon as medical circumstances permit. See also §307.C regarding the requirement for pre-admission certification (PAC) for emergency admissions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR

Family Impact Statement

The proposed Rule has no known impact on family formation, stability, or autonomy, except as follows: The Rule implements benefits not previously authorized for routine colorectal screening, in accordance with the provisions of R.S. 22:215.12.

Interested persons may present their views, in writing, to Tommy D. Teague, Chief Executive Officer, Office of Group Benefits, Box 44036, Baton Rouge, LA 70804, until 4:30 p.m. on Monday, August 21, 2006.

Tommy D. Teague
Chief Executive Officer

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: PPO, EPO, and MCO Plans of
Benefits—Colorectal Screening**

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

It is estimated that this benefit modification would cost the PPO, EPO and MCO plans of OGB approximately \$812,000 in FY 06/07, \$894,000 in FY 07/08, and \$983,000 in FY 08/09. Although the increase of \$812,000 in FY 06/07 for the cost of this benefit to OGB is paid from Agency-Self Generated Funds, 66 percent of the impact (\$539,920) is on the State General Fund for employer contribution of premiums paid to OGB. This benefit would require coverage for colorectal cancer screening provided in accordance with the most recently published recommendations established by the American College of Gastroenterology. This rule is being adopted as a result of Act 505 of the 2005 Regular Session. It is anticipated \$3,000 in expenses will be incurred with the publishing of this rule in FY 06/07.

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

Revenue collections of State or Local Governmental units should not be affected.

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

This rule will result in PPO, EPO and MCO members (approximately 245,000) having the benefit of colorectal screening including an annual fecal occult blood test, flexible sigmoidoscopy, or colonoscopy. These tests will need to be performed in accordance with recommendations of the American College of Gastroenterology. There is no direct premium increase for members as a result of this additional benefit, but increased costs have been considered for premium rates that are effective July 1, 2006.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Competition and employment will not be affected.

Tommy D. Teague
Chief Executive Officer
0607#050

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

**Office of the Governor
Division of Administration
Office of Group Benefits**

PPO Plan of Benefits
(LAC 32:III.Chapters 1-7)

In accordance with the applicable provisions of R.S. 49:950, et seq., the Administrative Procedure Act, and pursuant to the authority granted by R.S. 42:801(C) and 802(B)(1), as amended and reenacted by Act 1178 of 2001, vesting the Office of Group Benefits (OGB) with the responsibility for administration of the programs of benefits authorized and provided pursuant to Chapter 12 of Title 42 of the Louisiana Revised Statutes, and granting the power to adopt and promulgate rules with respect thereto, OGB finds that it is necessary to revise and amend provisions of the PPO Plan Document. The reason for this action is to enhance member clarification and be able to administer health care benefits effectively for the program and member.

Accordingly, OGB hereby gives Notice of Intent to adopt the following Rule to become effective upon promulgation:

Title 32

EMPLOYEE BENEFITS

Part III. Preferred Provider (PPO) Plan of Benefits

Chapter 1. Eligibility

§101. Persons to Be Covered

Eligibility requirements apply to all participants in the Program, including the PPO plan, the EPO plan, the MCO plan, an HMO plan, or the life insurance plan.

A. - A.2. ...

3. Effective Dates of Coverage, New Employee, Transferring Employee. Coverage for each Employee who completes the applicable Enrollment Form and agrees to make the required payroll contributions to his Participant Employer is effective as follows:

a. if employment begins on the first day of the month, coverage is effective on the first day of the following month (For example, if hired on July 1, coverage will begin on August 1);

b. if employment begins on or after the second day of the month, coverage is effective on the first day of the second month following employment (For example, if hired on July 15, coverage will begin on September 1);

c. employee coverage will not become effective unless the Employee completes an Enrollment Form within 30 days following the date of employment. If completed after 30 days following the date of employment, the Employee will be considered an overdue applicant.

d. an Employee who transfers employment to another Participating Employer must complete a Transfer Form within 30 days following the date of transfer to maintain coverage without interruption. If completed after 30 days following the date of transfer, the Employee will be considered an overdue applicant.

4. Re-enrollment, Previous Employment for Health Benefits and Life Insurance

A.4.a. - B.1.a. ...

b. An Employee retired from a Participant Employer may not be covered as an Employee.

c. Retirees are not eligible for coverage as overdue applicants.

2. Effective Date of Coverage

a. Retiree coverage will be effective on the first day of the month following the date of retirement if the Retiree and Participant Employer have agreed to make and are making the required contributions (For example, if retired July 15, coverage will begin August 1).

C. - C.2. ...

a. Dependents of Employees. Coverage will be effective on the date the Employee becomes eligible for Dependent Coverage.

C.2.b. - D. ...

1. The terms of the following paragraphs apply to all eligible Employees who apply for coverage after 30 days from the date the Employee became eligible for coverage and to all eligible Dependents of Employees and Retirees for whom the application for coverage was not completed within 30 days from the Date Acquired.

D.2. - E.2. ...

a. A special enrollment application must be made within 30 days of either the termination date of the prior coverage or the date the new Dependent is acquired. If it is made more than 30 days after eligibility, they will be considered overdue applicants subject to a pre-existing condition limitation.

b. ...

i. for loss of other coverage or marriage, the first day of the month following the date the Program receives all required forms for enrollment;

ii. - iii. ...

c. Special enrollment applicants must complete the "Acknowledgment of Pre-existing Condition" form and "Statement of Physical Condition" form.

E.2.d. - G.2. ...

H. Medicare+Choice/Medicare Advantage Option for Retirees (effective July 1, 1999). Retirees who are eligible to participate in a Medicare+Choice/Medicare Advantage plan who cancel coverage with the Program upon enrollment in a Medicare+Choice/Medicare Advantage plan may re-enroll in the Program upon withdrawal from or termination of coverage in the Medicare+Choice/Medicare Advantage plan, at the earlier of the following:

H.1. - I. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1827 (October 1999), amended LR 27:721 (May 2001), LR 28:2343 (November 2002), LR 29:341, 342 (March 2003), LR 32:

§103. Continued Coverage

A. ...

1. Leave of Absence without Pay, Employer Contributions to Premiums

a. A participating employee who is granted leave of absence without pay due to a service related injury may continue coverage and the participating employer shall continue to pay its portion of health plan premiums for up to twelve months.

b. A participating employee who suffers a service related injury that meets the definition of a total and permanent disability under the workers' compensation laws of Louisiana may continue coverage and the participating employer shall continue to pay its portion of the premiums until the employee becomes gainfully employed or is placed on state disability retirement.

c. A participating employee who is granted leave of absence without pay in accordance with the federal Family and Medical Leave Act (F.M.L.A.) may continue coverage during the time of such leave and the participating employer may continue to pay its portion of premiums.

2. Leave of Absence without Pay; No Employer Contributions to Premiums. An employee granted leave of absence without pay for reasons other than those stated in Paragraph A, may continue to participate in an Office of Group Benefits benefit plan for a period up to twelve months upon the employee's payment of the full premiums due.

B. - B.2. ...

C. Surviving Dependents/Spouse

1. Benefits under the Plan for covered Dependents of a deceased covered Employee or Retiree will terminate on the last day of the month in which the Employee's or Retiree's death occurred unless the surviving covered Dependents elect to continue coverage.

a. The surviving legal spouse of an Employee or Retiree may continue coverage unless or until the surviving spouse is or becomes eligible for coverage in a Group Health Plan other than Medicare.

b. The surviving never married Dependent Child of an Employee or Retiree may continue coverage unless or until such Dependent Child is or becomes eligible for coverage under a Group Health Plan other than Medicare, or until attainment of the termination age for Children, whichever occurs first.

c. Surviving Dependents will be entitled to receive the same Participant Employer premium contributions as Employees and Retirees, subject to the provisions of Louisiana Revised Statutes, Title 42, Section 851 and rules promulgated pursuant thereto by the Office of Group Benefits.

d. Coverage provided by the Civilian Health and Medical Program for the Uniformed Service (CHAMPUS/TRICARE) or successor program will not be sufficient to terminate the coverage of an otherwise eligible surviving legal spouse or a Dependent Child.

2. A surviving spouse or Dependent Child cannot add new Dependents to continued coverage other than a Child of the deceased Employee born after the Employee's death.

3. Participant Employer/Dependent Responsibilities

a. It is the responsibility of the Participant Employer and surviving covered Dependent to notify the Program within 60 days of the death of the Employee or Retiree;

b. The Program will notify the surviving Dependents of their right to continue coverage;

c. Application for continued coverage must be made in writing to the Program within 60 days of receipt of notification, and premium payment must be made within 45 days of the date continued coverage is elected for coverage retroactive to the date coverage would have otherwise terminated;

d. Coverage for the surviving spouse under this section will continue until the earliest of the following:

- i. failure to pay the applicable premium timely;
- ii. eligibility of the surviving spouse for coverage under a Group Health Plan other than Medicare.

e. Coverage for a surviving Dependent Child under this section will continue until the earliest of the following events:

- i. failure to pay the applicable premium timely;
- ii. eligibility of the surviving Dependent Child for coverage under any Group Health Plan other than Medicare.
- iii. the attainment of the termination age for Children.

4. The provisions of paragraphs 1 through 3 this subsection are applicable to surviving Dependents who, on or after July 1, 1999, elect to continue coverage following the death of an Employee or Retiree. Continued coverage for surviving Dependents who made such election before July 1, 1999, shall be governed by the rules in effect at the time.

D. - D.3. ...

E. Military Service. Members of the National Guard or of the United States military reserves who are called to active military duty, and who are OGB participating Employees or covered Dependents will have access to continued coverage under OGB's health and life plans.

1. Health Plan Participation. When called to active military duty, participating employees and covered dependents may:

a. continue participation in the OGB health plan during the period of active military service, in which case the participating employer may continue to pay its portion of premiums; or

b. cancel participation in the OGB health plan during the period of active military service, in which case such plan participants may apply for reinstatement of OGB coverage within 30 days of:

- i. the date of the Employee's reemployment with a participating employer;
- ii. the Dependent's date of discharge from active military duty, or
- iii. the date of termination of extended health coverage provided as a benefit of active military duty, such as TRICARE Reserve Select;

iv. plan participants who elect this option and timely apply for reinstatement of OGB coverage will not be subject to a pre-existing condition (PEC) limitation, and the lapse in coverage during active military duty or extended military coverage will not result in any adverse consequences with respect to the participation schedule set forth in R.S. 42:851E and the corresponding Rules promulgated by OGB.

2. Life Insurance. When called to active military duty, Employees with OGB life insurance coverage may:

a. continue participation in the OGB life insurance during the period of active military service, however, the Accidental Death and Dismemberment coverage will not be in effect during the period of active military duty; or

b. cancel participation in the OGB life insurance during the period of active military service, in which case such Employee may apply for reinstatement of OGB life insurance within 30 days of the date of the Employee's reemployment with a participating employer; Employees

who elect this option and timely apply for reinstatement of OGB life insurance will not be required to provide evidence of insurability.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1827 (October 1999), amended LR 30:1191 (June 2004), LR 32:

§105. COBRA

A. Employees

1. Coverage under this Plan for a covered Employee will terminate on the last day of the calendar month during which employment is terminated (voluntarily or involuntarily) or significantly reduced, the Employee no longer meets the definition of an Employee, or coverage under a Leave of Absence has expired, unless the covered Employee elects to continue coverage at the Employee's own expense. Employees terminated for gross misconduct are not eligible for COBRA coverage.

2. It is the responsibility of the Participant Employer to notify the Program within 30 days of the date coverage would have terminated because of any of the foregoing events, and the Program will notify the Employee within 14 days of his or her right to continue coverage.

3. Application for continued coverage must be made in writing to the Program within 60 days of the date of the election notification and premium payment must be made within 45 days of the date the Employee elects continued coverage, for coverage retroactive to the date coverage would have otherwise terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage under this section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 18 months from the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the Employer ceases to provide any group health plan for its employees.

5. If employment for a covered Employee is terminated (voluntarily or involuntarily) or significantly reduced, the Employee no longer meets the definition of an Employee, or a Leave of Absence has expired, and the Employee has not elected to continue coverage, the covered spouse and/or covered Dependent Children may elect to continue coverage at his/her/their own expense. The elected coverage will be subject to the above-stated notification and termination provisions.

B. Surviving Dependents

1. Coverage under this Plan for covered surviving Dependents of an Employee or Retiree will terminate on the last day of the month in which the Employee's or Retiree's death occurs, unless the surviving covered Dependents elect to continue coverage at his/her own expense.

2. It is the responsibility of the Participant Employer or surviving covered Dependents to notify the Program within 30 days of the death of the Employee or Retiree. The Program will notify the surviving Dependents of their right to continue coverage. Application for continued coverage must be made in writing to the Program within 60 days of the date of the election notification.

3. Premium payment must be made within 45 days of the date the continued coverage was elected, retroactive to the date coverage would have terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for the surviving Dependents under this section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the Employer ceases to provide any group health plan for its employees.

C. Divorced Spouse

1. Coverage under this Plan for an Employee's spouse will terminate on the last day of the month during which dissolution of the marriage occurs by virtue of a legal decree of divorce from the Employee or Retiree, unless the covered divorced spouse elects to continue coverage at his or her own expense.

2. It is the responsibility of the divorced spouse to notify the Program within 60 days from the date of divorce and the Program will notify the divorced spouse within 14 days of his or her right to continue coverage. Application for continued coverage must be made in writing to the Program within 60 days of the election notification.

3. Premium payment must be made within 45 days of the date continued coverage is elected, for coverage retroactive to the date coverage would have otherwise terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for the divorced spouse under this section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the employer ceases to provide any group health plan for its employees.

D. Dependent Children

1. Coverage under this Plan for a covered Dependent Child of a covered Employee or Retiree will terminate on the last day of the month during which the Dependent Child no longer meets the definition of an eligible covered Dependent, unless the Dependent elects to continue coverage at his or her own expense.

2. It is the responsibility of the Dependent to notify the Program within 60 days of the date coverage would have terminated and the Program will notify the Dependent within 14 days of his or her right to continue coverage. Application for continued coverage must be made in writing to the Program within 60 days of receipt of the election notification.

3. Premium payment must be made within 45 days of the date the continued coverage is elected, for coverage retroactive to the date coverage would have otherwise terminated. After the first payment for COBRA coverage, monthly payments for each subsequent month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for Children under this section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the Employer ceases to provide any group health plan for its employees.

E. Dependents of COBRA Participants

1.a. If a covered terminated Employee has elected to continue coverage and if during the period of continued coverage the covered spouse or a covered Dependent Child becomes ineligible for coverage due to:

- i. death of the Employee;
- ii. divorce from the Employee; or
- iii. a Dependent Child no longer meets the definition of an eligible covered Dependent.

b. Then, the spouse and/or Dependent Child may elect to continue COBRA coverage at his/her own expense. Coverage will not be continued beyond 36 months from the date coverage would have otherwise terminated.

2. It is the responsibility of the spouse and/or the Dependent Child to notify the Program within 60 days of the date COBRA coverage would have terminated.

3. Monthly payments for each month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

4. Coverage for Children under this section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months beyond the date coverage would have otherwise terminated;

- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the Employer ceases to provide any group health plan for its employees.

F. Disability COBRA

1. If a Covered Employee or Covered Dependent is determined by the Social Security Administration or by the Program staff (in the case of a person who is ineligible for Social Security disability benefits due to insufficient "quarters" of employment), to have been totally disabled on the date the Covered Person became eligible for continued coverage or within the initial 18 months of coverage, coverage under this Plan for the Covered Person who is totally disabled may be extended at his or her own expense up to a maximum of 29 months from the date coverage would have otherwise terminated.

2. To qualify the Covered Person must:

- a. submit a copy of his or her Social Security Administration's disability determination to the Program before the initial 18-month continued coverage period expires and within 60 days after the latest of:
 - i. the date of issuance of the Social Security Administration's disability determination; and
 - ii. the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction of hours.

b. In the case of a person who is ineligible for Social Security disability benefits due to insufficient "quarters" of employment, submit proof of total Disability to the Program before the initial 18-month continued coverage period expires. The staff and medical director of the Program will make the determination of total Disability based upon medical evidence, not conclusions, presented by the applicant's physicians, work history, and other relevant evidence presented by the applicant.

3. For purposes of eligibility for continued coverage under this section, total Disability means the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of 12 months. To meet this definition one must have a severe impairment which makes one unable to do his previous work or any other substantial gainful activity which exists in the national economy, based upon a person's residual functional capacity, age, education, and work experience.

4. Monthly payments for each month of extended COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

5. Coverage under this section will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 29 months from the date coverage would have otherwise terminated;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan

for a pre-existing condition of the covered person have been exhausted or satisfied;

e. the Employer ceases to provide any group health plan for its employees; or

f. 30 days after the month in which the Social Security Administration determines that the Covered Person is no longer disabled. (The Covered Person must report the determination to the Program within 30 days after the date of issuance by the Social Security Administration.) In the case of a person who is ineligible for Social Security disability benefits due to insufficient "quarters" of employment, 30 days after the month in which the Program determines that the Covered Person is no longer disabled.

G. Medicare COBRA

1. If an Employee becomes entitled to Medicare less than 18 months before the date the Employee's eligibility for benefits under this Plan terminates, the period of continued coverage available for the Employee's covered Dependents will continue until the earliest of the following:

- a. failure to pay the applicable premium timely;
- b. 36 months from the date of the Employee's Medicare entitlement;
- c. entitlement to Medicare;
- d. coverage under a Group Health Plan, but only after any pre-existing condition exclusions of that other plan for a pre-existing condition of the covered person have been exhausted or satisfied; or
- e. the Employer ceases to provide any group health plan for its employees.

2. Monthly payments for each month of COBRA coverage are due on the first day of the month for that month's COBRA coverage. A grace period of 30 days after the first day of the month will be provided for each monthly payment.

H. Miscellaneous Provisions. During the period of continuation, benefits will be identical to those provided to others enrolled in this Plan under its standard eligibility provisions for Employees and Retirees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1828 (October 1999), amended LR 32:

§107. Change of Classification

A. Adding or Deleting Dependents. The Plan Member must notify the Program when a Dependent is added to or deleted from the Plan Member's coverage that results in a change in the class of coverage. Notice must be provided within 30 days of the addition or deletion.

B. ...

1. When there is a change in family status (e.g., marriage, birth of child) that affects the class of coverage, the change in classification will be effective on the date of the event. Application for the change must be made within 30 days of the date of the event.

2. When the addition of a Dependent changes the class of coverage, the additional premium will be charged for the entire month if the date of change occurs before the 15th day of the month. If the date of change occurs on or after the 15th day of the month, an additional premium will not be charged until the first day of the following month.

C. Notification of Change. It is the Employee's responsibility to notify the Program of any change in

classification of coverage that affects the Employee's contribution amount. If failure to notify is later determined, it will be corrected on the first day of the following month.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1829 (October 1999), amended LR 32:

Chapter 2. Termination of Coverage

§201. Active Employee and Retired Employee

Coverage

A. ...

1. the date the Program terminates;
2. the date the group or agency employing the covered Employee terminates or withdraws from the Program;

3. the date contribution is due if the group or agency fails to pay the required contribution for the covered Employee;

4. the date contribution is due if the Covered Person fails to make any contribution which is required for the continuation of coverage;

5. the last day of the month of the covered Employee's death;

6. the last day of the month in which the covered Employee ceases to be eligible.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1830 (October 1999), amended LR 32:

§203. Dependent Coverage

A. ...

1. the last day of the month the Employee ceases to be covered;

2. the last day of the month in which the Dependent, as defined in this Plan, ceases to be an eligible Dependent of the covered Employee;

3. - 4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1830 (October 1999), amended LR 32:

Chapter 3. Medical Benefits

§301. Eligible Expenses

A. Eligible Expenses are the charges incurred for the following services, drugs, supplies, and devices, when performed, prescribed, or ordered by a Physician and Medically Necessary for the Treatment of a Covered Person. All charges are subject to applicable deductibles, copayments, and/or coinsurance amounts (unless otherwise specifically provided), Fee Schedule limitations, Schedule of Benefits, exclusions, and other provisions of the Plan. A charge is incurred on the date that the service, drug, supply, or device is performed or furnished. Eligible expenses are:

1. - 3. ...

4. anesthesia and its administration when ordered by the operating Physician and administered by an appropriately licensed nurse anesthetist or Physician in conjunction with a covered surgical service;

5. - 6. ...

7. blood, blood derivatives, and blood processing, when not replaced;

8. - 8.c. ...

d. ostomy supplies, except supplies for nutritional and/or enteral feeding;

e. - l. ...

9. services of a licensed speech therapist when pre-approved through Outpatient Procedure Certification (§309, below) for the purpose of restoring partial or complete loss of speech resulting from stroke, surgery, cancer, radiation laryngitis, cerebral palsy, accidental injury, or other similar structural or neurological disease, limited to 26 visits per Plan Year;

10. ...

11. services rendered by a Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) for the Treatment of Accidental Injury to a Covered Person's natural teeth, under the following conditions:

a. coverage was in effect with respect to the individual at the time of the accident;

b. treatment commences within 90 days from the date of the accident and is completed within two years from the date of the accident;

c. coverage remains continuously in effect with respect to the Covered Person during the course of the Treatment;

d. eligible expenses are limited to the cost of Treatment as estimated at the time of initial Treatment;

e. eligible expenses may include dental braces and orthodontic appliances, upon review and approval by the Program's Dental Consultant, and only under the following circumstances:

i. to return the alveolar alignment to its former state prior to a covered dental accident. The Program will allow benefits for orthopedic correction to establish reasonable occlusal function;

ii. a covered surgery that requires the use of braces for stabilization;

iii. severe skeletal deformity (i.e., cleft palate). The Program will allow benefits for orthopedic correction to establish reasonable occlusal function;

f. as used herein Accidental Injury means a condition occurring as a direct result of a traumatic bodily injury sustained solely through accidental means from an external force, and with respect to injuries to teeth, the act of chewing does not constitute an external force.

12. Durable medical equipment subject to the lifetime maximum payment limitation as listed in the Schedule of Benefits. The Program will require written certification by the treating Physician to substantiate the Medical Necessity for the equipment and the length of time that it will be used. The purchase of Durable Medical Equipment will be considered an Eligible Expense only upon a showing that the rental cost would exceed the purchase price. Under no circumstances may the Eligible Expense for an item of Durable Medical Equipment exceed the purchase price of such item;

13. - 17. ...

18. orthopedic shoes prescribed by a Physician and completely custom built, limit one pair per plan year;

19. acupuncture when rendered by a medical doctor licensed in the state in which the services are rendered;

20. ...

21. services of a Physical Therapist or Occupational Therapist licensed in the state in which the services are rendered, under the following conditions:

a. services are prescribed by a licensed Physician and rendered in an individual setting;

b. restorative potential exists;

c. services meet the generally accepted standards for medical practice;

d. services are reasonable and Medically Necessary for Treatment of a disease, illness, accident, injury, or post-operative condition;

e. services are approved through Case Management when rendered in the home;

f. services are limited to 50 visits per Plan Year. Additional visits subject to approval by Utilization Management;

22. cardiac rehabilitation when:

a. rendered at a medical facility under the supervision of a licensed Physician;

b. - c. ...

NOTE: Charges incurred for dietary instruction, educational services, behavior modification literature, biofeedback, health club membership, exercise equipment, preventive programs, and any other items excluded by the Plan are not covered, unless provided for under Paragraph 30 of this subsection.

23. preventive care consisting of routine physical examinations, lab work, and immunizations (including a yearly influenza vaccination) as follows:

a. well baby care expenses subject to the annual deductible and co-payments:

i. newborn facility and professional charges;

ii. birth to age 1—all office visits for scheduled immunizations and screening;

b. well child care expenses subject to the annual deductible and co-payments:

i. age 1 until age 3—three office visits per year for scheduled immunizations and screening;

ii. age 3 until age 15—one office visit per year for scheduled immunizations and screening;

c. well adult care expenses, not subject to the annual deductible, but limited to a maximum benefit of \$200:

i. age 16 until age 40—once during a 3-year period;

ii. age 40 until age 50—once during a 2-year period;

iii. age 50 and over—once during a 1-year period.

NOTE: Benefits for Well Baby Care, Well Child Care and routine physical examinations for Well Adult Care, including immunizations, are based on the U.S. Preventive Services Task Force guidelines and recommendations of the National Immunization Program of the Centers for Disease Control and Prevention. All services must be rendered on an outpatient basis to monitor and maintain health and to prevent illness.

24. specialized, age-appropriate wellness care, not subject to the annual deductible, as follows:

a. one pap test for cervical cancer per plan year;

b. mammographic examinations performed according to the following schedule:

i. one mammogram during the five-year period a person is 35-39 years of age;

ii. one mammogram every two plan years for any person who is 40-49 years of age;

iii. one mammogram every 12 months for any person who is 50 years of age or older;

c. testing for detection of prostate cancer, including digital rectal examination and prostate-specific antigen testing, once every 12 months for men over the age of 50 years;

25. - 26. ...

27. services rendered by the following, when billed by the supervising physician:

a. perfusionists and registered nurse assistants assisting in the operating room;

b. physician assistants and Registered Nurse Practitioners;

28. - 30. ...

31. testing of sleep disorders only when the tests are performed at either:

a. a facility accredited by the American Academy of Sleep Medicine or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or

b. a sleep study facility located within a healthcare facility accredited by JCAHO. No benefits are payable for surgical treatment of sleep disorders (including LAUP) except following demonstrated failure of non-surgical treatment and upon approval by the Program;

32. - 33.c. ...

34. treatment provided in accordance with a clinical trial for cancer, including costs of investigational treatments and of associated protocol-related patient care if all of the following criteria are met:

a. treatment is being provided with a therapeutic or palliative intent for patients with cancer, or for the prevention or early detection of cancer;

b. treatment is being provided or the studies are being conducted in a Phase II, Phase III, or Phase IV clinical trial for cancer;

c. treatment is being provided in accordance with a clinical trial approved by one of the following entities:

i. one of the United States National Institutes of Health;

ii. a cooperative group funded by one of the United States National Institutes of Health;

iii. the FDA in the form of an investigational new drug application;

iv. the United States Department of Veterans Affairs;

v. the United States Department of Defense;

vi. a federally funded general clinical research center;

vii. the Coalition of National Cancer Cooperative Groups.

d. the proposed protocol has been reviewed and approved by a qualified institutional review board which operates in this state and which has a multiple project assurance contract approved by the office of protection from research risks;

e. the facility and personnel providing the protocol provided the treatment within their scope of practice, experience, and training and are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise;

f. there is no clearly superior, non-investigational approach;

g. the available clinical or preclinical data provide a reasonable expectation that the treatment will be at least as efficacious as the non-investigational alternative; and

h. the patient has signed an institutional review board-approved consent form.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1830 (October 1999), amended LR 28:480 (March 2002), LR 29:339,343 (March 2003), LR 30:1192 (June 2004), LR 31:441 (February 2005), LR 32:

§303. Fee Schedule

A. The fee schedule establishes the maximum allowable charges for eligible expenses. The fee schedule applies to both contracted (PPO) health care providers, who have entered into agreements with OGB regarding reimbursement under this plan, and to non-contracted (non-PPO) health care providers who have not entered into such agreements.

B. Plan members may be subject to greater financial responsibility for services, drugs, supplies, and devices provided by non-contracted health care providers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1832 (October 1999), amended LR 32:

§305. Automated Claims Adjusting

A. OGB utilizes commercially licensed software that applies all claims against its medical logic program to identify improperly billed charges and charges for which this Plan provides no benefits. Any claim with diagnosis or procedure codes deemed inadequate or inappropriate will be automatically reduced or denied. Providers accepting assignment of benefits cannot bill the Plan Member for the differential on the denial amount, in whole or in part.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1832 (October 1999), amended LR 32:

§307. Utilization Review—Pre-Admission

Certification, Continued Stay Review

A. - A.2. ...

B. For a routine vaginal delivery, PAC is not required for a stay of two days or less. If the mother's stay exceeds or is expected to exceed two days, PAC is required within 24 hours after delivery or on the date on which any complications arose, whichever is applicable. If the baby's stay exceeds the mother's stay, PAC is required within 72 hours of the mother's discharge, and a separate pre-certification number must be obtained for the baby. In the case of a Caesarean Section, PAC is required if the mother's stay exceeds or is expected to exceed four days.

C. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1832 (October 1999), amended LR 32:

§309. Outpatient Procedure Certification (OPC)

A. The purpose of OPC is for the Plan to certify that particular outpatient procedures and therapies are Medically Necessary. If OPC is not obtained when required, no benefits are payable under this Plan.

A.1. - B. ...

1. Speech therapy, subject to the limitations set forth in §301.A.9 of this Part.

2. - 7.d. repealed.

C - C.2. ...

D. repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1832 (October 1999), amended LR 32:

§311. Case Management

A - D.3.b.

E. - E.8. repealed.

F. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1833 (October 1999), amended LR 32:

§313. Dental Surgical Benefits

A. ...

B. If a Covered Person requires dental treatment in a hospital setting that is otherwise an Eligible Expense, the Plan will provide benefits for anesthesia rendered in the hospital and associated hospital charges. Prior authorization for hospitalization for dental treatment is required in the same manner as prior authorization is required for other covered medical services.

C. Eligible Expenses incurred in connection with the removal of impacted teeth, including pre-operative and post-operative care, anesthesia, radiology, pathology services, and facility charges, are subject to a deductible, co-insurance, and the maximum benefit provisions of the Plan.

D. The provisions of this section shall not apply to Treatment rendered for Temporomandibular joint (TMJ) diseases or disorders.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1833 (October 1999), amended LR 32:

§315. Medicare Reduction

A. ...

B. Retiree 100-Medicare COB. Upon enrollment and payment of the additional monthly premium, a Plan Member and Dependents who are covered under Medicare Parts A and B (both) may choose to have full coordination of benefits with Medicare. Enrollment must be made within 30 days of eligibility for Medicare, or within 30 days of retirement if already eligible for Medicare, and at the annual enrollment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1833 (October 1999), amended LR 32:

§317. Exceptions and Exclusions

A. No benefits are provided under this Plan for the following:

1. injury compensable under any worker's compensation program, regardless of whether the patient has filed a claim for benefits. This applies to compensation provided on an expense-incurred basis or blanket settlements for past and future losses;

2. maintenance therapy consisting of convalescent, skilled nursing, sanitarium, custodial care, assisted living facilities, or rest cures designed to assist in daily living activities, maintain present physical and/or mental condition, or provide a structured or safe environment;

3. expenses for elective, non-therapeutic voluntary abortions (abortions performed for reasons other than to save the life of the mother);

4. injuries sustained by a Covered Person while in an aggressor role;

5. expenses incurred as a result of a Covered Person's commission or attempted commission of an illegal act;

6. services, supplies, or treatment for cosmetic purposes, including cosmetic surgery and any cosmetic complications of cosmetic surgery, unless necessary for the immediate repair of a deformity caused by a disease and/or injury that occurs while coverage is in force. No payment will be made for expenses incurred in connection with the treatment of any body part not affected by the disease and/or injury;

7. shoes and related items, such as wedges, cookies, and arch supports;

8. dental and orthodontic services, appliances, supplies, and devices, including, but not limited to the following:

a. dental braces and orthodontic appliances, except as specifically provided in §301(A)(11) (e) of this Part;

b. treatment of periodontal disease;

c. dentures, dental implants, and any surgery for their use, except if needed as the result of an accident that meets the program's requirements;

d. treatment for Temporomandibular Joint (TMJ) diseases or disorders, except as specifically provided in §301.A.28 of this Part;

e. expenses incurred for services rendered by a dentist or oral surgeon and any ancillary or related services, except for covered dental surgical procedures, as specifically set forth herein, dental procedures which fall under the guidelines of treatment of accidental injury, procedures necessitated as a result of or secondary to cancer, or oral and maxillofacial surgeries which are shown to the satisfaction of the Program to be Medically Necessary, non-dental, non-cosmetic procedures;

9. medical services, supplies, treatments, and prescription drugs provided without charge to the Covered Person or for which the Covered Person is not legally obligated to pay;

10. maternity expenses incurred by any person other than the Employee or the Employee's legal Spouse;

11. personal convenience items including, but not limited to, admit kits, bedside kits, telephone, television, guest meals, and beds, and charges for luxury accommodations in any hospital or allied health facility

provided primarily for the patient's convenience which are not deemed Medically Necessary by the Program;

12. charges for services, supplies, treatment, drugs, and devices which are in excess of the maximum allowable under the Medical Fee Schedule, Outpatient Surgical Facility Fee Schedule, or any other limitations of the Plan;

13. services, supplies, treatment, drugs, devices, and deluxe medical equipment which are not deemed Medically Necessary by the Program;

14. services rendered for remedial reading and recreational, visual, and behavioral modification therapy, biofeedback, pain rehabilitation control and/or therapy, and dietary or educational instruction for all diseases and/or illnesses, except diabetes;

15. services and supplies for the treatment of and/or related to gender dysphoria or reverse sterilization;

16. artificial organ implants, penile implants, transplantation of non-human organs, and any surgery and other treatment, services, or supplies, related to such procedures, or to complications related to such procedures;

17. expenses subsequent to the initial diagnosis for infertility and complications, including but not limited to, services, drugs, procedures, or devices to achieve fertility, in-vitro fertilization, low tubal transfer, artificial insemination, intracytoplasmic sperm injection, embryo transfer, gamete transfer, zygote transfer, surrogate parenting, donor semen, donor eggs, and reversal of sterilization procedures;

18. non-medical supplies such as air conditioners and/or filters, dehumidifiers, air purifiers, wigs or toupees, heating pads, cold devices, home enema equipment, rubber gloves, swimming pools, saunas, whirlpool baths, home pregnancy tests, lift chairs, devices or kits to stimulate the penis, exercise equipment, any other items not normally considered medical supplies, and any items the Program determines are not medical supplies;

19. administrative fees, interest, penalties, or sales tax;

20. marriage counseling, family relations counseling, divorce counseling, parental counseling, job counseling, and career counseling;

21. charges for Physician services rendered to a Covered Person over the telephone or in a non-face-to-face setting;

22. radial keratotomy, laser surgery, and any other procedures, services, or supplies for the correction of refractive errors of the eyes;

23. services, supplies, surgeries, and treatments for excess body fat, resection of excess skin and/or fat following weight loss or pregnancy, and/or obesity, and morbid obesity.

24. hearing aids and any examination to determine the fitting or necessity of hearing aids, except as specifically provided for in §301.A.33 of this Part;

25. hair plugs and/or transplants;

26. routine physical examinations and/or immunizations not provided for under Eligible Expenses;

27. eye examinations, glasses, and contact lenses, except as specifically provided for as an Eligible Expense in §301.A.15 of this Part;

28. diagnostic or treatment measures that are not recognized as generally accepted medical practice;

29. medical supplies not listed under Eligible Expenses;

30. treatment or services for mental health and substance abuse provided outside the treatment plan developed by the Program's managed care contractor or by therapists with whom or at facilities with which the Program's managed care contractor does not have a contract;

31. genetic testing, except when determined to be Medically Necessary during a covered pregnancy;

32. services rendered by a private-duty Registered Nurse (R.N.) or by a private-duty Licensed Practical Nurse (L.P.N.);

33. services rendered by a Physician or other health care Provider related to the patient by blood, adoption, or marriage;

34. expenses for services rendered by a Physician or other health care Provider who is not licensed in the state where such services are rendered or in any facility not holding a valid license in the state and for the services rendered;

35. facility fees for services rendered in a Physician's office or in any facility not approved by the federal Health Care Finance Administration for Medicare reimbursement;

36. glucometers;

37. augmentative communication devices;

38. charges to obtain medical records or any other information needed and/or required to adjudicate a claim;

39. charges greater than the global allowance for any laboratory, pathology, or radiological procedure;

40. speech therapy or the services of a speech therapist except as specifically provided in §301.A.9.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1834 (October 1999), amended LR 26:488 (March 2000), LR 27:720 (May 2001), LR 28:2343 (November 2002), LR 31:441 (February 2005), LR 32:

§321. Preferred Provider Program

A. The Program may implement Preferred Provider Organization (PPO) arrangements or other agreements to discount payable fees. The Program reserves the right to negotiate the amount of discounts, incentives offered to Plan Members, and all other provisions which are a part of any discount fee arrangement. To be eligible, the Program must be the primary carrier at the time services are rendered.

1. - 2.a. ...

b. If a Covered Person receives services from a PPO Provider, services are reimbursed at 90 percent of the Eligible Expenses, and payments made to the PPO Provider. There is a contractual assignment to every PPO Provider. If a non-PPO provider is used by a Plan Member who resides in Louisiana, the Plan Member is reimbursed 70 percent of the Eligible Expenses. If a non-PPO Provider is used by a Plan Member who resides outside Louisiana, the Plan Member is reimbursed 90 percent of the Eligible Expenses. Eligible Expenses of non-PPO Providers are based upon the OGB's Fee Schedule.

NOTE: Both PPO and non-PPO services are subject to the applicable deductibles, limitations, and exclusions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1835 (October 1999), amended LR 27:722 (May 2001), LR 29:339 (March 2003), LR 32:

§323. Prescription Drug Benefits

A. This Plan allows benefits for drugs and medicines approved by the Food and Drug Administration or its successor that require a prescription and are dispensed by a licensed pharmacist or pharmaceutical company.

1. These include and shall not be limited to:

a. Insulin;

b. Retin-A dispensed for covered persons under the age of 27;

c. Vitamin B-12 injections;

d. Prescription Potassium Chloride; and

e. over-the-counter diabetic supplies including, but not limited to, strips, lancets, and swabs.

2. In addition, this Plan allows benefits limited to \$200 per month for expenses incurred for the purchase of low protein food products for the treatment of inherited metabolic diseases if the low protein food products are Medically Necessary and are obtained from a source approved by the OGB. Such expenses shall be subject to coinsurance and co-payments relating to prescription drug benefits. In connection with this benefit, the following words shall have the following meanings:

a. *Inherited metabolic disease* shall mean a disease caused by an inherited abnormality of body chemistry and shall be limited to:

i. Phenylketonuria (PKU);

ii. Maple Syrup Urine Disease (MSUD);

iii. Methylmalonic Acidemia (MMA);

iv. Isovaleric Acidemia (IVA);

v. Propionic Acidemia;

vi. Glutaric Acidemia;

vii. Urea Cycle Defects; or

viii. Tyrosinemia.

b. *Low protein food products* mean food products that are especially formulated to have less than one gram of protein per serving and are intended to be used under the direction of a physician for the dietary treatment of an inherited metabolic disease. Low protein food products shall not include natural foods that are naturally low in protein.

B. The following drugs, medicines, and related services and supplies are not covered:

1. appetite suppressant drugs;

2. dietary supplements;

3. topical forms of Minoxidil;

4. Retin-A dispensed for a covered person over age 26;

5. amphetamines dispensed for diagnoses other than Attention Deficit Disorder or Narcolepsy;

6. nicotine, gum, patches, or other products, services, or programs intended to assist an individual to reduce or cease smoking, or other use of tobacco products;

7. nutritional or parenteral therapy;

8. vitamins and minerals;

9. drugs available over the counter;

10. Serostim dispensed for any diagnoses or therapeutic purposes other than AIDS wasting;

11. drugs prescribed for the treatment of impotence, except following the surgical removal of the prostate gland; and

12. glucometers.

C. - C.7. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1835 (October 1999), amended LR 27:720, 721 (May 2001), LR 27:1887 (November 2001), LR 28:2344 (November 2002), LR 29:342 (March 2003), LR 32:

Chapter 4. Uniform Provisions

§401. Statement of Contractual Agreement

A. This Plan, as amended, including the Schedule of Benefits, together with the Application for Coverage and any related documents executed by or on behalf of the covered Employee, constitute the entire agreement between the parties.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1836 (October 1999), amended LR 32:

§403. Properly Submitted Claim

A. For Plan reimbursement, a claim must include:

1. - 4. ...

5. type of services rendered, with diagnosis and/or procedure codes that are valid and current for the date of service;

6. date and place of service;

7. - 10. ...

B. The Program may require additional documentation in order to determine the extent of coverage or the appropriate reimbursement. Failure to furnish information within 90 days of the request will constitute a reason for the denial of benefits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1836 (October 1999), amended LR 32:

§405. When Claims Must Be Filed

A. - B. ...

C. Requests for review of payment or corrected bills must be submitted within 18 months of receipt date of the original claim. Requests for review of payment or corrected bills received after that time will not be considered.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1836 (October 1999), amended LR 28:479 (March 2002), LR 32:

§407. Right to Receive and Release Information

A. Without notice or consent the Program may release to or obtain from any company, organization, or person, any information regarding any person which the Program deems necessary to carry out the provisions of this Plan, or to determine how, or if, they apply. Any claimant under the Plan must furnish the Program with any information necessary to implement this provision. OGB retains information for the minimum period of time required by law. After such time, information may no longer be available.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1836 (October 1999), amended LR 32:

§409. Legal Limitations

A. ...

B. Information provided by the Program or any of its employees or agents to Plan Members does not modify or override the terms and provisions of the Plan. In the event of any conflict between the written provisions of this Plan and any information provided, the written provisions of this Plan shall supercede and control.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1836 (October 1999), amended LR 28:479 (March 2002), LR 32:

§413. Recovery of Overpayments

A. If an overpayment occurs, the Program retains the right to recover the overpayment. The Covered Person, institution, or Provider receiving the overpayment must return the overpayment. At the Plan's discretion, the overpayment may be deducted from future claims. Should legal action be required as a result of fraudulent statements or deliberate omissions on the application for coverage or a claim for benefits, the defendant will be responsible for attorney fees of 25 percent of the overpayment or \$1,000, whichever is greater. The defendant will also be responsible for court costs and legal interest from the date of judicial demand until paid.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1837 (October 1999), amended LR 32:

§415. Subrogation and Reimbursement

A. Upon payment of any eligible benefits covered under this Plan, the Office of Group Benefits shall succeed and be subrogated to all rights of recovery of the covered Employee, his Dependents or other Covered Persons, or their heirs or assigns, for whose benefit payment is made, and they shall execute and deliver instruments and papers and do whatever is necessary to secure such rights, and shall do nothing after loss to prejudice such rights.

B. The Office of Group Benefits shall be entitled, to the extent of any payment made to a covered Employee, his Dependents or other Covered Persons, to the proceeds of any settlement or judgment that may result from the exercise of any rights of recovery of a covered Employee, his Dependents or other Covered Persons, against any person or entity legally responsible for the disease, illness, accident or injury for which said payment was made. To this end, covered Employees, their Dependents, or other Covered Persons agree to immediately notify the Office of Group Benefits of any action taken to attempt to collect any sums against any person or entity responsible for the disease, illness, accident or injury.

C. These subrogation and reimbursement rights also apply when a Covered Person recovers under, but not limited to, an uninsured or underinsured motorist plan, homeowner's plan, renter's plan, medical malpractice plan, worker's compensation plan or any general liability plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1837 (October 1999), amended LR 32:

§417. Employer Responsibility

A. It is the responsibility of the Participant Employer to submit enrollment and change forms and all other necessary documentation to the Program on behalf of its Employees. Employees of a Participant Employer will not, by virtue of furnishing any documentation to the Program, be considered agents of the Program, and no representation made by any such person at any time will change the provisions of this Plan.

B. A Participant Employer shall immediately inform OGB when a Retiree with OGB coverage returns to full-time employment. The Employee shall be placed in the Re-employed Retiree category for premium calculation. The Re-employed Retiree premium classification applies to Retirees with and without Medicare. The premium rates applicable to the Re-employed Retiree premium classification shall be identical to the premium rates applicable to the classification for Retirees without Medicare.

C. A Participant Employer that receives a Medicare Secondary Payer (MSP) collection notice or demand letter shall deliver the MSP notice to the OGB MSP Adjuster within 15 days of receipt. If timely forwarded, OGB will assume responsibility for medical benefits, interest, fines and penalties due to Medicare for a covered Employee. If not timely forwarded, OGB will assume responsibility only for Covered Plan benefits due to Medicare for a covered Employee. The Participant Employer will be responsible for interest, fines, and penalties due.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1837 (October 1999), amended LR 29:1819 (September 2003), LR 32:

§419. Program Responsibility

A. OGB will administer the Plan in accordance with its terms, state and federal law, the OGB's established policies, interpretations, practices, and procedures. OGB will have maximum legal discretionary authority to construe and interpret the terms and provisions of the Plan, to make determinations regarding eligibility for benefits and to decide disputes which may arise relative to a Covered Person's rights.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1837 (October 1999), amended LR 32:

§423. Amendments to or Termination of the Plan and/or Contract

A. OGB has the statutory responsibility of providing health and accident and death benefits to Covered Persons to the extent that funds are available. OGB reserves the right to terminate or amend the eligibility and benefit provisions of the Plan from time to time as necessary to prudently discharge its duties. Such modifications will be promulgated subject to the applicable provisions of law, and nothing contained herein shall be construed to guarantee or vest benefits for any Employee, whether active or retired.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1837 (October 1999), amended LR 32:

Chapter 6. Definitions

§601. Definitions

Accidental Injury—a condition occurring as a direct result of a traumatic bodily injury sustained solely through accidental means from an external force. With respect to injuries to teeth, the act of chewing does not constitute an external force.

Appeal—a request by a Plan Member for and a formal review of a medical claim for benefits or an eligibility determination.

Benefit Payment—payment of Eligible Expenses due or owing by a Covered Person, after applicable deductibles, co-payments, and coinsurance, and subject to all limitations and exclusions, at the rate shown under Percentage Payable in the Schedule of Benefits.

Board of Trustees—repealed.

Brand Drug—the trademark name of a drug approved by the U. S. Food and Drug Administration.

Calendar Year—repealed.

* * *

Child or Children includes—

1. a legitimate, duly acknowledged, and/or legally adopted Child of the Employee and/or the Employee's legal spouse's who is dependent upon the Employee for support;

2. a Child in the process of being adopted by the Employee through an agency adoption, who is living in the household of the Employee, and is or will be included as a Dependent on the Employee's federal income tax return for the current or following tax year (if filing is required);

3. a child in the legal custody of the Employee, who lives in the household of the employee and is or will be included as a dependent on the employee's federal income tax return for the current or following tax year (if filing is required);

4. a grandchild of the Employee that is not in the legal custody of the Employee, who is dependent upon the Employee for support and whose parent is a covered Dependent. If the Employee seeking to cover a Grandchild is a paternal grandparent, the Program will require that the biological father, i.e. the covered son of the Employee, execute an acknowledgement of paternity.

NOTE: If the Employee Dependent parent becomes ineligible for coverage under the Program, the Employee's Grandchild will also be ineligible for coverage, unless the Employee has legal custody of his/her Grandchild.

COBRA—the federal continuation of coverage laws originally enacted in the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended from time to time.

Committee—repealed.

Convalescent, Maintenance Care, or Rest Cures—treatment or services, regardless of by whom recommended or where provided, in which the service could be rendered safely and reasonably by oneself, family, or other caregivers who are not eligible Providers. The services are primarily designed to help the patient with daily living activities, maintain the patient's present physical and mental condition, and/or provide a structured or safe environment.

Covered Person—an active or retired Employee, his/her eligible Dependent, or any other individual eligible for coverage for whom the necessary application forms have been completed and for whom the required contribution is made.

Covered Services—to those health care services for which a Plan Member is entitled to receive Benefit Payments in accordance with the terms of this Plan.

Custodial Care—

1. care designed to assist an individual in the performance of daily living activities (i.e. services which constitute personal care such as walking, getting in and out of bed, bathing, dressing, eating, and using the toilet) that does not require admission to a hospital or other institution for the treatment of a disease, illness, accident, or injury, or for the performance of surgery;

2. care primarily intended to provide room and board to an individual with or without routine nursing care, training in personal hygiene, or other forms of self-care;

3. supervisory care provided by a Physician whose patient who is mentally or physically incapacitated and is not under specific medical, surgical, or psychiatric treatment, when such care is intended to reduce the patient's incapacity to the extent necessary to enable the patient to live outside of an institution providing medical care, or when, despite treatment, there is not reasonable a likelihood that the incapacity will be reduced.

Date Acquired—the date a Dependent of a covered Employee is acquired in the following instances and on the following dates only:

1. legal spouse—the date of marriage;
2. child or children—
 - a. natural child—the date of birth;
 - b. child in the process of being adopted;
 - c. agency adoption—the date the adoption contract was executed between the employee and the adoption agency;
 - d. private adoption—the date the Act of Voluntary Surrender is executed in favor of the Employee. The Program must be furnished with certification by the appropriate clerk of court setting forth the date of execution of the Act and the date it Act became irrevocable, or the date of the first court order granting legal custody, whichever occurs first;
 - e. child who lives in the household of the covered Employee and is currently or will be included as a Dependent on the Employee's federal income tax return—the date of the court order granting legal custody;
 - f. grandchild of the Employee that is not in the legal custody of the Employee, but who is dependent upon the Employee for support and whose parent is a covered Dependent:
 - i. the date of birth of the Grandchild, if all of the above requirements are met at the time of birth; or
 - ii. the date on which the coverage becomes effective for the covered Dependent, if all of the above requirements are not met at the time of birth.

Deductible—the dollar amount that a Covered Person must pay as shown in the Schedule of Benefits before benefits will be paid in a Plan Year.

Dependent—any of the following persons who are enrolled for coverage as Dependents, if they are not also covered as an Employee:

1. the covered Employee's legal Spouse;
2. a never married Child from date of birth up to 21 years of age and dependent upon the Employee for support ;
3. a never married Child who is a fulltime student under 24 years of age and financially dependent upon the Employee for support;
4. a never married Child of any age who meets the criteria set forth in §103.D, above;

Durable Medical Equipment (DME)—equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, is not generally useful to a person in the absence of an illness or injury, and is appropriate for use in the home. DME includes, but is not limited to, items such as wheelchairs, hospital beds, respirators, braces (non-dental), custom orthotics which must be specially made and not available at retail stores.

Emergency Medical Condition—a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part, or with respect to a pregnant woman who is having contractions that there is inadequate time to effect a safe transfer to another hospital before delivery, or the transfer may pose a threat to the health or safety of the woman or unborn child.

Emergency Room Services—medical services eligible for reimbursement that are necessary to screen, evaluate, and stabilize an Emergency Medical Condition and are provided at a hospital Emergency Room and billed by a hospital.

Employee—a full-time Employee as defined by a Participant Employer and in accordance with state law.

Family Unit Limit—that each of three covered members of a family unit have met the dollar amount shown in the Schedule of Benefits as Plan Year deductible for an individual. Once the Family Unit Limit is met, the deductibles of all other covered members of the family unit will be considered satisfied for that Plan Year.

Fee Schedule—the maximum allowable charges for professional or hospital services adopted by the OGB that may be considered as an Eligible Expense.

Future Medical Recovery—repealed.

Generic Drug—a chemically equivalent copy of a "brand name" drug.

Group Health Plan—a plan (including a self-insured plan) offered or contributed to, by an employer (including a self-employed person) or employee organization to provide health care to employees, former employees, the employer, others associated or formerly associated with the employer in a business relationship, and/or their families.

Health Insurance Coverage—benefits consisting of medical care offered by a health insurance issuer under any

hospital or medical service policy or certificate, hospital or medical service plan contract, or HMO contract.

* * *

HIPAA—the Health Insurance Portability and Accountability Act of 1996 (U.S. Public Law 104-191) and Federal Regulations promulgated pursuant thereto.

Hospital—an institution that is currently licensed as a hospital by the state in which services are rendered and is not primarily an institution for rest, the aged, the treatment of pulmonary tuberculosis, a nursing home, extended care facility, remedial training institution, or a facility primarily for the treatment of conduct and behavior disorders.

Incurred Date—the date when a particular service or supply is rendered or obtained. When a single charge is made for a series of services, each service will bear a prorated share of the charge.

* * *

Lifetime Maximum Benefit—the maximum amount of benefits that will be paid under the Plan for all Eligible Expenses incurred by a Covered Person.

Medically Necessary—a service, treatment, procedure, equipment, drug, device, item, or supply, which, in the judgment of the Program:

1. is appropriate and consistent with a Covered Person's diagnosis and treatment as well as with nationally accepted medical standards; and

2. is not primarily for personal comfort or convenience or Custodial Care.

Medicare—the health insurance available through Medicare laws enacted by the Congress of the United States.

* * *

Occupational Therapy—the application of any activity one engages in for the purposes of evaluation, interpretation, treatment planning, and treatment of problems interfering with functional performance in persons impaired by physical illness or injury in order to significantly improve functioning.

* * *

Participating Provider—a PPO, as defined herein.

Physical Therapy—the evaluation of physical status as related to functional abilities and treatment procedures as indicated by that evaluation. And licensed for the state where services are rendered.

Physician—

1. *Physician* means the following persons, appropriately licensed to practice their respective professional skills at the time and place the service is rendered:

- a. a Doctor of Medicine (M.D.);
- b. a Doctor of Dental Surgery (D.D.S.);
- c. a Doctor of Dental Medicine (D.M.D.);
- d. a Doctor of Osteopathy (D.O.);
- e. a Doctor of Podiatric Medicine (D.P.M.);
- f. a Doctor of Chiropractic (D.C.);
- g. a Doctor of Optometry (O.D.)
- h. a Psychologist meeting the requirements of the National Register of Health Service Providers in Psychology;
- i. a mental health counselor;
- j. a substance abuse counselor;
- k. an Audiologist.

2. The term *physician* does not include a medical doctor in the capacity of supervising interns, residents, senior residents, or fellows enrolled in a training program who does not personally provide medical Treatment or perform a surgical procedure for the Covered Person.

Plan—coverage offered by the Office of Group Benefits under this contract including PPO benefits, prescription drug benefits, mental health and substance abuse benefits, and comprehensive medical benefits. The term Plan as defined herein is used interchangeably with the term Program as defined below.

* * *

Plan Year—the period from July 1, or the date the Covered Person first becomes covered under the Plan, through the next following June 30. Each successive Plan Year will be the twelve month period from July 1 through the next following June 30.

* * *

Program—the Office of Group Benefits and/or the Plan.

Provider—one or more entities which offer health care services and shall include but not be limited to individuals, or groups of physicians, individuals or groups of psychologists, nurse midwives, ambulance service companies, hospitals, and other health care entities that provide Covered Services to Covered Individuals.

Recovery—with respect to Subrogation and Reimbursement (§ 413) recovery means any and all monies paid to the Covered Person by way of judgment, settlement, or otherwise to compensate for losses allegedly caused by injury or sickness, whether or not the losses reflect medical or dental charges covered by the Program.

Referee—repealed.

Rehabilitation and Rehabilitation Therapy—care concerned with the management and functional ability of patients disabled by disease, illness, accident, or injury.

Reimbursement—repayment to the Program for Benefits Payments made by the Program.

Retiree—

1. Retiree means an individual who was a covered Employee immediately prior to the date of retirement and who, upon retirement, satisfied one of the following categories:

a. immediately received retirement benefits from an approved state or governmental agency defined benefit plan;

b. was not eligible for participation in such plan or legally opted not to participate in such plan; and either:

i. began employment prior to September 15, 1979, has 10 years of continuous state service, and has reached the age of 65; or

ii. began employment after September 16, 1979, has 10 years of continuous state service, and has reached the age of 70; or

iii. was employed after July 8, 1992, has 10 years of continuous state service, has a credit for a minimum of 40 quarters in the Social Security system at the time of employment, and has reached the age of 65; or

iv. maintained continuous coverage with the Program as an eligible Dependent until he/she became eligible as a former state employee to receive a retirement benefit from an approved state governmental agency defined benefit plan;

c. immediately received retirement benefits from a state-approved or state governmental agency-approved defined contribution plan and has accumulated the total number of years of creditable service which would have entitled him/her to receive a retirement allowance from the defined benefit plan of the retirement system for which the employee would have otherwise been eligible. The appropriate state governmental agency or retirement system responsible for administration of the defined contribution plan is responsible for certification of eligibility to the Office of Group Benefits.

2. *Retiree* also means an individual who was a covered Employee and continued the coverage through the provisions of COBRA immediately prior to the date of retirement and who, upon retirement, qualified for any of Subparagraphs i, ii, or iii above.

Room and Board—all expenses necessary to maintain and sustain a Covered Person upon admittance to a hospital and during a hospital confinement. This can include, but is not limited to, facility charges for the maintenance of the Covered Person's hospital room, dietary and food services, nursing services performed by nurses employed by or under contract with the hospital, and housekeeping services.

* * *

Utilization Management—the process of evaluating the necessity, appropriateness, and efficiency of health care services against established guidelines and criteria.

Utilization Review Organization (URO)—an entity that has established one or more utilization review programs which evaluates the medical necessity, appropriateness, and efficiency of the uses of health care services, procedures, and facilities.

Well Adult Care—covered persons age 16 and older and means a routine physical examination by a physician that may include an influenza vaccination, lab work, and x-rays performed as part of the exam in that physician's office, when such services are billed by that physician with wellness procedure and diagnosis codes. Other health care services billed with wellness procedures and diagnosis codes, as well as treatment and/or diagnosis of a specific illness, will not be considered as *Well Adult Care*.

Well Baby Care—covered persons from birth until age 1 and means routine care to a well, newborn infant that may include physical examinations and active immunizations provided by a physician when such services are billed by that physician with wellness procedure and diagnosis codes. Other health care services billed with wellness procedures and diagnosis codes, as well as treatment and/or diagnosis of a specific illness, will not be considered as *Well Baby Care*.

Well Child Care—covered persons from age 1 through age 15 and means routine physical examinations and active immunizations provided by a physician, when such services are billed by that physician with wellness procedure and diagnosis codes. Other health care services billed with wellness procedure and diagnosis codes, as well as treatment and/or diagnosis of a specific illness, will not be considered as *Well Child Care*.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1840 (October 1999), amended LR 29:339 (March 2003), LR 32:

Chapter 7. Schedule of Benefits—PPO

§701. Comprehensive Medical Benefits

A. Eligible Expenses for professional medical services are reimbursed on a fee schedule of maximum allowable charges. All eligible expenses are determined in accordance with plan limitations and exclusions.

Lifetime maximum for all benefits, except outpatient prescription drug benefits, per person	\$1,000,000
Lifetime maximum for outpatient prescription drug benefits, per person	\$250,000

A. - C.3. ...

²Participating providers are reimbursed at 100% of Eligible Expenses up to the maximum benefit; Non-Participating providers are reimbursed at 70% of Eligible Expenses up to the maximum benefit

Services include screenings to detect illness or health risks during a Physician office visit. The covered services are based on prevailing medical standards and may vary according to age and family history.

Specialized age appropriate wellness (not subject to deductible) – For a complete list of benefits, see §301.A.24 of this Part.

D. ...

E. repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Group Benefits LR 25:1843 (October 1999), amended LR 26: 488 (March 2000), LR 27:719, 720, 722 (May 2001), LR 27:1887 (November 2001), LR 28:2345 (November 2002), LR 29:340, 342, 343 (March 2003), repromulgated LR 29:578 (April 2003), amended LR 30:1192 (June 2004), LR 32:

Family Impact Statement

The proposed Rule has no known impact on family formation, stability, or autonomy.

Interested persons may present their views, in writing, to Tommy D. Teague, Chief Executive Officer, Office of Group Benefits, Box 44036, Baton Rouge, LA 70804, until 4:30 p.m. on Monday, August 21, 2006.

Tommy D. Teague
Chief Executive Officer

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: PPO Plan of Benefits**

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

This rule change is to clarify the current PPO Plan of Benefits and make certain technical amendments to the document. The reason for this action is to enhance member clarification and be able to administer health care benefits effectively for the Program and the member. It is anticipated \$3,000 in expenses will be incurred with the publishing of this rule in FY 06/07.

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

Revenue collections of State or Local Governmental units should not be affected by this rule.

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

This rule modifies and updates the PPO Plan of Benefits for the clarification of the members and effectiveness of the Program. This rule contains numerous amendments that incorporates the current administrative practices of the Office of Group Benefits.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Competition and employment will not be affected.

Tommy D. Teague
Chief Executive Officer
0607#052

H.Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

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

Exacta (LAC 35:XIII.10701, 10707, and 10709)

The Louisiana State Racing Commission hereby gives notice that it intends to amend LAC 35:XIII.Chapter 107 "Exacta," to provide for a new "jackpot" exacta wager, and provisions thereof, at Louisiana's race tracks.

This proposed Rule has no known impact on family formation, stability, and/or autonomy as described in R.S. 49:972.

The full text of this proposed Rule may be viewed in the Emergency Rule section of this *Louisiana Register*.

The domicile office of the Louisiana State Racing Commission is open from 8:30 a.m. to 5 p.m., and interested parties may contact Charles A. Gardiner III, executive director, or Larry Munster, assistant executive director, at (504) 483-4000 (holidays and weekends excluded), or by fax (504) 483-4898, for more information. All interested persons may submit written comments relative to this proposed Rule through August 11, 2006, to 320 North Carrollton Avenue, Suite 2-B, New Orleans, LA 70119-5100.

Charles A. Gardiner III
Executive Director

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

RULE TITLE: Exacta

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

Other than one-time costs directly associated with the publication of this rule there are no additional costs to the Commission as a result of this action.

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

As a result of this action, revenue collections should increase due to increased wagering activity. Prior to enacting this emergency rule, there was no "jackpot" component of exacta wagers. The pool of money from exacta wagers was paid

out in its entirety to holders of winning exacta tickets. The rule change maintains the exacta wager in its present form but also allows a track to add the "jackpot" component should they choose to do so. The jackpot component is expected to be popular with bettors as it incorporates a jackpot similar to that in the gaming industry which has proven to be very popular.

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

As a result of this rule change, bettors who choose to play and win the "exacta jackpot" will share increased profits.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Passage of this rule should not affect employment. However, it should place Louisiana tracks in a more favorable competitive environment with other tracks around the country. This rule change is unique to Louisiana racing and will likely increase wagering.

Charles A. Gardiner III
Executive Director
0607#017

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

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

Pick Four (LAC 35:XIII.11615)

The Louisiana State Racing Commission hereby gives notice that it intends to amend LAC 35:XIII.Chapter 116 "Pick Four" to provide for dead heats in a pick four wager, and provisions thereof.

This proposed Rule has no known impact on family formation, stability, and/or autonomy as described in R.S. 49:972.

The full text of this proposed Rule may be viewed in the Emergency Rule section of this *Louisiana Register*.

The domicile office of the Louisiana State Racing Commission is open from 8:30 a.m. to 5 p.m., and interested parties may contact Charles A. Gardiner III, executive director, or Larry Munster, assistant executive director, at (504) 483-4000 (holidays and weekends excluded), or by fax (504) 483-4898, for more information. All interested persons may submit written comments relative to this proposed Rule through August 11, 2006, to 320 North Carrollton Avenue, Suite 2-B, New Orleans, LA 70119-5100.

Charles A. Gardiner III
Executive Director

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

RULE TITLE: Pick Four

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

Other than one-time costs directly associated with the publication of this rule there are no additional costs to the Commission as a result of this action.

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

As a result of this action, revenue collections should increase due to increased wagering activity. Prior to enacting

this emergency rule, payoffs for horses involved in dead heats (tie for a place) in "Pick Four" races were identical. This proved to be unpopular with bettors who had wagered on the horse with longer odds in the dead heat. These bettors believed their choice with longer odds should pay out more when the winners of the other three legs of the Pick Four were combined with the long shot. This action of providing a "consolation" ticket paying out more than that combined with a favorite or horse with shorter odds should be more popular with bettors, thereby creating an environment for increased wagering. As wagering increases, revenue collections for pari-mutuel taxes should increase.

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

Passage of this rule should result in economic benefits to bettors of the longer odd horse in dead heats in Pick Four races. However, the extent of the benefit cannot be directly measured.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Passage of this rule should not affect employment. However, it should place Louisiana tracks in a more favorable competitive environment with other tracks around the country that have already employed this model for payouts in certain limited circumstances, namely, a winning ticket in a Pick Four race where one or more of the placed horses dead heat for a position.

Charles A. Gardiner III
Executive Director
0607#021

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

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

Triple Play (LAC 35:XIII.11515 and 11517)

The Louisiana State Racing Commission hereby gives notice that it intends to amend LAC 35:XIII.Chapter 115 "Triple Play" to provide for scratches/nonstarters and dead heats in a triple play wager, and provisions thereof.

This proposed Rule has no known impact on family formation, stability, and/or autonomy as described in R.S. 49:972.

The full text of this proposed Rule may be viewed in the Emergency Rule section of this *Louisiana Register*.

The domicile office of the Louisiana State Racing Commission is open from 8:30 a.m. to 5 p.m., and interested parties may contact Charles A. Gardiner III, executive director, or Larry Munster, assistant executive director, at (504) 483-4000 (holidays and weekends excluded), or by fax (504) 483-4898, for more information. All interested persons may submit written comments relative to this proposed rule through August 11, 2006, to 320 North Carrollton Avenue, Suite 2-B, New Orleans, LA 70119-5100.

Charles A. Gardiner III
Executive Director

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

RULE TITLE: Triple Play

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

Other than one-time costs directly associated with the publication of this rule there are no additional costs to the Commission as a result of this action.

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

As a result of this action, revenue collections should increase due to increased wagering activity. Prior to enacting this emergency rule, in the event of a late scratch, the bettor who had selected in his/her wager the horse that was scratched was assigned automatically the post time betting favorite. With the change in the rule governing Triple Play races, the bettor whose horse is scratched prior to the first leg of the Triple Play will receive a full refund. After the first leg of the Triple Play is run, any winning combination with the bettors choice, when coupled with a scratched horse, will receive a consolation payoff. Also, in the event of a dead heat (tie for a place) involving a bettors choice, the bettor will be paid a consolation Triple Play payoff.

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

Passage of this rule should result in economic benefits to bettors of the longer odd horse in dead heats in Triple Play races. The rule change will be more popular with bettors in the circumstance that a bettor's choice in horses scratched prior to the first leg of the Triple Play because the bettor will receive a full refund of his/her wager. Prior to the change, the bettor was automatically given the post time favorite as a substitute for the scratched horse. However, the extent of the benefit cannot be directly measured.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Passage of this rule should not affect employment. However, it should place Louisiana tracks in a more favorable competitive environment with other tracks around the country that have already employed this model for payouts in certain limited circumstances, namely, a winning ticket in a Triple Play race where one or more of the placed horses dead heat for a position. Also, it will likely be more popular to pay out a consolation price in Triple Play races where there is a dead heat (tie for a place) where a consolation payoff will be employed.

Charles A. Gardiner III
Executive Director
0607#019

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
Board of Medical Examiners**

Acupuncturists' Assistants; Licensing and Certification
(LAC 46:XLV.2131)

Notice is hereby given in accordance with the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., that pursuant to the authority vested in the Louisiana State Board of Medical Examiners (board) by the Louisiana Medical Practice Act, R.S. 37:1270(B) and 37:1275, and the

Acupuncturists' Assistants Practice Act, R.S. 37:1360, the board intends to adopt LAC Title 46:XLV, Subpart 2, Chapter 21, Subchapter F, §2131, to facilitate issuance of a temporary permit allowing the provision of specified voluntary, gratuitous health care services during and following a state declared emergency.

The proposed amendment has no known impact on family formation, stability or autonomy as described in R.S. 49:972.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLV. Medical Professions

Subpart 2. Licensure and Certification

Chapter 21. Acupuncturists and Acupuncturists' Assistants

Subchapter F. Restricted Licensure, Permits

§2131. Temporary Permit

A. The board may issue a temporary permit to an acupuncturist's assistant, valid for a period of not more than 60 days, to provide voluntary, gratuitous acupuncture services in this state during a public health emergency and for such periods thereafter as the Louisiana Department of Health and Hospitals ("DHH") shall deem the need for emergency services to continue to exist, at sites specified by DHH or approved by the board.

B. To be eligible for issuance of such a permit an individual shall:

1. hold a current, unrestricted license in good standing issued by the licensing authority of any state to practice as an acupuncturist's assistant;

2. prior to providing such services present or cause to be presented to the board:

a. indisputable personal identification;

b. a copy of his or her license to practice as an acupuncturist's assistant or such other information as may be deemed satisfactory to the board by which to verify state licensure;

c. a completed application containing such information as may be required by the board; and

d. notification of intent to practice on a form provided by the board, signed by a physician licensed to practice medicine in this state who will fulfill the functions of a supervising physician as described in this Section. An individual is responsible for updating the board should any of the information required and submitted on the applicant's notice of intent change after a temporary permit has been issued under this Section.

C. To be eligible for approval as a supervising physician under this Section a physician shall:

1. possess a current, unrestricted license to practice medicine in Louisiana; and

2. submit a completed application containing such information as may be required by the board.

D. Although a physician must notify the board each time the physician intends to undertake the supervision of an acupuncturist's assistant under this Section, registration with the board is only required once. Notification of supervision of new or additional acupuncturist's assistants by a registered supervising physician shall be deemed given to the board upon the acupuncturist's assistant's filing with the board a notice of intent to practice in accordance with §2131.B of this Section.

E. The board shall maintain a list of physicians who are registered to supervise acupuncturists' assistants under this Section. Each registered physician is responsible for updating the board should any of the information required and submitted on the physician's application change after the physician has become registered.

F. An acupuncturist's assistant holding a permit under this Section shall practice in this state only on a voluntary, gratuitous basis, shall perform only those acupuncture services authorized by this Section, and shall practice only at sites specified by DHH or approved by the board.

G. Acupuncture services performed by an individual issued a permit under this Section shall be limited to auricular acupuncture (insertion of disposable needles at a specified combination of points on the surface of the outer ear) utilizing the five-point protocol adopted by the National Acupuncture Detoxification Association and approved by the supervising physician. Such services may be performed under the general direction and supervision, rather than patient-specific order, of the supervising physician. All services shall be documented in written form by the acupuncturist's assistant and available for review by the supervising physician but need not be countersigned. The supervising physician shall be available during normal working hours by telephonic or other means of communication to address any questions or concerns that may arise from the provision of acupuncture services under this Section.

H. A temporary permit may be issued upon such terms, conditions, limitations or restrictions as to time, place, nature, and scope of practice as are, in the judgment of the board, deemed necessary or appropriate to its responsibilities under law. The board may, in addition, waive or modify any of the requirements of Chapters 21 and 51 of these rules, applicable to certification as an acupuncturist's assistant, that it may deem necessary or appropriate to effectuate the purposes of this Section.

I. An acupuncturist's assistant shall visibly display a permit issued under this Section, or such other identifying information as the board may specify, in plain view on his or her person at all times while exercising the privileges of such permit.

J. A temporary permit creates no right or entitlement to certification as an acupuncturist's assistant or renewal of the permit after its expiration. A temporary permit shall expire and become null and void on the earlier of:

1. 60 days from the date on which it was issued;

2. a date specified on the permit less than 60 days from the date of issuance;

3. the date the acupuncturist's assistant's term of voluntary, gratuitous service is terminated; or

4. the date on which the acupuncturist's assistant's relationship with the supervising physician, identified in the notice of intent, terminates.

K. The board may, in its discretion, extend or renew for one or two additional 60-day periods a permit that has expired provided that all conditions prerequisite to original issuance are satisfied.

L. Following termination of a declaration of emergency the board may issue, extend or renew a 60-day permit under this Section during such period as DHH shall deem the need for emergency services to continue to exist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1275 and R.S. 37:1360.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 32:

Interested persons may submit written data, views, arguments, information or comments on the proposed Rule until 4 p.m., August 19, 2006, to Rita Arceneaux, Executive Assistant, Louisiana State Board of Medical Examiners, at Post Office Box 30250, New Orleans, LA, 70190-0250 (630 Camp Street, New Orleans, LA, 70130).

Robert Marier, M.D.
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: **Acupuncturists' Assistants; Licensing and Certification**

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

Other than notice and rule publication costs estimated at a combined total of \$556, which costs will be absorbed within the Board's budget during FY 2006, it is not anticipated that the proposed rule will result in any additional costs or savings to the Board or any other state or local governmental unit.

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

There will be no effect on the Board's revenue collections or those of any other state or governmental unit.

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

The proposed rule will allow acupuncturists' assistants licensed and in good standing in any state to provide specified acupuncture services on a voluntary, gratuitous basis at sites designated by the Louisiana Department of Health and Hospitals and/or approved by the Board. The Board does not anticipate that implementation of the proposed rule will result in any costs or impose an adverse economic impact on licensees, volunteers or any other non-governmental group. Louisiana citizens and others located in this state receiving this healthcare service will receive an economic benefit as such services will be provided free of charge.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is not anticipated that the proposed rule will have any material impact on competition or employment in either the public or private sector.

Robert Marier, M.D.
Executive Director
0607#044

Robert E. Hosse
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals Board of Veterinary Medicine

Temporary Registration during Declared Public Health Emergency (LAC 46:LXXXV.309)

The Louisiana Board of Veterinary Medicine proposes to amend and adopt LAC 46:LXXXV.309 in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953 et seq., and the Louisiana Veterinary Practice Act,

R.S. 37:1569. In keeping with its function as set forth by the state legislature in R.S. 29:769(E), as amended in the 2006 Regular Session and effective on the governor's signature on June 2, 2006, the board has developed and adopted this Rule thereby creating the process for adopting of a future Emergency Rule implementing temporary registration in Louisiana, during a public health emergency lawfully declared as such by the governor, for out-of-state veterinarians or veterinary technicians, whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States.

The proposed Rule amendment has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

This Rule is currently in effect as an Emergency Rule adopted on June 9, 2006 for the next 120 days from this date or until adoption of the final Rule, whichever occurs first.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXXXV. Veterinarians

Chapter 3. Licensure Procedures

§309. Temporary Registration during a Declared Public Health Emergency

A. In a public health emergency lawfully declared as such by the governor of Louisiana, the requirement for a Louisiana license (veterinarian) or Louisiana registration (veterinary technician) may be suspended by the board through its emergency rule-making authority at that time to those out of state veterinarians and/or veterinary technicians, whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States, for a period of time not to exceed the duration and scope of R.S. 29:769(E), as more particularly set forth in this rule.

B. The emergency rule implemented by the board pursuant to the provisions of the Administrative Practice Act shall address the necessity for such an emergency rule and the specificity necessary to address the needs of the particular declared emergency at issue. Such information will be posted on the board's Internet website along with the appropriate forms for review and use by interested parties.

C. Accordingly, the following requirements for temporary registration may be imposed pursuant to the emergency rule issued and/or any other requirements which more properly address the needs of the particular declared emergency.

D. A veterinarian or veterinary technician not licensed, certified or registered in Louisiana, whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States, may gratuitously provide veterinary services if:

1. the veterinarian or veterinary technician has photo identification and a license to verify a current and unrestricted license, certification or registration in another jurisdiction of the United States, and properly registers with the board prior to providing veterinary services in Louisiana as follows;

2. the veterinarian or veterinary technician is engaged in a legitimate relief effort during the emergency period, and provides satisfactory documentation to the board of the location site(s) that he will be providing gratuitous veterinary services;

3. the veterinarian or veterinary technician shall comply with the Louisiana Veterinary Practice Act, Board Rules, and other applicable laws, as well as practice in good faith, and within the reasonable scope of his skills, training, and ability; and

4. the veterinarian or veterinary technician renders veterinary services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of veterinary services within the state of Louisiana.

E. The authority provided for in the emergency rule shall be applicable for a period of time not to exceed 60 days at the discretion of the board, with the potential extension of up to two additional periods not to exceed 60 days for each extension as determined appropriate and necessary by the board.

F. All interested veterinarians or veterinary technicians shall submit a copy of their respective current and unrestricted licenses, certifications or registrations issued in other jurisdictions of the United States and photograph identification, as well as other requested information, to the Louisiana Board of Veterinary Medicine office for registration with this agency prior to gratuitously providing veterinary services in Louisiana.

G. Should a qualified veterinarian or veterinarian technician registered with the board thereafter fail to comply with any requirement or condition established by this rule, the board may terminate his registration upon notice and hearing.

H. In the event a veterinarian or veterinarian technician fails to register with the board, but practices veterinary medicine, whether gratuitously or otherwise, then such conduct will be considered the unlawful practice of veterinary medicine and prosecuted accordingly.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 32:

Interested parties may submit written comments to Wendy D. Parrish, Administrative Director, Louisiana Board of Veterinary Medicine, 263 Third Street, Suite 104, Baton Rouge, LA 70801, or by facsimile to (225) 342-2142. Comments will be accepted through the close of business on August 17, 2006. If it becomes necessary to convene a public hearing to receive comments in accordance with the Administrative Procedure Act, the hearing will be held on Thursday, August 24, 2006, at 10 a.m. at the office of the Louisiana Board of Veterinary Medicine, 263 Third Street, Suite 104, Baton Rouge, LA.

Wendy D. Parrish
Administrative Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Temporary Registration during Declared Public Health Emergency

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

There will be no costs or savings to state or local governmental units, except for those associated with publishing

the amendment (estimated at \$300 in FY 2007). Licensees will be informed of this rule change via the board's regular newsletter or other direct mailings, which result in minimal costs to the board.

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

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

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

The proposed rule, pursuant to Act 207 of the 2006 Regular Session, creates the process for adopting of a future emergency rule implementing temporary registration in Louisiana, during a public health emergency lawfully declared as such by the Governor, for out of state veterinarians or veterinary technicians, whose licenses, certifications or registrations are current and unrestricted in another jurisdiction of the United States.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

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

Wendy D. Parrish
Administrative Director
0607#043

Robert E. Hosse
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

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

CommunityCARE Program (LAC 50:I.2903)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to amend LAC 50:I.2903 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing established the CommunityCARE Program as an optional statewide covered service under the Medicaid State Plan instead of a waiver service, and provided for the exclusion of certain additional Medicaid recipients from mandatory participation in the program and provided for their optional voluntary enrollment (*Louisiana Register*, Volume 32, Number 3). The bureau now proposes to amend the March 20, 2006 Rule to remove the provisions that allowed for voluntary enrollment in the CommunityCARE Program.

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

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE

Part I. Administration

Subpart 3. Medicaid Managed Care

Chapter 29. CommunityCARE

§2903. Recipient Participation

A. - B.11. ...

12. recipients in foster care, other out-of-home placement or receiving adoption assistance;

13. clients of the Office of Youth Development (in state custody); and

14. children under age 19 who are:

a. eligible for SSI under Title XVI;

b. eligible under Section 1902(e)(3) of the Social Security Act (New Opportunities Waiver and Children's Choice recipients); or

c. receiving services through a family-centered, community-based, coordinated care system that receives grant funds under Section 501(a)(1)(D) of Title V, and is defined by the state in terms of either program participation or special health care needs.

C. Requests for medical exemptions shall be reviewed for approval on a case-by-case basis for certain medically high risk recipients that may warrant the direct care and supervision of a non-primary care specialist.

D. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:908 (June 2003), amended LR 32:404 (March 2006), LR 32:

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Jerry Phillips, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, August 24, 2006 at 9:30 a.m. in the Department of Transportation and Development Auditorium, First Floor, 1201 Capitol Access Road, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Frederick P. Cerise, M.D., M.P.H.
Secretary

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

RULE TITLE: CommunityCARE Program

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

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 06-07. It is anticipated that \$272 (\$136 SGF and \$136 FED) will be expended in FY 06-07 for the state's administrative expense for promulgation of this proposed rule and the final rule.

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

It is anticipated that the implementation of this proposed rule will not affect federal revenue collections other than the federal share of the promulgation costs for FY 06-07. It is anticipated that \$136 will be expended in FY 06-07 for the federal share of the expense for promulgation of this proposed rule and the final rule.

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

This rule proposes to amend the provisions governing the CommunityCARE Program to exclude certain Medicaid recipients (approximately 33,100 children under the age of 19 who are SSI recipients, waiver recipients or receive services in a Title V grant program) that were allowed to optionally enroll in the program. No member of this group has participated in the optional enrollment. It is anticipated that implementation of this proposed rule will not have estimable cost or economic benefits for directly affected persons or non-governmental groups in FY 06-07, FY 07-08, and FY 08-09.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known impact on competition and employment.

Jerry Phillips
Acting Medicaid Director
0607#078

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

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

Federally Qualified Health Centers
(LAC 50:XI.Chapters 101-107)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to adopt LAC 50:XI.Chapters 101 and 107, and to amend Chapters 103-105 under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing furnishes coverage and reimbursement to federally qualified health centers (FQHCs) under the Medicaid Program. In November 2004, the bureau repealed and replaced previous rules governing the reimbursement methodology for FQHCs and established a prospective payment system, as well as amended the provisions which included FQHC visits in the maximum allowable outpatient physician visit limit for Medicaid recipients (*Louisiana Register*, Volume 30, Number 11).

The bureau now proposes to establish provisions governing provider enrollment and to clarify the provisions governing services and the reimbursement methodology for FQHCs.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family

functioning, stability, or autonomy as described in R.S. 49:972.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XI. Clinic Services

Subpart 13. Federally Qualified Health Centers

Chapter 101. General Provisions

§10101. Purpose

A. Section 330 of the Public Health Service (PHS) Act of 1991 authorized the development of federally qualified health centers (FQHCs) through a grant funding program to provide care and improve the health status of medically underserved populations.

B. The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), certifies the FQHC status of organizations that receive grant funding under Section 330 of the PHS Act.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 103. Provider Participation

§10301. Provider Enrollment

A. In order to enroll and participate in the Medicaid Program, an FQHC must submit a completed provider enrollment packet that includes a copy of the HRSA grant approving its FQHC status.

B. The effective date of an FQHC's enrollment to participate in the Medicaid Program shall not be prior to the date of receipt of the completed enrollment packet.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2328 (October 2004), repromulgated LR 30:2487 (November 2004), amended LR 32:

§10303. Standards for Participation

A. Federally qualified health centers must comply with the applicable licensure, accreditation and program participation standards for all services rendered. If an FQHC wishes to initiate participation, it shall be responsible for meeting all of the enrollment criteria of the program. The FQHC provider shall:

1. maintain an acceptable fiscal record keeping system that readily distinguishes one type of service from another type of service that may be provided;

2. retain all records necessary to fully disclose the extent of services provided to recipients for five years from the date of service and furnish such records, and any payments claimed for providing such services, to the Medicaid Program upon request; and

3. abide by and adhere to all federal and state regulations and policy manuals.

B. If an FQHC receives approval for a satellite site, the satellite site must enter into a separate provider agreement and obtain its own Medicaid provider number.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2328 (October 2004), repromulgated LR 30:2488 (November 2004), amended LR 32:

Chapter 105. Services

§10501. Scope of Services

A. Medicaid reimbursement is limited to medically necessary services that are covered by the Medicaid State Plan and would be covered if furnished by a physician. The following services shall be covered:

1. services furnished by a physician within the scope of practice of his profession under Louisiana law;

2. services furnished by a:

- a. physician assistant;
- b. nurse practitioner;
- c. nurse midwife;
- d. clinical social worker;
- e. clinical psychologist; or
- f. dentist;

3. services and supplies that are furnished as an incident to professional services furnished by all eligible professionals; and

4. other ambulatory services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2328 (October 2004), repromulgated LR 30:2488 (November 2004), amended LR 32:

§10503. Service Limits

A. Federally qualified health center visits (encounters) are limited to 15 visits per year for medically necessary services rendered to Medicaid recipients who are 21 years of age or older. Visits for Medicaid recipients who are under 21 years of age and for prenatal and postpartum care are excluded from the service limitation.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 107. Reimbursement Methodology

§10701. Prospective Payment System

A. Payments for Medicaid covered services will be made under a prospective payment system (PPS) and paid on a per visit basis.

B. A visit is defined as a face-to-face encounter between a facility health professional and a Medicaid eligible patient for the purpose of providing medically necessary outpatient services.

1. Encounters with more than one facility health professional that take place on the same day and at a single location constitute a single encounter.

2. Services shall not be arbitrarily delayed or split in order to bill additional encounters.

NOTE: Refer to the FQHC and Physician's Current Procedural Terminology (CPT) Manuals for the definition of an encounter.

C. If an FQHC receives approval for a satellite site, the PPS per visit rate paid for the services performed at the satellite site would be the weighted average cost payment rate per encounter for all FQHCs.

D. The PPS per visit rate for a facility which enrolls and receives approval to operate shall be the weighted average cost payment rate per encounter for all FQHCs.

E. The PPS per visit rate for each facility will be increased on July 1 of each year by the percentage increase

in the published *Medicare Economic Index* (MEI) for primary care services.

F. Federally qualified health center services furnished to dual eligibles will be reimbursed reasonable cost which is equivalent to the provider specific prospective payment rate.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Jerry Phillips, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, August 24, 2006 at 9:30 a.m. in the Department of Transportation and Development Auditorium, First Floor, 1201 Capitol Access Road, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Frederick P. Cerise, M.D., M.P.H.
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Federally Qualified Health Centers**

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

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact to the state other than cost of promulgation for FY 06-07. It is anticipated that \$544 (\$272 SGF and \$272 FED) will be expended in FY 06-07 for the state's administrative expense for promulgation of this proposed rule and the final rule.

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

It is anticipated that the implementation of this proposed rule will not affect federal revenue collections other than the federal share of the promulgation costs for FY 06-07. It is anticipated that \$272 will be expended in FY 06-07 for the federal share of the expense for promulgation of this proposed rule and the final rule.

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

This rule proposes to establish provisions governing provider enrollment and to clarify the provisions governing services and the reimbursement methodology for FQHCs (approximately 40 facilities) as such enrollment provisions were not included in the previous rule. It is anticipated that implementation of this proposed rule will not have estimable cost or economic benefits for directly affected persons or non-governmental groups in FY 06-07, FY 07-08, and FY 08-09.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known impact on competition and employment.

Jerry Phillips
Acting Medicaid Director
0607#074

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

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

Louisiana Hurricane Relief Waiver
Uncompensated Care Costs Pool
(LAC 50:XXII.Chapters 41-53)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to adopt LAC 50:XXII.Chapters 41-53 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing requested and received approval from the Centers for Medicare and Medicaid Services (CMS) to implement a multi-state 1115 demonstration waiver to ensure the continuity of health care services for individuals displaced as a result of Hurricanes Katrina and Rita. Under the demonstration waiver, Louisiana will provide services through its Medicaid Program to evacuees who qualify as members of the demonstration population consisting of parents, pregnant women, children under age 19, individuals with disabilities, low income Medicare beneficiaries, and individuals in need of long term care whose income is within the levels listed on the simplified eligibility chart.

In addition, CMS approved the establishment of a fund, the Uncompensated Care Costs (UCC) Pool, to reimburse health care providers that incur uncompensated care costs for medically necessary services and supplies rendered to evacuees and other affected individuals who do not have coverage through insurance or other options, including Title XIX and Title XXI of the Social Security Act. The bureau promulgated an Emergency Rule to adopt the provisions governing the administration of the UCC pool (*Louisiana Register*, Volume 32, Number 3). This proposed Rule is being promulgated to continue the provisions of the March 13, 2006 Emergency Rule.

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

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XXII. 1115 Demonstration Waivers

Subpart 5. Louisiana Hurricane Relief Waiver

Chapter 41. General Provisions

§4101. Purpose

A. As a result of the devastation caused by Hurricanes Katrina and Rita, many Louisiana health care providers have incurred costs in furnishing medical services and supplies to hurricane evacuees and other affected individuals who do not have health care coverage through insurance or any other financial mechanism. The purpose of the Uncompensated Care Costs (UCC) Pool is to provide reimbursement to health care providers through federal financial participation for services rendered for which there is no other source of payment.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 43. Eligible Populations

§4301. Definitions

Affected Individual—an individual who resided in a designated individual assistance county or parish pursuant to Section 408 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as declared by the President as a result of Hurricanes Katrina and Rita, and continues to reside in the same state where such county or parish is located.

Evacuee—an affected individual who has been displaced to another state.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

§4303. Eligibility Requirements

A. In order to qualify as a member of the eligible population, an individual must be either a United States citizen or a legal alien who resided in a designated individual assistance county or parish for Hurricane Katrina or Hurricane Rita as declared by the President.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 45. Covered Services

§4501. Medicaid State Plan Services

A. Reimbursement is available through the UCC pool for the following services covered under the Louisiana Medicaid State Plan:

1. inpatient and outpatient hospital services, including ancillary services;
2. physician services (inpatient and outpatient);
3. mental health clinic services;
4. inpatient psychiatric services (free-standing psychiatric hospitals and distinct part psychiatric units);
5. emergency ambulance services;
6. home health services:
 - a. coverage of durable medical equipment and supplies is limited to emergency items;

7. nursing facility services;
8. pharmacy services;
9. laboratory services;
10. X-ray services;
11. hemodialysis services;
12. hospice services;
13. rural health clinic services; and
14. federally qualified health center services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

§4503. Non-Medicaid State Plan Services

A. Reimbursement is available through the UCC pool for methadone and suboxone substance abuse treatments only to the extent that these services are not otherwise reimbursable under other funding sources including, but not limited to, grant or reimbursement programs offered through:

1. the Federal Emergency Management Agency;
2. the Substance Abuse and Mental Health Services Administration;
3. the National Institutes of Health; or
4. any other federal or state program (Medicaid, SCHIP, Medicare), private insurance or any private source.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 47. Provider Participation

§4701. Participation Requirements

A. In order to qualify for reimbursement through the UCC pool for Medicaid State Plan covered services, the provider must have been enrolled to participate in the Louisiana Medicaid Program on or before August 24, 2005.

B. In order to qualify for reimbursement through the UCC pool for methadone and suboxone substance abuse treatments, the provider must be approved by the Office of Addictive Disorders.

C. Qualifying providers may be either a public or a private provider.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 49. Requests for Payment

§4901. Submission Requirements

A. Requests for payment must be "person specific" for each Hurricane Katrina or Rita evacuee or other affected individual. The request must contain the following data, if known, for the evacuee or other affected individual:

1. last name;
2. first name;
3. middle initial;
4. Social Security number;
5. date of birth;
6. residential address the week prior to Hurricane Katrina or Hurricane Rita;
7. parish of residence the week prior to Hurricane Katrina or Hurricane Rita;
8. date(s) of service; and

9. any other identifying data that would assist in establishing the recipient's identity in the absence of any of the items cited in Paragraphs 1-8 above.

B. Providers may submit requests for payment of costs incurred during the following time periods:

1. dates of service from August 24, 2005 through January 31, 2006 for Hurricane Katrina; and

2. dates of service from September 23, 2005 through January 31, 2006 for Hurricane Rita.

C. Providers shall be required to sign an attestation that confirms that:

1. the services provided were medically necessary;
2. they have not received payment from any other source;

3. they will not subsequently bill another source for payment;

4. they are not aware of any other payment source for the services rendered; and

5. payment will be accepted as payment in full for the services rendered.

D. The deadline for submission of all payment requests is June 30, 2006.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 51. Uncompensated Care Pool Reimbursement

§5101. Allowable Payment

A. Reimbursement through the UCC pool is only available for covered services provided within the State of Louisiana to individuals who meet the requirements to be a member of the eligible population.

B. Payment through the UCC pool for Medicaid State Plan services shall be an interim payment up to 70 percent of the Medicaid fee-for-service rate currently on file for the respective service. Additional payments shall be contingent on the availability of funds in the UCC Pool.

1. UCC pool payments to hospitals that qualify for Medicaid disproportionate share hospital (DSH) payments will be offset from the cost of treating uninsured patients for the state fiscal year to which the DSH payment is applicable to determine the hospital specific DSH limits.

C. Payment through the UCC pool for methadone and suboxone substance abuse treatment services shall be an interim payment up to 70 percent of the fee schedule established by the Office of Addictive Disorders. Additional payments shall be contingent on the availability of funds in the UCC Pool.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 53. Administrative Appeals

§5301. Fair Hearings and Appeals

A. There are no provisions under this demonstration waiver for fair hearings for those individuals who have received medical services or supplies and do not have insurance coverage or any other source of payment.

B. There are no provisions under this demonstration waiver for appeals for health care providers who have

incurred costs associated with the provision of the uncompensated care.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Jerry Phillips, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, August 24, 2006 at 9:30 a.m. in the Department of Transportation and Development Auditorium, First Floor, 1201 Capitol Access Road, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Frederick P. Cerise, M.D., M.P.H.
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Louisiana Hurricane Relief Waiver Uncompensated Care Costs Pool

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

It is anticipated that the implementation of this proposed rule will have no programmatic costs to the state for FY 05-06, FY 06-07, and FY 07-08. It is anticipated that \$748 (\$374 SGF and \$374 FED) will be expended in FY 06-07 for the state's administrative expense for promulgation of this proposed rule and the final rule.

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

It is anticipated that the implementation of this proposed rule will increase federal revenue collections by approximately \$175,000,000 for FY 05-06 and \$193,204,374 for FY 06-07. It is anticipated that \$374 will be expended in FY 06-07 for the federal administrative expenses for promulgation of this proposed rule and the final rule.

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

This proposed rule, which continues provisions of the March 13, 2006 emergency rule, establishes provisions governing the Uncompensated Care Costs Pool under the Louisiana Hurricane Relief Waiver. It is anticipated that implementation of this proposed rule will increase uncompensated care expenditures to medical providers (approximately 500) by approximately \$175,000,000 for FY 05-06 and \$193,204,000 for FY 06-07.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this rule will not have an effect on competition and employment.

Jerry Phillips
Acting Medicaid Director
0607#076

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

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

Mental Health Rehabilitation Program
(LAC 50:XV.Chapters 1-7)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to amend LAC 50:XV.Chapters 1-7 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated a Rule to adopt the revised provisions governing the administration of the Mental Health Rehabilitation Program (*Louisiana Register*, Volume 31, Number 5). The bureau subsequently promulgated an Emergency Rule to delay the implementation of the provisions contained in the May 20, 2005 Rule and rescinded the language prohibiting the provision of certain mental health rehabilitation services to children and adolescents in the custody of the Office of Community Services or the Office of Youth Services (*Louisiana Register*, Volume 31, Number 6). The May 20, 2005 Rule was further amended to adopt revised medical necessity criteria and to clarify Medicaid policy governing provision of services in off-site locations and staffing requirements (*Louisiana Register*, Volume 31, Number 8). The bureau subsequently promulgated an Emergency Rule that continued the provisions of the June 1, 2005 and August 1, 2005 Emergency Rules (*Louisiana Register*, Volume 32, Number 1). This proposed Rule is being promulgated to: 1) continue the provisions of the January 28, 2005 Emergency Rule; 2) address service changes; 3) clarify provisions regarding provider certification and enrollment; and 4) establish emergency preparedness requirements within the Mental Health Rehabilitation Program.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family as been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability or autonomy as described in R.S. 49:972.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XV. Services for Special Populations

Subpart 1. Mental Health Rehabilitation

Chapter 1. General Provisions

§101. Introduction

A. - C. ...

D. Mental Health Rehabilitation services shall be covered and reimbursed for any eligible Medicaid recipient who meets the medical necessity criteria for services. The department will not reimburse claims determined through the prior authorization or monitoring process to be a duplicated service.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1082 (May 2005), amended LR 32:

§103. Definitions and Acronyms

* * *

BHSF—Bureau of Health Services Financing

* * *

CPRP—Certified Psychosocial Rehabilitation Practitioner as designated by the Commission for Psychiatric Rehabilitation Certification through the United States Psychiatric Rehabilitation Services Association (USPRA).

* * *

ISRP—Individualized Service and Recovery Plan.

* * *

Off-Site Service Delivery Location—locations of service that are publicly available for, and commonly used by, members of the community other than the MHR provider and sites or locations that are directly related to the recipient's usual environment, or those sites or locations that are utilized in a non-routine manner. This can also include a location used solely for the provision of allowable off-site service delivery by a certified MHR provider.

* * *

Provider Contract—an agreement between DHH and a provider of MHR services.

QMP—Quality Management Program.

Recoupment—the authority of BHSF to recover payments made for services that are subsequently determined, for any reason, not to qualify for reimbursement.

* * *

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1082 (May 2005), amended LR 32:

§105. Prior Authorization

A. Every mental health rehabilitation service shall be prior authorized by the bureau or its designee. Services provided without prior authorization will not be considered for reimbursement. There shall be no exceptions to the prior authorization requirement.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1083 (May 2005), amended LR 32:

Chapter 3. Covered Services and Staffing Requirements

Subchapter A. Service Delivery

§301. Introduction

A. ...

B. Service Package. Each MHR provider shall have a policy wherein they agree to identify and either provide or contract services as identified in every Individualized Service and Recovery Plan (ISRP). The provider shall be qualified to provide services, and the recipient shall be eligible to receive the services. The services for each individual shall be included in the ISRP.

C. Children's Services. There shall be family and/or legal guardian involvement throughout the planning and delivery of MHR services for children and adolescents. The agency or individual who has the decision making authority for children and adolescents in state custody must request and

approve the provision of MHR services to the recipient. The case manager or person legally authorized to consent to medical care must be involved throughout the planning and delivery of all MHR services and such involvement must be documented in the recipient's record maintained by the MHR agency.

1. The child or adolescent shall be served within the context of the family and not as an isolated unit. Services shall be appropriate for:

- a. age;
- b. development;
- c. education; and
- d. culture.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1083 (May 2005), amended LR 32:

Subchapter B. Mandatory Services

§311. Assessment

A. An assessment is an integrated series of diagnostic and evaluation procedures conducted with the recipient and his/her significant other(s) to provide the basis for the development of an effective, comprehensive and individualized service and recovery plan. It is an intensive clinical, psychosocial evaluation of a recipient's mental health conditions which results in an ISRP for the recipient. It may also be used to determine the recipient's level of care and medical necessity. An initial assessment shall be completed when an individual is determined to potentially qualify for the MHR Program and a reassessment shall be completed at the end of each prior authorization period or as deemed necessary by the bureau.

B. Initial assessments and reassessments shall include developing the recipient's ISRP, reviewing progress toward the goals of the ISRP and modifying the ISRP as indicated. The ISRP is an individualized, structured, goal-oriented schedule of services developed in conjunction with and agreed upon by the adult recipient or the child recipient and his/her family and the treatment team. Recipients must be actively involved in the process and have a major role in determining the direction of their ISRP. The ISRP must identify the goals, objectives, interventions, and services which are based on the results of the assessment/reassessment.

C. Staffing Requirements

1. Initial assessments and reassessments must be completed by practitioners operating within the scope of their licenses as required by the respective Louisiana Practice Acts.

2. A licensed mental health professional (LMHP) shall:

- a. have a face-to-face contact with the recipient for the purpose of completing the assessment;
- b. score the LOCUS/CALOCUS if he/she has been approved to be a clinical evaluator by the Office of Mental Health (OMH); and
- c. sign and date the assessment/reassessment and the ISRP.

3. A psychiatrist shall:

- a. have a face-to-face interview with the recipient at initial assessment;

- b. review and sign the Medical History Questionnaire section of the initial assessment;

- c. review and sign the ISRP at initial assessment/reassessment; and

- d. review and sign the Electronic Case Data Inquiry (eCDI) screen print, if data is available.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1083 (May 2005), amended LR 32:

§313. Service Planning

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1083 (May 2005), repealed LR 32:

§317. Community Support

A. Community support services is the provision of mental health rehabilitation services and supports necessary to assist the recipient in achieving and maintaining rehabilitative, resiliency and recovery goals. The service is designed to meet the educational, vocational, residential, mental health treatment, financial, social and other treatment support needs of the recipient. Community support is the foundation of the recovery-oriented ISRP and is essential to all MHR recipients. Its goal is to increase and maintain competence in normal life activities and to gain the skills necessary to allow recipients to remain in or return to naturally occurring supports. This service includes the following specific goals:

1. achieving the restoration, reinforcement, and enhancement of skills and/or knowledge necessary for the recipient to achieve maximum reduction of his/her psychiatric symptoms;
2. minimizing the effect of mental illness;
3. maximizing the recipient's strengths with regard to the mental illness;
4. increasing the level of the recipient's age-appropriate behavior;
5. increasing the recipient's independent functioning to an appropriate level;
6. enhancing social skills;
7. increasing adaptive behaviors in family, peer relations, school and community settings;
8. maximizing linkage and engagement with other community services, including natural supports and resources;
9. applying decision-making methods in a variety of skill building applications; and
10. training caregivers to address the needs identified in the ISRP using preventive, developmental and therapeutic interventions designed for direct individual activities.

B. - B.3. ...

C. Service Exclusions. Community support is an individualized service and is not billable if delivered in a group setting or with more than one recipient per staff per contact.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1084 (May 2005), amended LR 32:

§319. Group Counseling

A. Group counseling is a treatment modality using face-to-face verbal interaction between two to eight recipients. It is a professional therapeutic intervention utilizing psychotherapy theory and techniques. The service is directed to the goals on the approved ISRP.

B. - B.2. ...

C. Clinical Exclusion. The MHR provider shall not admit any recipient into this service whose presence would pose a documented health and safety risk to the recipient or to other recipients and for whom the provider cannot provide the necessary care.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1084 (May 2005), amended LR 32:

§321. Individual Intervention

A. Individual intervention is a verbal interaction between the counselor therapist and the recipient receiving services that is brief, face-to-face, and structured. Individual intervention is a service provided to eliminate the psychosocial barriers that impede the skills necessary to function in the community. It includes services provided to eliminate psychosocial barriers that impede the skills necessary to function in the community.

1. Individual intervention is a range of professionally delivered therapeutic strategies provided individually and face-to-face to the recipient for the purpose of rehabilitating and restoring him/her to an optimal level of functioning and to reduce the risk of a more restrictive treatment intervention. It includes services provided to eliminate psychosocial barriers that impede the development/enhancement of skills necessary to function in the community.

2. Repealed.

B. Staffing Requirements. Individual intervention must be provided by a:

1. LMHP; or
2. MHP under the supervision of a LMHP.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1084 (May 2005), amended LR 32:

§323. Parent/Family Intervention (Counseling)

A. - B.2. ...

C. - D. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1084 (May 2005), amended LR 32:

§325. Psychosocial Skills Training—Group (Youth)

A. Psychosocial Skills Training—Group (Youth) is a therapeutic, rehabilitative, skill building service for children and adolescents to increase and maintain competence in normal life activities and gain the skills necessary to allow them to remain in or return to their community. It is an organized service based on models incorporating psychosocial interventions.

B. - B.2. ...

C. Clinical Exclusion. The MHR provider shall not admit any recipient into this service whose presence would pose a documented health and safety risk to the recipient or to other recipients and for whom the provider cannot provide the necessary care.

D. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1085 (May 2005), amended LR 32:

Subchapter C. Optional Services

§335. Parent/Family Intervention (Intensive)

A. Parent/Family Intervention (Intensive) is a structured service involving the recipient and one or more of his/her family members. It is an intensive family preservation intervention intended to stabilize the living arrangement, promote reunification, or prevent utilization of out of home therapeutic placement (i.e., psychiatric hospitalization, therapeutic foster care) for the recipient. These services focus on the family and are delivered to children and adolescents primarily in their homes. Therefore, Parent/Family Intervention (Intensive) is not appropriate for recipients whose families refuse to participate or to allow services in the home.

1. This service is comprehensive and inclusive of all other rehabilitative services, with the exception of assessment/reassessment and medication management which may be provided and billed for a recipient receiving Parent/Family Intervention (Intensive) services.

B. - B.3. ...

C. - D. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1085 (May 2005), amended LR 32:

§337. Psychosocial Skills Training—Group (Adult)

A. Psychosocial Skills Training—Group (Adult) is a therapeutic, rehabilitative, skill building service for individuals to increase and maintain competence in normal life activities and gain the skills necessary to allow them to remain in or return to their community. It is designed to increase the recipient's independent functioning in his/her living environment through the integration of recovery and rehabilitation principles into the daily activities of the recipient. It is an organized program based on a psychosocial rehabilitation philosophy to assist persons with significant psychiatric disabilities, to increase their functioning to live successfully in the natural environments of their choice.

B. Staffing Requirements

1. All staff providing direct services shall have documented orientation to the psychosocial rehabilitation model being used in the program. This service shall be furnished under the supervision of a LMHP who is on site a minimum of 50 percent of the service operating hours. The supervising LMHP shall be a Certified Psychosocial Rehabilitation Practitioner (CPRP) as designated by the Commission for Psychiatric Rehabilitation Certification through the USPRA or eligible for certification with a written plan for achieving CPRP certification within 12

months of certification as a Psychosocial Skills Group (Adult) provider or within 12 months of being hired.

2. Psychosocial skills training (group) shall be provided by a:

- a. LMHP;
- b. MHP; or
- c. MHS.

3. There must be a minimum staffing ratio of one direct service staff person for eight recipients at all times of active program participation.

4. Group size may not exceed 15 recipients for any single skill training activity.

C. Clinical Exclusion. The MHR provider shall not admit any recipient into psychosocial skills training-group (adult) whose presence would pose a documented health and safety risk to the recipient or to other recipients and for whom the provider cannot provide the necessary care.

D. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1085 (May 2005), amended LR 32:

Chapter 5. Medical Necessity Criteria

§501. General Provisions

A. When a recipient requests MHR services, an initial screening must be completed to determine whether the recipient potentially meets the medical necessity criteria for MHR services. If it is determined that the recipient potentially meets the criteria for services, an initial assessment shall be completed and fully documented in the recipient's record no later than 30 days after the request for services. Information in an initial assessment shall be based on current circumstances (within 30 days) and face-to-face interviews with the recipient, taking pertinent historical data into consideration. If the recipient is a minor, the information shall be obtained from a parent, legal guardian or other person legally authorized to consent to medical care. Reassessments shall be based on current circumstances (within 30 days) and face-to-face interview with the recipient. If the recipient is a minor, the information shall be obtained from a parent, legal guardian or other person legally authorized to consent to medical care.

B. If it is determined at the initial screening or assessment that a recipient does not meet the medical necessity criteria for services, the provider shall refer the recipient to his/her primary care physician, the nearest community mental health clinic, or other appropriate services with copies of all available medical and social information.

C. In order to qualify for MHR services, a recipient must meet the medical necessity criteria for services outlined in §503 or §505. These medical necessity criteria shall be utilized for authorization and reauthorization requests received on or after August 1, 2005.

D. Initially all recipients must meet the medical necessity criteria for diagnosis, disability, duration and level of care. MHR providers shall rate recipients on the CALOCUS/LOCUS at 90 day intervals, and these scores and supporting documentation must be submitted to the bureau or its designee upon request. Ongoing services must be requested every 90 days based on progress towards goals,

individual needs, and level of care requirements which are consistent with the medical necessity criteria.

E. The bureau or its designee reserves the right to require a second opinion evaluation by a licensed mental health professional that is not associated with the MHR provider that is seeking authorization or reauthorization of services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

§503. Adult Criteria for Services

A. In order to qualify for MHR services, Medicaid recipients age 18 or older must meet all the following criteria.

1. Diagnosis. The recipient must currently have or, at any time during the past year, had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet the diagnostic criteria specified within the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* or the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* or subsequent revisions of these documents. The diagnostic criteria specified under DSM-IV-TR "V" codes for substance use disorders and developmental disorders are excluded unless these disorders co-occur with another diagnosable serious mental illness.

2. Disability. In order to meet the criteria for disability, the recipient must exhibit emotional, cognitive or behavioral functioning which is so impaired, as a result of mental illness, as to substantially interfere with role, occupational and social functioning as indicated by a score within levels four or five on the LOCUS that can be verified by the bureau or its designee.

3. Duration. The recipient must have a documented history of severe psychiatric disability which is expected to persist for at least a year and requires intensive mental health services, as indicated by one of the following:

a. psychiatric hospitalizations of at least six months duration in the last five years (cumulative total); or

b. two or more hospitalizations for mental disorders in the last 12-month period; or

c. structured residential care, other than hospitalization, for a duration of at least six months in the last five years; or

d. documentation indicating a previous history of severe psychiatric disability of at least six months duration in the past year.

NOTE: Recipients who are age 18 and up to 21 and who have been determined not to meet the adult medical necessity criteria for MHR services, initial or continued care, shall be reassessed by the bureau or its designee using the children/adolescent medical necessity criteria for services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

§505. Child/Adolescent Criteria for Services

A. In order to qualify for MHR services, Medicaid recipients age 17 or younger must meet all the following criteria.

1. Diagnosis. The recipient must currently have or, at any time during the past year, had a diagnosable mental,

behavioral or emotional disorder of sufficient duration to meet the diagnostic criteria specified within the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) or the *International Classification of Diseases*, Ninth Revision, Clinical Modification (ICD-9-CM), or subsequent revisions of these documents. The diagnostic criteria specified under DSM-IV-TR "V" codes for substance use disorders and developmental disorders are excluded unless these disorders co-occur with another diagnosable serious mental illness.

2. Disability. In order to meet the criteria for disability, the recipient must exhibit emotional, cognitive or behavioral functioning which is so impaired, as a result of mental illness, as to substantially interfere with role, educational, and social functioning as indicated by a score within levels four or five on the CALOCUS that can be verified by the bureau or its designee.

NOTE: Youth returning to community living from structured residential settings or group homes under the authority of the Office of Community Services or the Office of Youth Services may be considered to meet the disability criteria for admission with a level three on the LOCUS or CALOCUS.

3. Duration. The recipient must have a documented history of severe psychiatric disability that is expected to persist for at least six months and requires intensive mental health services, as indicated by at least one of the following:

- a. past psychiatric hospitalization(s);
- b. past supported residential care for emotional/behavioral disorder;
- c. past structured day program treatment for emotional/behavioral disorder; or
- d. documentation indicating that an impairment or pattern of inappropriate behaviors has persisted for at least three months and is expected to persist for at least six months.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

§507. Exclusionary Criteria

A. Mental health rehabilitation services are not considered to be appropriate for recipients whose diagnosis is mental retardation, developmental disability or substance abuse unless they have a co-occurring diagnosis of severe mental illness or emotional/behavioral disorder as specified within DSM-IV-TR or ICD-9-CM, or its subsequent revisions of these documents.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

§509. Discharge Criteria

A. Discharge planning must be initiated and documented for all recipients at time of admission to MHR services. The written discharge plan must include a plan for the arrangement of services required to transition the recipient to a lower level of care within the community. Discharge from mental health rehabilitation services for current and new recipients shall be initiated if at least one of the following situations occurs:

1. the recipient's treatment plan/ISRP goals and objectives have been substantially met;

2. the recipient meets criteria for higher level of treatment, care, or services;

3. the recipient, family, guardian, and/or custodian are not engaging in treatment or not following program rules and regulations, despite attempts to address barriers to treatment;

4. consent for treatment has been withdrawn; or

5. supportive systems that allow the recipient to be maintained in a less restrictive treatment environment have been arranged.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 7. Provider Participation Requirements

Subchapter A. Certification and Enrollment

§701. Provider Enrollment Moratorium

A. A moratorium is implemented on the enrollment of mental health rehabilitation (MHR) providers to participate in the Medicaid Program. The department shall not approve enrollment for any new MHR provider office regardless of the status of the application.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:668 (March 2005), amended LR 32:

§703. Application

A. To be certified or recertified as an enrolled mental health rehabilitation provider requires that the provisions of this Subpart 1, the provider manual and the appropriate statutes are met. A prospective provider who elects to enroll with the department to provide MHR services shall apply to the Bureau of Health Services Financing or its designee for certification. The prospective provider shall create and maintain documents to substantiate that the provider meets all prerequisites in order to enroll as a Medicaid provider of MHR services.

B. A prospective MHR provider shall submit the following documents for certification:

1. a completed Form PE 50 and addendum;
2. a completed disclosure of ownership form;
3. direct deposit authorization form;
4. nonrefundable application fee of \$500 paid by certified check to the State of Louisiana, Department of Health and Hospitals;
5. proof of a request for accreditation and a copy of the completed application with a national accrediting body approved by the bureau and proof of payment to the accrediting body. Proof of full accreditation is required within nine months of issuance of a Medicaid provider enrollment number;
6. an affidavit that identifies the applicant's licensed mental health professional and psychiatrist, including verification of current licensure. The LMHP identified must be an employee of the prospective MHR provider;
7. proof of the establishment and maintenance of a line of credit from a federally insured, licensed lending institution in an amount equal to three months of current operating expenses as proof of adequate finances. It is the MHR provider's responsibility to notify the bureau in the

event that the financial institution cancels or reduces the upper credit limit:

a. nonprofit agencies that have operated for five years or more and have an unqualified audit report for the most recent fiscal year prepared by a licensed certified public accountant, which reflects financial soundness of the nonprofit provider, are not required to meet this standard;

b. governmental entities or organizations are exempt from this requirement;

8. a statement identifying the population to be served:

NOTE: A change in the population group to be served cannot be made without prior written approval by the bureau.

a. adults with serious mental illness; or

b. children with an emotional/behavior disorder;

9. proof of the establishment and maintenance of a general liability and a professional liability insurance policy with at least \$1,000,000 coverage under each policy. The certificates of insurance for these policies shall be in the name of the MHR provider and certificate holder shall be the Department of Health and Hospitals. The provider shall notify the bureau when coverage is terminated for any reason. Coverage shall be maintained continuously throughout the time services are provided and thereafter for a period of one year:

a. governmental entities or organizations are exempt from this requirement;

10. identification of all the MHR provider's office locations and off-site service delivery locations;

11. proof that all owner and staff have attended mandatory training as required by the bureau;

12. proof that all equipment and technology requirements have been met as established by the bureau;

13. corporations must provide current proof of business registration with the Secretary of State;

14. proof of clinical competence as defined and required by the bureau;

15. a notarized report of any and all settled convictions and/or pending charges of malpractice and felonies for the business itself (in this or any other name), the owners, principals, partners and/or governing bodies, Board of Directors and the executive/managing director;

16. proof of current inspection and approval by the Office of State Fire Marshal;

17. proof of current inspection and approval by the Office of Public Health;

18. a comprehensive administrative policy and procedure manual that describes an administrative structure to provide MHR services including:

a. the names, addresses, composition, duties and responsibilities of the governing body;

b. policy governing creation and retention of administrative and personnel records;

c. a policy to utilize the current MHR SIS (or its successor) system that includes accurate MHR provider staff and client information;

d. written procedures for maintaining the security and the confidentiality of recipient records;

e. written emergency preparedness plan reviewed and approved by the bureau;

f. initial and annual recipient orientation policy.

The MHR provider shall adopt a procedure that requires each recipient to sign an acknowledgment form that verifies that the recipient was fully and completely informed of

his/her rights, orally and in writing and received a copy of the signed form. The policy shall include:

i. a mission statement;

ii. recipients' rights, including freedom of choice to select their MHR provider and right to confidentiality;

iii. the array and types of treatment services offered by the MHR provider;

iv. staff qualifications;

v. a statement of after hours access to services;

vi. crisis management procedures;

vii. complaint resolution procedures; and

viii. discharge planning procedures;

19. comprehensive training policy for all owners, employees, volunteers and students; and

20. an operations policy manual that includes a mission statement, program philosophy and goals for the MHR provider.

C. The MHR provider shall have a separate Medicaid provider number for each location where it routinely conducts business and provides scheduled services. This does not include those sites or locations that meet the definition of an off-site service delivery location.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1086 (May 2005), amended LR 32:

§705. Application and Site Reviews

A. A prospective MHR provider shall undergo one or more reviews by the department or its designee before certification to ensure compliance with provider enrollment and operational requirements:

1. an application review;

2. a first site review; and if necessary

3. a second site review.

B. The bureau or its designee may conduct a review of all application documents for compliance with MHR requirements. If the documentation is approved, the applicant will be notified and an appointment may be scheduled for a first site review of the prospective MHR provider's physical location. If the first site review is successful, the certification request may be approved and forwarded to Provider Enrollment for further processing.

C. If the application documentation furnished by the prospective MHR provider is not acceptable, the provider will be notified of the deficiencies. The applicant has 30 days to correct the documentation deficiencies and to request a site visit at their physical location.

1. If the prospective MHR provider requests a site visit in a timely manner, a site review of their physical location may be scheduled. At the onsite review, the bureau or its designee may review the corrected documents and make an assessment of the physical location. If the prospective provider has corrected the application document deficiencies and the physical location is deemed acceptable and sufficient to operate as a mental health rehabilitation provider, the bureau or its designee may approve the certification request and forward the necessary paperwork to Provider Enrollment for further processing.

2. If the prospective provider does not request a site visit within 30 days, the application may be rejected and the provider may not reapply for certification for one year from the date of the initial application review.

D. A second site review is necessary when a provider fails the first site review. The prospective provider will have 30 days from failure of the first site review to correct any deficiencies and to request the second site review.

1. If the prospective provider requests the second site review in a timely manner and the site review verifies that the applicant has corrected the deficiencies and the location is deemed acceptable and sufficient to operate as a mental health rehabilitation provider, the certification request may be approved and sent to Provider Enrollment for further processing.

2. If the prospective provider has not corrected all deficiencies, they may be denied certification and may not reapply for certification for one year from the date of the application review.

3. If the prospective provider does not request and schedule a second site review within 30 days, the application may be rejected and the provider may not reapply for certification for one year from the date of the application review.

E. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:802 (April 2004), amended LR 31:1087 (May 2005), LR 32:

§707. Failure to Achieve Certification/Recertification

A. If the prospective MHR provider fails to meet any application or certification requirements, they may not be enrolled as an MHR provider.

B. There may be an immediate loss of certification if at any time, the enrolled MHR provider fails to obtain or maintain certification requirements, recertification requirements or accreditation status. The provider may not reapply for certification for one year following the date of loss of certification.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1087 (May 2005), amended LR 32:

§709. Certification and Recertification

A. Certification. The MHR provider may be enrolled when the bureau or its designee certifies compliance with all provider enrollment and operational requirements.

1. New providers must present proof of full accreditation by a bureau-approved national accrediting body within nine months following initial certification. Failure to comply may result in termination of the provider's certification.

B. Recertification. Certified providers shall apply for recertification annually. The application must be submitted 90 days prior to the expiration of the MHR provider's certification.

1. The bureau or its designee may conduct a recertification review to ensure continued compliance with all MHR regulations and policies.

C. Failure to Recertify. If a provider fails to meet all requirements for recertification, he/she will receive a written notice identifying the deficiencies. The MHR provider must correct these deficiencies within 60 days from the date of the notice of the deficiencies. If the deficiencies are not

corrected within this 60-day period, the provider's certification may be terminated.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1087 (May 2005), amended LR 32:

§711. Certification and Recertification

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1087 (May 2005), repealed LR 32:

Subchapter B. Accreditation

§719. Accreditation

A. Currently enrolled and prospective providers of mental health rehabilitation service shall be accredited by a national accreditation organization for any services for which Medicaid reimbursement will be requested. The department shall only accept accreditation from the following national organizations for the purposes of enrolling a provider into the Mental Health Rehabilitation (MHR) Program:

1. the Council on Accreditation (COA);
2. the Commission on Accreditation of Rehabilitation Facilities (CARF); or
3. the Joint commission on Accreditation of Healthcare Organizations (JCAHO).

B. All enrolled providers of mental health rehabilitation services shall maintain accreditation status. Denial or loss of accreditation status, or any negative change in accreditation status, shall be reported to the department in writing within five working days of receiving the notice from the national accreditation organization. The written notification shall include information detailing a copy of the accreditation report and any related correspondence from the accrediting body including, but not limited to:

1. the provider's denial or loss of accreditation status;
2. any negative change in accreditation status;
3. the steps and timeframes, if applicable, the accreditation organization is requiring from the provider to maintain accreditation.

C. If at any time, a MHR provider loses accreditation, an automatic loss of certification may occur.

D. Failure to notify the department of denial or loss of accreditation status, or any negative change in accreditation status may result in sanctions to the mental health rehabilitation agency.

E. - F. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1088 (May 2005), amended LR 32:

Subchapter C. Provider Responsibilities

§731. General Provisions

A. - A.1. ...

B. The MHR provider shall immediately report any suspected or known violations of any state or federal criminal law to the bureau.

C. Each MHR provider shall maintain written procedures and implement all required policies and procedures immediately upon acceptance of recipients for services.

1. - 3. Repealed.

D. The MHR provider shall develop a policy and procedure for hospitalization that is in conformity with the single point of entry (SPOE) policy and procedure.

E. The MHR provider shall request an expedited prior authorization review for any recipient whose discharge from a 24-hour care facility is dependent on follow-up mental health services.

F. The MHR provider shall develop a quality management plan (QMP) as outlined in the current MHR provider manual. It should address all aspects of the MHR provider operation.

G. If, as a result of a monitoring review, a written notice of deficiencies is given to the MHR provider, the provider may be required to submit a written corrective action plan to the bureau within 10 days of receipt of the notice from the department. If the MHR provider fails to submit a corrective action plan within 10 days from the receipt of the notice, sanctions may be imposed against the MHR provider.

H. The MHR provider must establish regular business office hours for all enrolled office locations. Business office locations must be fully operational at least eight hours a day, five days a week between the hours of 7 a.m. and 7 p.m. This requirement does not apply to off-site service delivery locations.

1. Each office shall contain office equipment and furnishings requisite to providing MHR services including, but not limited to:

- a. computers;
- b. facsimile machines;
- c. telephones; and
- d. lockable file cabinets.

2. Offices shall be located in areas separate and apart from areas of residential occupancy and be clearly identifiable as a separate office. The environment must be appropriate to the care and treatment of the recipient and ensure confidentiality and personal safety.

3. An office location is fully operational when the provider:

- a. has met all the requirements for and becomes certified to offer mental health rehabilitation services;
- b. has at least five active recipients at the time of any monitoring review, other than the initial application review;
- c. is capable of accepting referrals at any time during regular business hours;
- d. retains adequate staff to assess, process and manage the needs of current recipients;
- e. has the required designated staff on site (at each location) during business hours; and
- f. is immediately available to its recipients and BHSF by telecommunications 24 hours per day.

4. MHR services may be delivered in off site service delivery locations that are:

- a. publicly available for and commonly used by members of the community other than the provider (e.g., libraries, community centers, YMCA, church meeting rooms, etc.);
- b. directly related to the recipient's usual environment (e.g., home, place of work, school); or

c. utilized in a non-routine manner (e.g., hospital emergency rooms or any other location in which a crisis intervention service is provided during the course of the crisis).

NOTE: Services may not be provided in the home(s) of the MHR provider's owner, employees or agents. Group counseling and psychosocial skills training (adult and youth) services may not be provided in a recipient's home or place of residence.

Services may not be provided in the professional practitioner's private office.

5. Every location where services are provided shall be established with the intent to promote growth and development, client confidentiality and safety.

6. The MHR provider accepts full responsibility to ensure that its office locations meet all applicable federal, state and local licensing requirements. The transferring of licenses and certifications to new locations is strictly prohibited. It is also the responsibility of the MHR provider to immediately notify the bureau of any office relocation or change of address and to obtain a new certification and license (if applicable).

I. As part of the reassessment process, when it is determined that MHR discharge criteria has been met, the MHR provider shall refer the recipient to his/her primary care physician or to the appropriate medically necessary services, and document the referral.

J. Emergency Preparedness Plan

1. The provider shall develop and implement an emergency preparedness plan for fire, natural or declared disasters. The plan shall include:

- a. what measures will be taken to ensure the safety and security of employees and recipients;
- b. provisions to protect business records, including employee and recipient records;
- c. a means of communication with the bureau to report the status of the provider agency post-disaster.

2. If the provider must close its offices as a result of the disaster, the provider may not resume provision of reimbursable services until authorized to do so by the bureau.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1088 (May 2005), amended LR 32:

§735. Orientation and Training

A. Orientation and training shall be provided to all employees, volunteers, interns and student workers. This orientation should be comprised of no less than five face-to-face hours and may be considered as part of the overall requirement of 16 hours orientation.

1 - 5. ...

B. Exception. The following medical staff may substitute review of a bureau-approved training packet in lieu of the required 16 hours of orientation:

1. the psychiatrist;
2. an advanced practice registered nurse;
3. registered nurse; and
4. licensed practical nurse.

NOTE: The RN and LPN are only allowed to make the substitution for the 16 hours of orientation if medication management is the only service they will provide.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1089(May 2005), amended LR 32:

§737. Staffing Qualifications

A. MHR services shall be provided by individuals who meet the following education and experience requirements.

1. Licensed Mental Health Professional (LMHP). A LMHP is a person who has a graduate degree in a mental health-related field from an accredited institution and is licensed to practice in the state of Louisiana by the applicable professional board of examiners. All college degrees must be from a nationally accredited institution of higher education as defined in Section 102(b) of the Higher Education Act of 1965 as amended. In order to qualify as a mental health-related field, an academic program must have curriculum content in which at least 70 percent of the required courses for the major field of study are based upon the core mental health disciplines. The following professionals are considered to be LMHPs.

a. Psychiatrist. Each MHR provider shall implement and maintain a contract with a psychiatrist(s) to provide consultation and/or services on site as medically necessary. The psychiatrist must be a licensed medical doctor (M.D. or D.O.) who is board-certified or board-eligible, authorized to practice psychiatry in Louisiana, and enrolled to participate in the Louisiana Medicaid Program. A board eligible psychiatrist may provide psychiatric services to MHR recipients if he/she meets all of the following requirements.

i. The physician must hold an unrestricted license to practice medicine in Louisiana and unrestricted DEA and state and federal controlled substance licenses. If licenses are held in more than one state or jurisdiction, all licenses held by the physician must be documented in the employment record and also be unrestricted.

ii. The physician must have satisfactorily completed a specialized psychiatric residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME), as evidenced by a copy of the certificate of training or a letter of verification of training from the training director which includes the exact dates of training and verification that all ACGME requirements have been satisfactorily met. If training was completed in child and adolescent psychiatry, the training director of the child and adolescent psychiatry program must document the child and adolescent psychiatry training.

NOTE: All documents must be maintained and readily retrieved for review by the Bureau or its designee.

b. Psychologist—an individual who is licensed as a practicing psychologist under the provisions of R.S. 37:2351-2367;

c. Registered Nurse—a nurse who is licensed as a registered nurse or an advanced practice registered nurse in the state of Louisiana by the Board of Nursing. An advanced practice registered nurse, who is a clinical nurse specialist in psychiatry, must operate under an OMH approved collaborative practice agreement with an OMH approved board-certified psychiatrist. A registered nurse must:

i. be a graduate of an accredited program in psychiatric nursing and have two years of post-master's supervised experience in the delivery of mental health services; or

ii. have a master's degree in nursing or a master's degree in a mental health-related field and two years of supervised post master's experience in the delivery of mental health services; and

NOTE: Supervised experience is experience in mental health services delivery acquired while working under the formal supervision of a LMHP.

iii. six CEUs regarding the use of psychotropic medications, including atypicals, prior to provision of direct service to MHR recipients.

NOTE: Every registered nurse providing MHR services shall have documented evidence of five CEUs annually that are specifically related to behavioral health and medication management issues.

d. Social Worker—an individual who has a master's degree in social work from an accredited school of social work and is a licensed clinical social worker under the provisions of R.S. 37:2701-2723.

e. Licensed Professional Counselor—an individual who has a master's degree in a mental health related field, is licensed under the provisions of R.S. 37:1101-1115 and has two years post-masters experience in mental health.

2. Mental Health Professional (MHP). The MHP is an individual who has a master's degree in a mental health-related field, with a minimum of 15 hours of graduate-level course work and/or practicum in applied intervention strategies/methods designed to address behavioral, emotional and mental disorders as a part of, or in addition to, the master's degree.

NOTE: The MHP must be an employee of the MHR provider and work under the supervision of a LMHP.

3. Mental Health Specialist (MHS). The MHS is an individual who meets one or more of the following criteria:

a. a bachelor's degree in a mental health related field; or

b. a bachelor's degree, enrolled in college and pursuing a graduate degree in a mental health-related field, and have completed at least two courses in that identified field; or

c. a high school diploma or a GED, and at least four years experience providing direct services in a mental health, physical health, social services, education or corrections setting.

NOTE: The MHS must be an employee of the MHR provider and work under the supervision of a LMHP.

4. Nurse. A registered nurse who is licensed by the Louisiana Board of Nursing or a licensed practical nurse who is licensed by the Louisiana Board of Practical Nurse Examiners may provide designated components of medication management services if he/she meets the following requirements.

a. A registered nurse must have:

i. a bachelor's degree in nursing and one year of supervised experience as a psychiatric nurse which must have occurred no more than five years from the date of employment or contract with the MHR provider; or

ii. an associate degree in nursing and two years of supervised experience as a psychiatric nurse which must

have occurred no more than five years from the date of employment or contract with the MHR provider; and

NOTE: Supervised experience is experience in mental health services delivery acquired while working under the formal supervision of a LMHP.

iii. six CEUs regarding the use of psychotropic medications, including atypicals, prior to provision of direct service to MHR recipients.

b. A licensed practical nurse may perform medication administration if he/she has:

i. one year of experience as a psychiatric nurse which must have occurred no more than five years from the date of employment/contract with the MHR provider; and

ii. six CEUs regarding the use of psychotropic medications, including atypicals, prior to provision of direct service to any recipient.

NOTE: Every registered nurse and licensed practical nurse providing MHR services shall have documented evidence of five CEUs annually that are specifically related to behavioral health and medication management issues.

c. Repealed.

5. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1089 (May 2005), amended LR 32:

Subchapter D. Records

§755. Recipient Records

A. ...

B. This record, at a minimum, shall contain:

1. the target population eligibility;
2. the initial recipient assessment;
3. the proposed ISRP;
4. documentation of prior authorization for each service;
5. the discharge plan; and
6. clinical documentation sufficient to substantiate any and all claim(s) for reimbursement.

C. - E. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1090 (May 2005), amended LR 32:

§757. Personnel Records

A. A complete personnel records creation and retention policy shall be developed, implemented and maintained by the MHR provider. The MHR provider shall maintain documentation and verification of all relevant information necessary to assess qualifications for all staff, volunteers and consultants. All required licenses as well as professional, educational and work experience must be verified and documented in the employee's or agent's personnel record prior to the individual providing billable Medicaid services. The MHR provider's personnel records shall include the following documentation.

1. Employment Verification. Verification of previous employment shall be obtained and maintained in accordance with the criteria specified in the MHR Provider Manual.

2. Educational Verification. Educational documents, including diplomas, degrees and certified transcripts shall be

maintained in the records. Résumés and documentation of qualifications for the psychiatrist and LMHPs, including verification of current licensure and malpractice insurance, must also be maintained in the records.

3. Criminal Background Checks. There shall be documentation verifying that a criminal background check through the Louisiana Department of Public Safety (State Police) was conducted on all employees prior to employment. If the MHR provider offers services to children and adolescents, it shall have background checks performed as required by R.S. 15:587.1 and R.S. 15:587.3. The MHR provider shall not hire an individual with a record as a sex offender or permit these individuals to work for the provider.

4. Drug Testing. All prospective employees who apply to work shall be subject to a drug test for illegal drug use. The drug test shall be administered after the date of the employment interview and before an offer of employment is made. If a prospective employee tests positive for illegal drug use, the MHR provider shall not hire the individual. The MHR provider shall have a drug testing policy that provides for the random drug testing of employees and a written plan to handle employees who test positive for illegal drug use, whether the usage occurs at work or during off duty hours. This documentation shall be readily retrievable upon request by the bureau or its designee.

5. Tuberculosis Test. All persons, prior to or at the time of employment, shall be free of tuberculosis (TB) in a communicable state.

a. Any employee who has a negative Mantoux skin test for TB shall be retested annually in order to remain employed.

b. Any employee who has a positive Mantoux skin test must provide:

- i. evidence of a normal chest X-ray;
- ii. a statement from a physician certifying that the individual is noninfectious if the chest X-ray is other than normal; or
- iii. completion of an adequate course of therapy, as prescribed by a licensed physician if active TB is diagnosed.

c. Any employee who has a positive Mantoux skin test must provide an annual physician's statement that they are free of TB in a communicable state.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1090 (May 2005), amended LR 32:

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Jerry Phillips, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, August 24, 2006 at 9:30 a.m. in the Department of Transportation and Development Auditorium, First Floor, 1201 Capitol Access Road, Baton Rouge, Louisiana. At that time all interested persons will be afforded

an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Frederick P. Cerise, M.D., M.P.H.
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Mental Health Rehabilitation Program**

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

It is anticipated that the implementation of this proposed rule will result in an estimated increase in expenses to the state of \$154,454 for FY 06-07, \$239,092 for FY 07-08 and \$248,655 for FY 08-09. It is anticipated that \$2,380 (\$1,190 SGF and \$1,190 FED) will be expended in FY 06-07 for the state's administrative expense for promulgation of this proposed rule and the final rule.

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

It is anticipated that the implementation of this proposed rule will increase federal revenue collections by approximately \$354,082 for FY 06-07, \$550,511 for FY 07-08 and \$572,532 for FY 08-09. It is anticipated that \$1,190 will be expended in FY 06-07 for the federal administrative expenses for promulgation of this proposed rule and the final rule.

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

This proposed Rule is being promulgated to: 1) continue the provisions of the January 28, 2005 Emergency Rule; 2) address service changes; 3) clarify provisions regarding provider certification and enrollment; and 4) establish emergency preparedness requirements within the Mental Health Rehabilitation Program (MHR) which impacts approximately 5,230 recipients. It is anticipated that implementation of this proposed rule will increase program expenditures for Mental Health Rehabilitation services by approximately \$506,156 for FY 06-07, \$789,603 for FY 07-08 and \$821,187 for FY 08-09.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this rule will not have an effect on competition and employment.

Jerry Phillips
Acting Medicaid Director
0607#077

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

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

Rural Health Clinics (LAC 50:XI.Chapters 161-167)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to adopt LAC 50:XI.Chapters 161-167 under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing furnishes coverage and reimbursement for rural health clinic services under the Medicaid Program. In September 1995, the department adopted provisions which included rural health clinic visits in the maximum allowable outpatient physician visit limit for Medicaid recipients (*Louisiana Register*, Volume 22, Number 2). The bureau now proposes to adopt provisions governing services, provider participation and reimbursement methodology for rural health clinics.

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

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XI. Clinic Services

Subpart 15. Rural Health Clinics

Chapter 161. General Provisions

§16101. Purpose

A. The Rural Health Clinic Act of 1977 authorized the development of rural health clinics to encourage and stabilize the provision of outpatient primary care in rural areas through cost-based reimbursement.

B. Rural health clinics improve the health status of Louisiana residents in rural and underserved areas by working proactively to build community health systems' capacity to provide integrated, efficient and effective health care services.

C. Rural health clinic (RHC) regulations distinguish between two types of rural health clinics.

1. The independent RHC is a free-standing practice that is not part of a hospital, skilled nursing facility, or home health agency.

2. The provider-based RHC is an integral and subordinate part of a hospital, skilled nursing facility, or home health agency.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 163. Provider Participation

§16301. Provider Enrollment

A. In order to enroll and participate in the Medicaid Program, a RHC must submit a completed provider enrollment packet.

B. The effective date of enrollment to participate in the Medicaid Program shall not be prior to the date of receipt of the completed enrollment packet.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

§16303. Standards for Participation

A. Rural Health Clinics must comply with the applicable licensure, accreditation and program participation standards for all services rendered. If a RHC wishes to initiate participation, it shall be responsible for meeting all of the enrollment criteria of the program. The RHC provider shall:

1. maintain an acceptable fiscal record keeping system that readily distinguishes one type of service from another type of service that may be provided;

2. retain all records necessary to fully disclose the extent of services provided to recipients for five years from the date of service and furnish such records, and any payments claimed for providing such services, to the Medicaid Program upon request; and

3. abide by and adhere to all federal and state regulations and policy manuals.

B. Medicaid enrollment can be no sooner than Medicaid's receipt of the complete enrollment packet. A complete enrollment packet for RHCs must include a copy of the CMS provider certification letter approving rural health clinic status.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 165. Services

§16501. Scope of Services

A. Medicaid reimbursement is limited to medically necessary services that are covered by the Medicaid State Plan and would be covered if furnished by a physician. The following services shall be covered:

1. services furnished by a physician, within the scope of practice of his profession under Louisiana law;

2. services furnished by a:

- a. physician assistant;
- b. nurse practitioner;
- c. nurse midwife;
- d. clinical social worker;
- e. clinical psychologist; or
- f. dentist;

3. services and supplies that are furnished as an incident to professional services furnished by all eligible professionals; and

4. other ambulatory services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

§16503. Service Limits

A. Rural health clinic visits (encounters) are limited to 12 visits per year for medically necessary services rendered to Medicaid recipients who are 21 years of age or older. Visits for Medicaid recipients who are under 21 years of age and for prenatal and postpartum care are excluded from the service limitation.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Chapter 167. Reimbursement Methodology

§16701. Prospective Payment System

A. Payments for Medicaid covered services will be made under a Prospective Payment System (PPS) and paid on a per visit basis.

B. A visit is defined as a face-to-face encounter between a facility health professional and a Medicaid eligible patient for the purpose of providing medically needed outpatient services.

1. Encounters with more than one facility health professional that take place on the same day and at a single location constitute a single encounter.

2. Services shall not be arbitrarily delayed or split in order to bill additional encounters.

NOTE: Refer to the RHC and Physician's Current Procedural Terminology (CPT) Manuals for the definition of an encounter.

C. For facilities that enroll to participate in the Medicaid Program on or after the effective date of this rule, the PPS per visit rate will be the statewide weighted average payment rate per encounter for all RHCs.

1. A change in the scope of services will not be considered for an increase in the rate. An increase in the encounters due to the change should compensate the increased administrative costs.

D. The PPS per visit rate for each facility will be increased on July 1 of each year by the percentage increase in the published *Medicare Economic Index (MEI)* for primary services.

E. No interim or alternate payment methodologies will be developed by the Department without prior notification to each Medicaid licensed RHC.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Jerry Phillips, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, August 24, 2006 at 9:30 a.m. in the Department of Transportation and Development Auditorium, First Floor, 1201 Capitol Access Road, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Frederick P. Cerise, M.D., M.P.H.
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Rural Health Clinics

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

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact to the state other than cost of promulgation for FY 06-07. It is anticipated that

\$544 (\$272 SGF and \$272 FED) will be expended in FY 06-07 for the state's administrative expense for promulgation of this proposed rule and the final rule.

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

It is anticipated that the implementation of this proposed rule will not affect federal revenue collections other than the federal share of the promulgation costs for FY 06-07. It is anticipated that \$272 will be expended in FY 06-07 for the federal share of the expense for promulgation of this proposed rule and the final rule.

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

This rule proposes to adopt provisions governing services, provider participation and reimbursement methodology for rural health clinics (approximately 70 facilities) which will align the rural health clinics with the federally qualified health centers. It is anticipated that implementation of this proposed rule will not have estimable cost or economic benefits for directly affected persons or non-governmental groups in FY 06-07, FY 07-08, and FY 08-09.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known impact on competition and employment.

Jerry Phillips
Acting Medicaid Director
0607#075

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Public Safety and Corrections
Office of State Fire Marshal**

Equal Access for Disabled Individuals
(LAC 55:V.1501)

In accordance with the provisions of R.S.40:1563(B)(6)(F) relative to the authority of the Office of State Fire Marshal to prepare, adopt and promulgate rules and regulations in accordance with the Administrative Procedure Act, the Office of State Fire Marshal hereby proposes to amend LAC 55:V:1501 Equal Access for Disabled Individuals to provide for enforcement of the HUD Fair Housing Accessibility Guidelines as amended in 1988 and published in the *Federal Register* on June 15, 1990.

Title 55

PUBLIC SAFETY

Part V. Fire Protection

Chapter 15. Public Places in General

§1501. Equal Access for Disabled Individuals

A. Buildings, structures, public facilities, governmental facilities and improved areas built between January 1, 1978 and August 14, 1995 shall be covered by the standards put forward in ANSI 117.1. Such entities built on or after August 14, 1995, shall be covered by the ADAAG guidelines to the Americans with Disabilities Act in effect on September 1, 1994.

B. Multi-family dwelling units of 15 or more dwelling units must have at least 5 percent or one dwelling unit which meets the regulations specified by ANSI A117.1 1992 edition.

C. Multi-family dwelling units, which are required to be accessible by Subsection B, shall comply with the requirements for dwelling units set forth in ANSI A117.1-1992 of the American National Standards Institute entitled *American National Standard Specifications for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People* which can be purchased from the American National Standards Institute, Inc., 1430 Broadway, New York, New York 10018.

D. Any dwelling unit in a facility which incorporates more than four dwelling units shall be made accessible in accordance with the HUD Fair Housing Accessibility Guidelines published on March 6, 1991.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1651(B) and R.S. 40:1734(B).

HISTORICAL NOTE: Promulgated by the Department of Public Safety, Office of Fire Protection, LR 4:465 (November 1978), repromulgated LR 6:74 (February 1980), amended by the Office of the State Fire Marshal, LR 7:588 (November 1981), amended by the Department of Public Safety and Corrections, Office of the State Fire Marshal, LR 23:1698 (December 1997), LR 32:

Family Impact Statement

The proposed adoption of the Rule change for R.S. 40:1734, regarding the enforcement Fair Housing Guidelines by the State Fire Marshal should not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. The implementation of this proposed Rule will have no known or foreseeable effect on:

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

Interested persons may submit written comments on this proposed amendment to Henry Fry at 8181 Independence Boulevard, Baton Rouge, LA 70806. Comments will be accepted through close of business August 15, 2006.

Stephen J. Hymel
Undersecretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Equal Access for Disabled Individuals**

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

Additional costs, to state or local governments, are not anticipated as a result of the implementation of this amendment to the rule, as the Office of State Fire Marshal already reviews

plans and inspects facilities which incorporate more than four apartment dwelling units.

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

No effect on revenue collections of state or local governments is anticipated, as a result of the implementation of this amendment to the rule, as the Office of State Fire Marshal already reviews plans and inspects facilities which incorporate more than four apartment dwelling units.

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

The economic benefit is that persons with disabilities will be reasonably assured, due to enforcement of the 'HUD Fair Housing Accessibility Guidelines' by the Office of State Fire Marshal, of the specified market of accessible apartment dwelling units required by federal law. There should be no significant costs to affected persons or non-governmental groups as the Fair Housing Act is already federal law.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no effect on competition or employment.

Stephen J. Hymel
Undersecretary
0607#049

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Public Safety and Corrections
Office of State Police**

Breath and Blood Alcohol Analysis
Methods and Techniques
(LAC 55:I.503)

In accordance with the provisions of R.S.32:663 relative to the authority of the Office of State Police to promulgate and enforce rules, the Office of State Police hereby proposes to amend the following Rule regarding the qualifications of operators of the Intoxilyzer 5000.

**Title 55
PUBLIC SAFETY
Part I. State Police**

**Chapter 5. Breath and Blood Alcohol Analysis
Methods and Techniques**

Subchapter A. Analysis of Breath

§503. Operator Qualification

A. - A.2. ...

3. receipt of a high school diploma or satisfactory passing of the General Education Development (GED) test or an equivalent or higher educational background;

4. - 4.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:663.

HISTORICAL NOTE: Promulgated by the Department of Public Safety, Office of State Police, LR 4:390 (October 1978), amended LR 6:663 (November 1980), amended by the Department of Public Safety and Corrections, Office of State Police, LR 11:256 (March 1985), LR 14:362 (June 1988), repromulgated LR 14:442 (July 1988), amended LR 17:672 (July 1991), repromulgated LR 17:796 (August 1991), amended LR 27:1929 (November 2001), LR 32:

Family Impact Statement

1. The Effect of these Rules on the Stability of the Family. This Rule change will have no effect on the stability of the family.

2. The Effect of these Rules on the Authority and Rights of Parents Regarding the Education and Supervision of their Children. This Rule change will have no effect on the authority and rights of parents regarding the education and supervision of their children.

3. The Effect of these Rules on the Functioning of the Family. This Rule change will have no effect on the functioning of the family.

4. The Effect of these Rules on Family Earnings and Family Budget. This Rule change will have no effect on family earning and family budget.

5. The Effect of these Rules on the Behavior and Personal Responsibility of Children. This Rule change will have no effect on the behavior and personal responsibility of children.

6. The Effect of these Rules on the Ability of the Family or Local Government to Perform the Function as Contained in the Proposed Rules. This Rule change will have no effect on the ability of the family or local government to perform the function as contained in the proposed rules.

Interested persons may submit written comments on these proposed amendments to Sgt. Terry Chustz at 7901 Independence Boulevard, Baton Rouge, LA 70808. Comments will be accepted through close of business August 11, 2006.

Stephen J. Hymel
Undersecretary

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

**RULE TITLE: Breath and Blood Alcohol Analysis
Methods and Techniques**

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

This change in agency rule, which clarifies the educational level requirements for the certification of an individual to conduct breath analysis utilizing the Intoxilyzer 5000, will not result in any increased costs or savings to state or local governmental units.

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

The proposed rule will have no effect on revenue collections of state or local governmental units.

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

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

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no effect on competition and employment.

Stephen J. Hymel
Undersecretary
0607#054

Robert E. Hosse
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Public Safety and Corrections Youth Services Office of Youth Development

Reporting and Documenting Escapes, Apprehensions,
Runaways, and AWOLs (LAC 22:I.771)

In accordance with the applicable provisions of R.S. 49:950 et seq., The Administrative Procedure Act, and pursuant to the authority granted by R.S. 36:405, the Department of Public Safety and Corrections, Division of Youth Services, Office of Youth Development gives notice of its intent to promulgate §771, Reporting and Documenting Escapes, Apprehensions, Runaways, and AWOLs. The purpose of the promulgation of this Rule is to establish the deputy secretary's policy and procedures regarding reporting and documenting escapes, apprehensions, runaways, and AWOLs.

Title 22

CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT

Part I. Corrections

Chapter 7. Youth Services

Subchapter C. Field Operations

§771. Reporting and Documenting Escapes, Apprehensions, Runaways, and AWOLs

A. Purpose. This Rule establishes the policy and procedures for reporting and documenting, escapes, apprehensions, runaways, and AWOLs (absent without leave).

B. Applicability. Assistant secretary, facility directors, Probation and Parole Program Director, and Youth Services (YS) Regional Managers.

C. Policy. It is the deputy secretary's policy that all escapes, apprehensions, runaways, and AWOLs, whether from a secure or non-secure facility, shall be reported and documented. Appropriate law enforcement agencies shall be notified as outlined herein and each unit shall maintain appropriate vigilance in apprehending youth.

D. Procedures

1. All escapes, apprehensions, runaways, and AWOLs shall be reported to YS Central Office in accordance with YS rules.

2. When an escape from a secure facility occurs, appropriate law enforcement agencies shall be notified in accordance with R.S. 15:909, as well as the Control Center at the Jetson Center for Youth (JCY). The prosecuting district attorney shall be notified immediately if required by YS rules. Appropriate law enforcement agencies shall also be notified of runaways and AWOLs.

3. The JCY Control Center is responsible for notifying NCIC and appropriate local law enforcement agencies of all escapes, runaways, and AWOLs.

4. The YS Central Office Duty Officer shall confirm that all notifications of escapes, apprehensions, runaways, and AWOLs have been made or cleared as appropriate.

5. For escapes from secure care facilities, the Office of Youth Development (OYD) will obtain a fugitive warrant from an East Baton Rouge Parish judge for the unserved portion of the disposition.

6. Notification of all apprehensions shall be in accordance with YS rules. The prosecuting district attorney shall be notified of apprehensions if required by YS rules.

7. Notification to registered crime victims shall be made in accordance with YS rules.

8. Directors of secure care facilities shall maintain a record and description of every escape from their facility pursuant to R.S. 15:909.

9. The report shall be available for public inspection and shall list any prior escapes within the last five years from that facility.

10. YS Central Office Duty Officer

a. All escapes and apprehensions shall be reported by telephone immediately to the YS Central Office Duty Officer and followed up with return receipt e-mail notification.

b. YS Central Office shall monitor facility progress of apprehension efforts and shall actively participate in apprehension efforts for youth who escape from any facilities. Searches shall be coordinated with the facility from which the youth escaped and the appropriate law enforcement agencies.

c. Information regarding escapes and apprehensions shall be reported pursuant to YS rules.

11. Investigative Report. After any escape from a secure care facility, an investigative report shall be prepared and submitted to the deputy secretary outlining any operational failures or weaknesses that contributed to the escape, as well as a plan of action implemented to minimize a recurrence. A Critical Incident Review shall be conducted with the facility and Central Office staff within 14 days of the incident.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:549, R.S. 15:909, R.S. 46:1844, and Ch.C. Art. 811.1.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Youth Services, Office of Youth Development, LR 32:

Family Impact Statement

1. The proposed Rule will not affect the stability of the family.

2. The proposed Rule will not affect the authority and rights of persons regarding the education and supervision of their children.

3. The proposed Rule will not affect the functioning of the family.

4. The proposed Rule will not affect family earnings and family budget.

5. The proposed Rule will not affect the behavior and personal responsibility of children.

6. The proposed Rule is a function of state government.

Interested persons may submit written comments until 4:30 p.m., August 10, 2006, to Kathe R. Zolman, Dept. of Public Safety and Corrections, Office of Youth Development, Legal Dept., 7919 Independence Blvd., State Police Bldg., Baton Rouge, LA 70808.

Simon G. Gonsoulin
Deputy Secretary

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

**RULE TITLE: Reporting and Documenting Escapes,
Apprehensions, Runaways, and AWOLs**

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

There are no estimated implementation costs (savings) to state or local government units. The proposed rule promulgates a previously implemented policy of Office of Youth Development regarding the reporting and documenting escapes, apprehensions, runaways, and AWOLs.

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

There will be no estimated effect on revenue collections of state or local government units.

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

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

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

There will be no estimated effect on competition and employment.

Simon G. Gonsoulin
Deputy Secretary
0607#056

Robert E. Hosse
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Revenue
Policy Services Division**

Presidential Disaster Relief (LAC 61:I.601)

Under the authority of R.S. 47:287.85(C) (2), R.S. 47:287.785, R.S. 47:293(3) and 47:1511, and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Revenue, Policy Services Division, proposes to amend LAC 61:I.601 to add the Low Income Housing Tax Credit and the New Markets Tax Credit as disaster relief credits.

Neither the low income housing tax credit nor the new markets tax credit was included in the original version of LAC 61:I.601 because the Gulf Opportunity Zone Act of 2005, Pub. L. No. 109-135, 119 Stat. 2577 (H.R. 4440), which extended both of these credits, was passed after the original drafting of LAC 61:I.601. The purpose of the proposed Rule is to declare these additional two credits as disaster relief credits and provide guidance regarding their applicability.

Title 61

REVENUE AND TAXATION

**Part I. Taxes Collected and Administered by the
Secretary of Revenue**

**Chapter 6. Presidential Disaster Relief
§601. Presidential Disaster Relief Credits**

A. Definitions

Gulf Opportunity Zone (GO Zone)—that portion of the Hurricane Katrina disaster area determined by the President to warrant individual or individual and public assistance from the federal government under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Hurricane Katrina Disaster Area—any area with respect to which a major disaster has been declared by the President before September 14, 2005, under Section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act by reason of Hurricane Katrina.

Hurricane Katrina Employee—an individual who on August 28, 2005, has a principal place of abode in the GO Zone and is hired during the two year period beginning on such date for a position with the principal place of employment in the GO Zone or an individual who on August 28, 2005, had a principal place of abode in the GO Zone but was displaced from such abode due to Hurricane Katrina and is hired during the period beginning on such date and ending on December 31, 2005, without regard to whether the new principal place of employment is in the GO Zone.

Hurricane Katrina Employer—any employer that conducted an active trade or business on August 28, 2005, in the GO Zone and the employer's active trade or business must have been inoperable on any day after August 28, 2005, and before January 1, 2006, as a result of damage sustained due to Hurricane Katrina.

Rita Gulf Opportunity Zone (Rita GO Zone)—that portion of the Hurricane Rita disaster area determined by the President to warrant individual or individual and public assistance from the Federal Government under the Robert T. Stafford Disaster Relief and Emergency Assistance Act by reason of Hurricane Rita.

Hurricane Rita Disaster Area—any area with respect to which a major disaster has been declared by the President before October 6, 2005, under Section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act by reason of Hurricane Rita.

Hurricane Rita Employee—an individual who on September 23, 2005, has a principal place of abode in the Rita GO Zone but was displaced from such abode due to Hurricane Katrina and is hired during the period beginning on such date and ending on December 31, 2005, without regard to whether the new principal place of employment is in the Rita GO Zone.

Hurricane Rita Employer—any employer that conducted an active trade or business on September 23, 2005, in the Rita GO Zone and the employer's active trade or business must have been inoperable on any day after September 23, and before January 1, 2006, as a result of damage sustained due Hurricane Rita.

B. The Katrina Emergency Tax Relief Act of 2005, Pub. L. No. 109-73, 119 Stat. 2016 (H.R. 3768) ("KETRA") and the Gulf Opportunity Zone Act of 2005, Pub. L. No. 109-135, 119 Stat. 2577 (H.R. 4440) provide for the following federal income tax credits, which the secretary hereby declares as presidential disaster area disaster relief credits.

1. Employee Retention Credit

a. This is a new credit. It provides a credit of 40 percent of the qualified wages paid by an eligible employer to an eligible employee in the GO Zone or the Rita GO Zone. The wages are capped at \$6,000. Thus, the maximum amount of the credit is \$2,400 or 40 percent of \$6,000.

b. GO Zone Qualified wages as defined in IRC 51(c)(1) are the wages paid or incurred by an eligible employer with respect to an eligible employee on any day after August 28, 2005, and before January 1, 2006, during the period when the trade or business first became

inoperable and ending on the date on which the business resumed significant operations. Qualified wages include wages paid to an employee whether the employee performed the service, whether the service was performed elsewhere other than the principal place of employment or whether paid before significant operations have resumed.

c. Rita GO Zone qualified wages as defined in IRC 51(c)(1) are the wages paid or incurred by an eligible employer with respect to an eligible employee on any day after September 23, 2005, and before January 1, 2006, during the period when the trade or business first became inoperable and ending on the date on which the business resumed significant operations. Qualified wages include wages paid to an employee whether the employee performed the service, whether the service was performed elsewhere other than the principal place of employment or whether paid before significant operations have resumed.

d. The secretary has determined that the Employee Retention Credit is a federal disaster relief credit granted for Hurricanes Katrina and Rita presidential disaster areas.

2. Work Opportunity Credit

a. Pre Hurricane Katrina

i. The Work Opportunity Credit is available on an elective basis to employers who employ individuals from one or more of eight target groups. The eight target groups are:

- (a) families that receive benefits from the Temporary Assistance for Needy Families Program;
- (b) high-risk youth;
- (c) qualified ex-felons;
- (d) vocational rehabilitation referrals;
- (e) qualified summer youth employees;
- (f) qualified veterans;
- (g) families receiving food stamps; and
- (h) persons receiving Supplemental Security Income benefits.

ii. Certification is required for an individual to be treated as a member of a targeted group.

iii. The credit equals 40 percent of qualified first-year wages, which are capped at \$6,000. The percentage decreases to 25 percent if the employee works less than 400 hours.

iv. This credit does not apply to rehires or wages paid to individuals who had previously been employed by the employer.

v. This credit expires December 31, 2005.

b. Post Hurricane Katrina

i. The KETRA Act provides that Hurricane Katrina employees are members of a targeted group for the purpose of the Work Opportunity Credit.

ii. The certification requirement for Hurricane Katrina employees is waived.

iii. Wages paid to individuals who had previously been employed, which would normally not be included in qualified first year wages, are now included for Hurricane Katrina employee unless they were employed by the employer on August 28, 2005.

iv. The expiration date is waived for Hurricane Katrina employees.

v. The secretary has determined that the Work Opportunity Credit, with respect to wages paid to Hurricane

Katrina employees, is a federal disaster relief credit granted for the Hurricane Katrina presidential disaster areas.

3. Employer-Provided Housing Credit for Individuals Affected by Hurricane Katrina

a. Definitions

Qualified Employee—with respect to a month, an individual who:

(1). on August 28, 2005, had a principal residence in the Gulf Opportunity ("GO") Zone; and

(2). performs substantially all of his or her employment services in the GO Zone for the qualified employer furnishing the lodging.

Qualified Employer—any employer with a trade or business located in the GO Zone.

b. Pre-Hurricane Katrina—Employer-Provided Housing is includable in income as compensation pursuant to IRC §61.

c. Post-Hurricane Katrina

i. The Gulf Opportunity Zone Act of 2005 provides temporary income exclusion for the value of in kind lodging for a month to a qualified employee by or on behalf of a qualified employer.

ii. The amount of the exclusion for any month can not exceed \$600.

iii. The provision also permits a temporary credit to a qualified employer of 30 percent of the value of the lodging excluded from the income of a qualified employee. The amount taken as a credit is not deductible by the employer.

iv. The secretary has determined that the Employer-Provided Housing Credit, with respect to wages paid to Hurricane Katrina employees, is a federal disaster relief credit granted for the Hurricane Katrina presidential disaster areas.

4. Rehabilitation Tax Credit

a. Definitions

Certified Historic Structure—any building that is listed in the National Register, or that is located in a registered historic district and is certified by the Secretary of the Interior to the Secretary of the Treasury as being of historic significance to the district.

Qualified Rehabilitated Building—a building that meets the following requirements: retention of existing external walls and internal structural framework of the building and a substantial rehabilitation requirement credit only if the rehabilitation expenditures during the 24-month period selected by the taxpayer and ending within the taxable year exceed the greater of:

(1). the adjusted basis of the building (and its structural components); or

(2). \$5,000.

b. Pre-Hurricane Katrina—A 20 percent credit is provided for qualified rehabilitation expenditures with respect to certified historic structures. A 10 percent credit is also provided for qualified rehabilitation expenditure with respect with a qualified rehabilitation building placed in service before 1936.

c. Post-Hurricane Katrina

i. The Gulf Opportunity Zone Act of 2005 increases the 20 percent credit to 26 percent with respect to certified historic structures. The Act also increases the 10

percent credit to 13 percent for qualified rehabilitation buildings.

ii. The qualifying certified historic structures and qualified rehabilitation buildings must be located in the GO Zone.

iii. These expenditures must have been incurred with respect to such buildings on or after August 28, 2005, and before January 1, 2009.

iv. The secretary has determined that the increase in the Rehabilitation Tax Credit, with respect to the rehabilitation of buildings is a federal disaster relief credit granted for the Hurricane Katrina presidential disaster areas.

5. Hope Scholarship and Lifetime Learning Credits

a. Pre-Hurricane Katrina

i. The Hope Scholarship credit is a nonrefundable credit of up to \$1,500 per student per year for qualified tuition and related expenses paid for the first two years of the student's post-secondary education in a degree or certificate program.

ii. The Lifetime Learning Credit is equal to 20 percent of qualified tuition and related expenses incurred during the taxable year on behalf of the taxpayer, the taxpayer's spouse, or any dependents. Up to \$10,000 of qualified tuition and related expenses per taxpayer return are eligible for the Lifetime Learning Credit. A taxpayer may claim the Lifetime Learning Credit for an unlimited number of taxable years.

iii. Both the Hope Scholarship and the Lifetime Learning Credits are available for "qualified tuition and related expenses," which include tuition and fees (excluding nonacademic fees) required to be paid to an eligible educational institution as a condition of enrollment or attendance of a student at the institution. Charges and fees associated with meals, lodging, insurance, transportation, and similar personal, living or family expenses are not eligible for the credit. The expenses of education involving sports, games, or hobbies are not qualified tuition expenses unless this education is part of the student's degree program, or the education is undertaken to acquire or improve the job skills of the student.

b. Post-Hurricane Katrina

i. The provision temporarily expands the Hope Scholarship and Lifetime Learning credits for students attending an eligible education institution located in the Gulf Opportunity Zone.

ii. The Hope Scholarship credit is increased to 100 percent of the first \$2,000 in qualified tuition and related expenses and 50 percent of the next \$2,000 of qualified tuition and related expenses for a maximum credit of \$3,000 per student.

iii. The Lifetime Learning credit rate is increased from 20 percent to 40 percent. Thus, the maximum amount of the credit is \$4000 or 40 percent of \$10,000.

iv. The provision expands the definition of qualified expenses to mean qualified higher education expenses as defined under the rules relating to qualified tuition programs, including certain room and board expenses for at least half-time students.

v. The secretary has determined that the increase in the Hope Scholarship and the Lifetime Learning Credits, with respect to qualified tuition and related expenses of students in the Gulf Opportunity Zone, are federal disaster

relief credits granted for the Hurricane Katrina presidential disaster areas.

6. Low Income Housing Credit

a. Pre Hurricane Katrina

i. The low-income housing credit may be claimed over a 10-year period for the cost of rental housing occupied by tenants having incomes below specified levels. The amount of the credit for any taxable year in the credit period is the applicable percentage of the qualified basis of each qualified low-income building. The qualified basis of any qualified low-income building for any taxable year equals the applicable fraction of the eligible basis of the building.

ii. In order to be eligible for the low-income housing credit, a qualified low-income building must be part of a qualified low-income housing project. In general, a qualified low-income housing project is defined as a project which satisfies one of two tests at the election of the taxpayer. The first test is met if 20 percent or more of the residential units in the project are both rent-restricted and occupied by individuals whose income is 50 percent or less of area median gross income (the "20-50 test"). The second test is met if 40 percent or more of the residential units in such project are both rent-restricted and occupied by individuals whose income is 60 percent or less of area median gross income (the "40-60 test").

iii. Generally, the aggregate credit authority provided annually to each state for calendar year 2006 is \$1.90 per resident with a minimum annual cap of \$2,180,000 for certain small population states. These amounts are indexed for inflation. These limits do not apply in the case of projects that also receive financing with proceeds of tax-exempt bonds issued subject to the private activity bond volume limit.

b. Post Hurricane Katrina

i. The otherwise applicable housing credit ceiling amount is increased for each of the states within the Gulf Opportunity Zone. This increase applies to calendar years 2006, 2007, and 2008. The additional credit cap for each of the affected states equals \$18 times the number of such state's residents within the Gulf Opportunity Zone. This amount is not adjusted for inflation. For purposes of this additional credit cap amount, the determination of population for any calendar year is made on the basis of the most recent census estimate of the resident population of the state in the Gulf Opportunity Zone released by the Bureau of the Census before August 28, 2005.

ii. Under the provision, the Gulf Opportunity Zone, the Rita Go Zone, and the Wilma Go Zone are treated as high-cost areas for purposes of the low income housing credit for property placed-in-service in calendar years 2006, 2007, and 2008. Therefore, buildings located in the Gulf Opportunity Zone, the Rita Go Zone, and the Wilma Go Zone are eligible for the enhanced credit. The 20-percent of population restriction is waived for this purpose. This enhanced credit applies regardless of whether the building receives its credit allocation under the otherwise applicable low-income housing credit cap or the additional credit cap.

iii. The additional credit cap available for states within the Gulf Opportunity Zone for calendar years 2006, 2007 and 2008 may not be carried forward from any year to

any other year. The present-law rules apply for purposes of the Rita Go Zone and the Wilma Go Zone.

iv. The secretary has determined that all amounts of the low income housing credit allocated throughout the state during calendar years 2006, 2007, and 2008 are federal disaster relief credits granted for the Gulf Opportunity Zone.

7. New Markets Tax Credit

a. Pre Hurricane Katrina

i. IRC Section 45D provides a new markets tax credit for qualified equity investments made to acquire stock in a corporation, or a capital interest in a partnership, that is a qualified community development entity ("CDE"). The amount of the credit allowable to the investor (either the original purchaser or a subsequent holder) is (1) a 5 percent credit for the year in which the equity interest is purchased from the CDE and for each of the following two years, and (2) a 6 percent credit for each of the following four years. The credit is determined by applying the applicable percentage (5 or 6 percent) to the amount paid to the CDE for the investment at its original issue, and is available for a taxable year to the taxpayer who holds the qualified equity investment on the date of the initial investment or on the respective anniversary date that occurs during the taxable year. The credit is recaptured if at any time during the seven-year period that begins on the date of the original issue of the investment the entity ceases to be a qualified CDE, the proceeds of the investment cease to be used as required, or the equity investment is redeemed.

ii. A qualified CDE is any domestic corporation or partnership: (1) whose primary mission is serving or providing investment capital for low-income communities or low-income persons; (2) that maintains accountability to residents of low-income communities by their representation on any governing board of or any advisory board to the CDE; and (3) that is certified by the Secretary of Treasury as being a qualified CDE. A qualified equity investment means stock (other than nonqualified preferred stock) in a corporation or a capital interest in a partnership that is acquired directly from a CDE for cash, and includes an investment of a subsequent purchaser if such investment was a qualified equity investment in the hands of the prior holder. Substantially all of the investment proceeds must be used by the CDE to make qualified low-income community investments. For this purpose, qualified low-income community investments include: (1) capital or equity investments in, or loans to, qualified active low-income community businesses; (2) certain financial counseling and other services to businesses and residents in low-income communities; (3) the purchase from another CDE of any loan made by such entity that is a qualified low-income community investment; or (4) an equity investment in, or loan to, another CDE.

iii. A "low-income community" is a population census tract with either (1) a poverty rate of at least 20 percent or (2) median family income which does not exceed 80 percent of the greater of metropolitan area median family income or statewide median family income (for a nonmetropolitan census tract, does not exceed 80 percent of statewide median family income). In the case of a population census tract located within a high migration rural county, low-income is defined by reference to 85 percent (rather than 80 percent) of statewide median family income. For this

purpose, a high migration rural county is any county that, during the 20-year period ending with the year in which the most recent census was conducted, has a net out-migration of inhabitants from the county of at least 10 percent of the population of the county at the beginning of such period.

iv. The maximum annual amount of qualified equity investments is capped at \$2.0 billion per year for calendar years 2004 and 2005, and at \$3.5 billion per year for calendar years 2006 and 2007.

b. Post Hurricane Katrina

i. The provision allows an additional allocation of the new markets tax credit in an amount equal to \$300,000,000 for 2005 and 2006, and \$400,000,000 for 2007, to be allocated among qualified CDEs to make qualified low-income community investments within the Gulf Opportunity Zone. To qualify for any such allocation, a qualified CDE must have as a significant mission the recovery and redevelopment of the Gulf Opportunity Zone. The carryover of any unused additional allocation is applied separately from the carryover with respect to allocations made under present law.

ii. The secretary has determined that the additional allocation of the new markets tax credit totaling \$300,000,000 for 2005 and 2006 and \$400,000,000 for 2007 are federal disaster relief credits granted for the Gulf Opportunity Zone.

8. The Employee Retention Credit, the Katrina disaster relief portion of the Work Opportunity Credit, the Low Income Housing Credit for years 2006, 2007, and 2008 and the Gulf Opportunity Zone portion of the New Markets Tax Credit are part of the general business credit under IRC §38. If the general business credit is limited, the lesser of the amount equal to total disaster relief credits that are components of the general business credit or the general business credit will be allowed as disaster relief credits granted for the Hurricane Katrina presidential disaster areas or Hurricane Rita Disaster presidential disaster areas.

AUTHORITY NOTE: Adopted in accordance with R.S. 47:1511, R.S. 47:287.85(C) (2), R.S. 47:293(3) and R.S. 47:287.785

HISTORICAL NOTE: Promulgated by the Department of Revenue, Policy Services Division, LR 32:

Family Impact Statement

The proposed adoption of LAC 61:I.601, regarding presidential disaster area disaster relief credits. Specifically, the implementation of this proposed Rule will have no known or foreseeable effect on:

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

Any interested person may submit written data, views, arguments or comments regarding this proposed Rule to Michael D. Pearson, Senior Policy Consultant, Policy Services Division, Office of Legal Affairs by mail to P.O. Box 44098, Baton Rouge, LA 70804-4098. All comments must be received no later than 5:30 p.m., August 29, 2006. A public hearing will be held on August 30, 2006, at 10 a.m. in

the River Room, on the seventh floor of the LaSalle Building, 617 North Third Street, Baton Rouge, LA.

Cynthia Bridges
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Presidential Disaster Relief**

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

Implementation of this proposed regulation will have no impact on the agency's costs. The purpose of the proposed rule is to amend LAC:61:I.601 to declare the federal disaster relief credits, Low Income Housing Tax Credit and New Markets Tax Credit, as disaster relief credits and provide guidance regarding their applicability. The federal legislation extending these credits was not signed into law at the time of the original drafting.

There will be no impact on local government costs.

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

There will be no effect on revenue collections of state or local governmental units. Official revenue forecasts do not incorporate an expectation of receiving any revenue from increased personal income tax collections which would have been caused by the hurricane Katrina and Rita events. The anticipated state revenue baseline is considered to be unaffected.

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

Taxpayers receiving the benefit of federal disaster tax relief because of the Low Income Housing Credit and/or the New Markets Credit will see no increase in their Louisiana tax liabilities.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed regulation should have no effect on competition or employment.

Cynthia Bridges
Secretary
0607#070

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

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

KCSP-FTAP-STEP—Parent Skills—IFG
(LAC 67:III.1209,1223, 1225, 1229, 1245,
1291, 4501, 4701, 4702, 4703, 4704, 5307,
5321, 5323, 5329, 5339, 5341, 5391,5711)

The Department of Social Services, Office of Family Support, proposes to amend LAC 67:III, Subpart 2, Subpart 10, Subpart 13, and Subpart 16.

Pursuant to the authority granted to the Department by Louisiana's Temporary Assistance to Needy Families Block Grant, the agency will amend §§1209, 1223, 1225, 1229, 1245, and 1291 in the Family Independence Temporary Assistance Program (FITAP); §§5307, 5321, 5323, 5329,

5339, 5341, and 5391 in the Kinship Care Subsidy Program (KCSP) and §5711 in the Strategies to Empower People (STEP) Program. These amendments were effected by a Declaration of Emergency signed May 1, 2006, and published in the May issue of the *Louisiana Register*.

Additionally, the agency is repealing Subpart 10, Individual and Family Grant (IFG) Program because effective October 15, 2002, IFG was replaced by the Individual and Households Program (IHP) which is administered by the Federal Emergency Management Agency.

Title 67

SOCIAL SERVICES

Part III. Family Support

Subpart 2. Family Independence Temporary Assistance Program

Chapter 12. Application, Eligibility, and Furnishing Assistance

Subchapter A. Application, Determination of Eligibility, and Furnishing Assistance

§1209. Notices of Adverse Action

A. A notice of adverse action shall be sent at least 13 days prior to taking action to reduce or terminate benefits. In some circumstances advance notice is not required. A concurrent notice shall be sent to the client at the time of action in the following situations:

1. - 9. ...
10. repealed.
11. - 16. ...

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 36:474, R.S. 46:231.1.B. and R.S. 46:237; Act 58, 2003 Reg. Session, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 25:2447 (December 1999), amended LR 26:349 (February 2000), LR 28:2565 (December 2002), LR 30:493 (March 2004), LR 32:

Subchapter B. Conditions of Eligibility

§1223. Citizenship

A. Each FITAP recipient must be a United States Citizen, a non-citizen national, or a qualified alien. A non-citizen national is a person born in an outlying possession of the United States (American Samoa or Swain's Island) on or after the date the U.S. acquired the possession, or a person whose parents are U.S. non-citizen nationals. A qualified alien is:

1. - 9. ...

10. an alien who is a victim of a severe form of trafficking in persons or effective May 1, 2006, an eligible relative of a victim of a severe form of trafficking in persons.

- B. - B.8. ...

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 36:474, R.S. 46:231.1.B., P.L. 106-386, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 25:2448 (December 1999), amended LR 26:1342 (June 2000), LR 27:2263 (December 2001), LR 28:1599 (July 2002), LR 32:

§1225. Enumeration

A. Each applicant for, or recipient of, FITAP is required to furnish a Social Security number or to apply for a Social Security number if such a number has not been issued or is

not known, unless effective May 1, 2006, good cause has been established.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 36:474 and R.S. 46:231.1.B., Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 25:2449 (December 1999), amended LR 26:1342 (June 2000), LR 32:

§1229. Income

A. - B.2. ...

C. Earned Income Deductions. Each individual in the income unit who has earned income is entitled to the following deductions only.

1. Standard deduction of \$120.

2. \$900 Time-Limited Deduction. This deduction is applied for six months when a recipient's earnings exceed the \$120 standard deduction. The months need not be consecutive nor within the same certification periods. The deduction is applicable for a six-month lifetime limit for the individual.

3. Dependent Care Deduction. Recipients may be entitled to a deduction for dependent care for:

a. an incapacitated adult;

b. effective May 1, 2006, a child 13 or older who is not receiving CCAP; or

c. effective May 1, 2006, the amount charged by a child care provider that exceeds the CCAP maximum for a child in care.

D. - G. ...

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq. and 10602(c), R.S. 36:474, R.S. 46:231.1.B., R.S. 46:231.2, P.L. 108-447, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 25:2449 (December 1999), amended LR 26:1342 (June 2000), LR 26:2831 (December 2000), LR 31:2956 (November 2005), LR 32:

§1245. Parenting Skills Education

A. Effective May 1, 2006, recipients who are pregnant or have a child under age one shall participate in parenting skills education as outlined in LAC 67:III.Chapter 57, §5711.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 36:474 and R.S. 46:231.5; Act 58, 2003 Reg. Session. Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 25:2453 (December 1999), amended LR 30:494 (March 2004), LR 32:

Subchapter D. Special Initiatives

§1291. Substance Abuse Treatment Program

A. - E.4. ...

5. Failure to Cooperate. Failure or refusal of a recipient to participate in substance abuse screening, testing, or participation in the education and rehabilitation program, without good cause, will result in the following actions effective May 1, 2006.

a. At application, the application is rejected, unless the person is an 18-year-old dependent child. Exclude any 18-year old dependent child that fails to cooperate until they participate.

b. For certified cases in which the family is not work-eligible, the case will be closed for at least one month and until the client complies with this requirement, whichever is later.

c. For certified cases in which the family is work-eligible, a STEP sanction will be imposed with the appropriate occurrence and reason. The case must remain closed for the duration of the sanction period and until the client complies with this requirement, whichever is later.

d. For certified cases in which an 18-year-old dependent child fails to cooperate, exclude him from the grant until he participates.

6. ...

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; R.S. 36:474 and 46:231; and Act 12, 2001 Reg. Session, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 28:1492 (June 2002), amended LR 32:

Subpart 10. Individual and Family Grant Program

Chapter 45. Administration

§4501. Authority

Repealed.

AUTHORITY NOTE: Promulgated in accordance with applicable sections of 44 CFR.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 17:1226 (December 1991), repealed LR 32:

Chapter 47. Application, Eligibility, and Furnishing Assistance

Subchapter A. Need and Amount of Assistance

§4701. Maximum Grant Amount

Repealed.

AUTHORITY NOTE: Promulgated in accordance with 44 CFR 206.131, P.L. 93-288 and F.R. 54:58378.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Eligibility Determinations, LR 15:744 (September 1989), amended by the Department of Social Services, Office of Family Support, LR 17:889 (September 1991), LR 19:213 (February 1993), LR 19:784 (June 1993), LR 20:449 (April 1994), LR 21:403 (April 1995), repealed LR 32:

§4702. Flood Insurance

Repealed.

AUTHORITY NOTE: Promulgated in accordance with 44 CFR 206.131 and 44 CFR Part 61 and P.L. 93-288.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Eligibility Determinations, LR LR 15:744 (September 1989), amended by the Department of Social Services, Office of Family Support, LR 17:889 (September 1991), LR 19:213 (February 1993), LR 19:784 (June 1993), LR 20:449 (April 1994), LR 21:403 (April 1995), LR 21:837 (August 1995), LR 22:1232 (December 1996), repromulgated LR 23:591 (May 1997), repealed LR 32:

§4703. Minimum Damage Threshold

Repealed.

AUTHORITY NOTE: Promulgated in accordance with 44 CFR 206.131.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 22:1232 (December 1996), repealed LR 32:

§4704. Special Condition of Eligibility

Repealed.

AUTHORITY NOTE: Promulgated in accordance with P.L. 104-193 and P.L. 104-208; 44 CFR Parts 61 and 206.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:1953 (October 1998), repealed LR 32:

**Subpart 13. Kinship Care Subsidy Program (KCSP)
Chapter 53. Application, Eligibility, and Furnishing Assistance**

Subchapter A. Application, Eligibility, and Furnishing Assistance

§5307. Notices of Adverse Action

A. A notice of adverse action shall be sent at least 13 days prior to taking action to terminate benefits. In some circumstances advance notice is not required. A concurrent notice shall be sent to the client at the time of action in the following situations:

1. - 13. ...

14. effective May 1, 2006, the child has been certified for Supplemental Security Income and that fact has been established.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 36:474, R.S. 46:231.1.B, R.S. 46:237, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 26:351 (February 2000), amended LR 28:2565 (December 2002), LR 32:

Subchapter B. Conditions of Eligibility

§5321. Age Limit

A. Effective May 1, 2006, a dependent child must be under 18 years of age.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 36:474, R.S. 46:231.1.B and R.S. 46:237; Act 58, 2003 Reg. Session, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 26:352 (February 2000), amended LR 30:496 (March 2004), LR 31:103 (January 2005), LR 32:

§5323. Citizenship

A. Each KCSP recipient must be a United States Citizen, a non-citizen national, or a qualified alien. A non-citizen national is a person born in an outlying possession of the United States (American Samoa or Swain's Island) on or after the date the U.S. acquired the possession, or a person whose parents are U.S. non-citizen nationals. A qualified alien is:

1. - 9. ...

10. an alien who is a victim of a severe form of trafficking in persons, or effective May 1, 2006, an eligible relative of a victim of a severe form of trafficking in persons.

B. - B. 8. ...

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 36:474, R.S. 46:231.1.B, R.S. 46:237, P.L. 106-386, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 26:352 (February 2000), amended LR 27:2264 (December 2001), LR 28:1600 (July 2002), LR 32:

§5329. Income

A. Income is any gain or benefit to a household that has monetary value and is not considered a resource. Count all income in determining pretest eligibility except income from:

1. - 28. ...

29. effective May 1, 2006, Supplemental Security Income (SSI).

B. - B. 2.c. ...

3. For purposes of this pretest, income is defined as countable income belonging to any member of the KCSP income unit. Exception effective May 1, 2006: Income for

children receiving foster care and Supplemental Security Income is not included in the income test.

C. Income after Pretest. The child is determined eligible for KCSP if the child's countable income is, effective July 1, 2006, less than \$280. If the child's countable income is effective July 1, 2006, \$280 or more, the child is ineligible.

D. Payment Amount. Effective July 1, 2006, payment amount is \$280 per month for each eligible child.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq. and 10602(c), R.S. 36:474, R.S. 46:231.1.B, R.S. 46:237, and P.L. 108-447, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 26:353 (February 2000), amended LR 26:2832 (December 2000), LR 31:2958 (November 2005), LR 32:

§5339. Parenting Skill Education

A. As a condition of eligibility for KCSP benefits, effective May 1, 2006, any child under age 18 who is pregnant or the parent of a child under the age of one must attend a parenting skills education program as outlined in LAC 67:III.Chapter 57, §5711.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 36:474, R.S. 46:231.1.B, R.S. 46:237, Act 58, 2003 Reg. Session, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 26:355 (February 2000), amended LR 30:496 (March 2004), LR 32:

§5341. Drug Screening, Testing, Education, and Rehabilitation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 36:474, R.S. 46:231.1.B, R.S. 46:237; Act 58, 2003 Reg. Session, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 26:355 (February 2000), amended LR 30:497 (March 2004), repealed LR 32:

Subchapter D. Special Initiatives

§5391. Substance Abuse Treatment Program

Repealed.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; R.S. 36:474 and 46:231; and Act 12, 2001 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 28:1493 (June 2002), repealed LR 32:

**Subpart 16. Strategies to Empower People (STEP)
Program**

**Chapter 57. Strategies to Empower People (STEP)
Program**

Subchapter B. Participation Requirements

§5711. Parenting Skills Education

A. Effective May 1, 2006, FITAP and KCSP recipients who are pregnant or have a child under age one shall participate in parenting skills education as the primary work activity under the Family Success Agreement. Parenting Skills Education consists of family strengthening, parenting information, and money management information. The lessons provide key parenting practices for parents to learn child nurturance that includes care, safety, and understanding child development. Applicable child care and transportation shall be provided to participants to enable their participation.

AUTHORITY NOTE: Promulgated in accordance with P.L. 104-193, R.S. 46:231, R.S. 46:460, Act 58, 2003 Reg. Session, and Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 30:498 (March 2004), amended LR 32:

Family Impact Statement

1. What effect will this Rule have on the stability of the family? This Rule will have no effect on the stability of the family.

2. What effect will this Rule have on the authority and rights of persons regarding the education and supervision of their children? This Rule will have no effect on the authority and rights of persons regarding the education and supervision of their children.

3. What effect will this Rule have on the functioning of the family? This Rule will have no effect on the functioning of the family.

4. What effect will this Rule have on family earnings and family budget? This Rule will have no effect on family earnings or budget.

5. What effect will this Rule have on the behavior and personal responsibility of children? This Rule will have no effect on the behavior and personal responsibility of children.

6. Is the family or local government able to perform the function as contained in this proposed Rule? No, this program is strictly an agency function.

Interested persons may submit written comments by August 24, 2006, to Adren O. Wilson, Assistant Secretary, Office of Family Support, Post Office Box 94065, Baton Rouge, LA 70804-9065. He is responsible for responding to inquiries regarding this proposed Rule.

A public hearing on the proposed rule will be held on August 24, 2006, at the Department of Social Services, Iberville Building, 627 North Fourth Street, Seminar Room 1-129, Baton Rouge, LA at 9 a.m. All interested persons will be afforded an opportunity to submit data, views, or arguments, orally or in writing, at said hearing. Individuals with disabilities who require special services should contact the Bureau of Appeals at least seven working days in advance of the hearing. For assistance, call (225) 342-4120 (Voice and TDD).

Ann Silverberg Williamson
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: KCSP-FTAP-STEP Parent Skills—IFG

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

Pursuant to the authority granted to the Department by Louisiana's Temporary Assistance to Needy Families Block Grant, the agency is proposing to increase monthly benefits for Kinship Care Subsidy Program (KCSP) recipients by \$58 and to remove 18-year-old recipients from the KCSP rolls.

For FY 06/07 this rule change will result in a net cost of \$4,064,568. For FY 07/08 and 08/09 the net cost will be \$4,063,968. The cost/savings are calculated as follows:

FY 06/07—The cost is based on the average number of children receiving KCSP benefits (7,416 recipients X \$58/month increase in KCSP benefits x 12 months = \$5,161,536) plus \$600 for publishing rulemaking, printing

policy changes and revising forms for a total cost of \$5,162,136. The savings are based on the average number of 18-year-old recipients who will no longer receive KCSP benefits (412 recipients X \$222 monthly grant X 12 months = \$1,097,568). This will result in a net cost of \$4,064,568 (\$5,162,136 - \$1,097,568). The Temporary Assistance for Needy Families (TANF) block grant will provide the funding for the increased cost.

FY 07/08 and 08/09—The net costs will not include the \$600 implementation costs for publishing rulemaking, printing forms and policy. \$4,064,568 - \$600 = \$4,063,968.

The other changes in this rule including the repeal of the Individual and Family Grant (IFG) Program will result in no costs or savings to any state or local governmental unit.

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

There will be no impact on revenue collections for state or local governmental units.

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

The increase in KCSP payments will result in an economic benefit to approximately 7,416 children who will receive an increase of \$58 per month in KCSP benefits. Removing 18-year olds from the KCSP rolls will have a negative economic impact on approximately 412 KCSP recipients who will no longer receive \$222 per month in KCSP benefits.

There are no anticipated costs or benefits to any non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There will be no impact on competition and employment.

Adren O. Wilson
Assistant Secretary
0607#090

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of Social Services Office of Family Support

TANF Initiatives—Third Party In-Kind
Contributions—Microenterprise
(LAC 67:III.5511 and 5583)

In accordance with R.S.49:950 et seq., the Administrative Procedure Act, the Department of Social Services, Office of Family Support, proposes to adopt LAC 67:III, Subpart 15, Chapter 55, §5511 Micro-Enterprise Development Program and §5583, Third Party In-Kind Contributions as TANF MOE.

As a result of Act 1 of the 2004 Regular Legislative Session, the agency repealed several TANF Initiatives including Micro-Enterprise Development effective September 2004, as funding was no longer available. Pursuant to Act 16 of the 2005 Regular Session of the Louisiana Legislature, the agency is re-establishing this program as funds have once again been appropriated for this initiative.

As a consequence of two hurricanes striking Louisiana in 2005, the Red Cross provided certain mass care in Louisiana to persons affected by the storms. The value of certain goods, services, and expenditures provided to eligible families by the Red Cross may count toward the state's Maintenance of Effort (MOE) requirement.

The Department of Social Services (DSS) has requested that the Red Cross advise the department of the total value of expenses paid by the organization between September 1 and December 31, 2005, for mass care so that DSS may count a portion of the total value towards the state's MOE requirement. This new TANF Initiative, Third Party In-Kind Contributions as MOE, provides a mechanism to capture the information on third party in-kind contributions for use as TANF MOE.

These initiatives were effected May 1, 2006, by a Declaration of Emergency and published in the May issue of the *Louisiana Register* pursuant to Act 16 of the 2005 Regular Session of the Louisiana Legislature.

Title 67

SOCIAL SERVICES

Part III. Family Support

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

Chapter 55. TANF Initiatives

§5511. Micro-Enterprise Development Program

A. Effective May 1, 2006, the Office of Family Support shall enter into a Memorandum of Understanding with the Department of Economic Development to provide assistance to low-income families who wish to start their own businesses.

B. These services meet the TANF goal to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage. This goal will be accomplished by providing assistance to low-income families through the development of comprehensive micro-enterprise development opportunities as a strategy for moving parents into self-sufficiency.

C. Eligibility for services is limited to needy families, that is, a family in which any member receives a Family Independence Temporary Assistance Program (FITAP) grant, Kinship Care Subsidy Program (KCSP) grant, Food Stamps, Child Care Assistance Program (CCAP) benefits, Medicaid, Louisiana Children's Health Insurance Program (LaCHIP), Supplemental Security Income (SSI), Free or Reduced School Lunch, or who has earned income at or below 200 percent of the federal poverty level. Only the parent or caretaker relative within the needy family is eligible to participate.

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

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; R.S. 46:231 and R.S. 36:474; Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 32:

§5583. Third Party In-Kind Contributions as TANF MOE

A. The Office of Family Support (OFS) may enter into a Memorandum of Understanding with the American Red Cross and other third-party organizations to collect information on expenditures for services provided to families following a federally-declared disaster for the purpose of claiming eligible expenditures as TANF Maintenance of Effort (MOE). Eligible expenditures include activities and services provided on a congregate basis to the community as a whole, such as sheltering, feeding, bulk distribution of items, but not including any expenses for which the federal government is obligated to reimburse the third party.

B. The third party organization shall determine the total value of the expenses and advise OFS of this value on a periodic basis.

C. OFS shall establish a methodology to estimate the percentage of total expenses that were made on behalf of TANF-eligible families following a federally-declared disaster.

D. These services meet the TANF goal to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

E. Financial eligibility for these services is limited to eligible families. A family consists of a minor child living with a custodial parent or an adult caretaker relative. An eligible family is one with income at or below 200 percent of the federal poverty level.

F. OFS will count eligible third party in kind contributions as TANF Maintenance of Effort (MOE) funds starting September 2005.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; R.S. 46:231 and R.S. 36:474; Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 32:

Family Impact Statement

1. What effect will this Rule have on the stability of the family? Implementation of this Rule will have little impact on the stability of the family.

2. What effect will this have on the authority and rights of persons regarding the education and supervision of their children? There will be no effect on the authority and rights of persons regarding the education and supervision of their children.

3. What effect will this have on the functioning of the family? This Rule will have no effect on the functioning of the family.

4. What effect will this have on family earnings and family budget? There will be no impact on family earnings and budget.

5. What effect will this have on the behavior and personal responsibility of children? There will be no effect on the behavior and personal responsibility of the children.

6. Is the family or local government able to perform the function as contained in this proposed rule? No, this program is strictly an agency function.

All interested persons may submit written comments by August 24, 2006, to Adren O. Wilson, Assistant Secretary, Office of Family Support, P.O. Box 94065, Baton Rouge, LA, 70804-9065. He is responsible for responding to inquiries regarding this proposed Rule.

A public hearing on the proposed rule will be held on August 24, 2006, at the Department of Social Services, Iberville Building, 627 North Fourth Street, Seminar Room 1-129, Baton Rouge, beginning at 9 a.m. All interested persons will be afforded an opportunity to submit data, views, or arguments, orally or in writing, at said hearing. Individuals with disabilities who require special services should contact the Bureau of Appeals at least seven working days in advance of the hearing. For assistance, call 225-342-4120 (Voice and TDD).

Ann Silverberg Williamson
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: TANF Initiatives—Third Party In-Kind
Contributions—Microenterprise**

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

The estimated cost for the implementation and administration of the Micro-Enterprise Development Program for FY 06/07 is \$750,160. This includes \$160 for the cost of publishing rulemaking. Louisiana's Temporary Assistance for Needy Families (TANF) Block Grant will provide monies for this increase. Future expenditures are subject to legislative appropriation. The program will be discontinued if funding is not available.

There are no costs associated with the adoption of the TANF Initiative, Third Party In-Kind Contributions for MOE, other than the cost of publishing rulemaking.

There are no savings to state or local governmental units.

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

This rule will have no effect on revenue collections of state or local governmental units.

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

There are no anticipated costs to any persons or non-governmental groups as a result of this rule.

The Micro-Enterprise Development Initiative will provide assistance to low-income families to start their own business. Adoption of this rule will produce economic benefits in the form of business grants to some individuals. The initiative is targeting 400 people for screening, assessment and training and approximately 110 grants of up to \$4,000 will be awarded for business startup.

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

The rule will have no impact on competition and employment.

Adren O. Wilson
Assistant Secretary
0607#089

H. Gordon Monk
Legislative Fiscal Officer
Legislative Fiscal Office

Administrative Code Update

CUMULATIVE: JANUARY – JUNE 2006

LAC Title	Part.Section	Effect	Location LR 32 Month Page	LAC Title	Part.Section	Effect	Location LR 32 Month Page	
4	III.101,103,112,119,127,131	Amended	Jan. 84	28	CXI.1153,1301,1313,1335,1345	Amended	Feb. 232	
	III.102,106,114,122	Adopted	Jan. 84		CXI.1347,1349,1351,1355,1501	Amended	Feb. 232	
	III.105,107-111,113,115-117	Repealed	Jan. 84		CXI.1351	Amended	Mar. 390	
	III.121,123-125,129,133-135	Repealed	Jan. 84		CXI.1701,1901,2501,2701	Amended	Feb. 232	
	III.137-139	Amended	Jan. 84		CXI.2001	Adopted	Feb. 232	
7	XXIII.125	Amended	May 794		CXI.3303,3305,3307,3501	Amended	Feb. 232	
	XXIII.125	Repromulgated	June 1011		CXV.1103	Amended	Apr. 545	
	XXV.101,107,113,115,121	Amended	May 796		CXV.1103	Amended	June 1029	
	XXV.101,107,113,115,121	Repromulgated	June 1015		CXV.2320	Adopted	Feb. 240	
	XXIX.117	Amended	Jan. 78		CXV.2377	Amended	Apr. 546	
	XXIX.117	Amended	June 1010	CXXV.101, 301-317	Adopted	May 797		
	XXXIII.101-125	Amended	June 1011	32	VII.101,301-319	Amended	Jan. 118	
	XLI.Chapter 3	Adopted	May 794		VII.321	Adopted	Jan. 118	
	10	XV.Chapter 17	Adopted		May 837	VII.Chapter 7 and 11	Amended	Jan. 118
						VII.Chapter 101	Adopted	Jan. 118
13	I.Chapter 33	Adopted	Feb. 228	33	I.3931	Amended	Apr. 603	
19	VIII.Chapters 1 and 3	Adopted	Feb. 229		III.111,507	Amended	May 808	
	VIII.Chapters 11 and 13	Adopted	June 1044		III.919	Amended	Feb. 241	
22	I.107	Amended	June 1069		III.1432,2160,3003,5116,5122	Amended	May 808	
	I.305	Amended	Feb. 249		III.5311,5901	Amended	May 808	
	I.316	Amended	Mar. 406		V.105,108,109,1501,1705,1717	Amended	Apr. 605	
	I.701	Adopted	Jan. 108		V.105,109	Amended	May 819	
	I.703	Adopted	Jan. 102		V.901,905,907,909,911,923,1119	Repealed	May 819	
	I.705	Adopted	Apr. 640		V.1101,1107,1108,1109,1113	Amended	May 819	
	I.721	Adopted	Jan. 107		V.1123,1301,1307,1309	Amended	May 819	
	I.761	Adopted	Jan. 101	V.1516,2208,4356	Adopted	May 819		
	I.763	Adopted	Jan. 102	V.1529,2205,2299	Amended	May 819		
	I.765	Adopted	Apr. 637	V.2247,3001,3873,4101	Amended	Apr. 605		
	I.2301-2321	Amended	May 849	V.3099	Amended	Apr. 603		
	I.2327	Adopted	May 849	V.3105,4145,4351-4355,4901	Amended	May 821		
	III.4101-4105, 4501, 4511	Adopted	Jan. 78	V.4103,4107-4135	Repealed	Apr. 605		
	III.4107-4113	Repealed	Jan. 78	V.4105,4139,4143,4145,4301	Amended	Apr. 605		
	III.4503-4509	Amended	Jan. 78	V.4141	Adopted	Apr. 605		
	III.4513-4543	Repealed	Jan. 78	V.10303	Amended	Apr. 641		
	III.4715,4723	Amended	June 1043	IX.1123	Amended	May 815		
	III.4743	Adopted	May 833	IX.1123	Amended	May 816		
	III.5901-5905	Adopted	Jan. 78	IX.1123	Amended	May 817		
	III.6101, 7101, 7102, 7103	Repromulgated	Jan. 78	IX.2501,2505,2703,4903	Amended	May 818		
	XIII.503	Amended	Feb. 242	IX.2903,6105,6109,6111,6113	Amended	June 1032		
	XV.Chapter 2	Adopted	May 836	IX.6115,6123,6129,7127	Amended	June 1032		
28	I.903	Amended	Apr. 547	XI.301,509,1313	Repromulgated	Mar. 393		
	I.903	Amended	Apr. 548	XI.2301,4901,4903	Amended	Apr. 603		
	I.903	Amended	Apr. 549	XV.102,322,421,442,703,723	Amended	May 810		
	I.903	Amended	Apr. 552	XV.399	Amended	May 819		
	V.109	Amended	Mar. 391	XV.728,736,737,741,742,743	Amended	May 810		
	VII.109	Amended	Mar. 392	XV.755,757,763,804	Amended	May 810		
	IX.101,301,309,313,315,321	Repromulgated	Mar. 386	XV.1517	Amended	Apr. 603		
	IX.103,105,107,302,303,305	Amended	Mar. 386	37	XIII.Chapter 95	Amended	Jan. 94	
	IX.307,311,317,319	Amended	Mar. 386		40	III.101	Amended	Jan. 92
	IX.325,327,501	Repromulgated	Mar. 386	42		I.2101-2111	Adopted	Feb. 255
	XXXIII.101,301,305,315,505,507	Amended	June 1030		I.2301-2339	Amended	Feb. 251	
	XXXIII.701,707,717,901	Amended	June 1030	XI.2403,2411,2413	Amended	Jan. 108		
	XXXVII.1901	Amended	Mar. 391	43	XXVII.Chapter 32	Adopted	Apr. 612	
	XLIX.Chapter 7	Amended	May 801		46	I.1513	Amended	Jan. 83
	LXXXIII.Chapters 3,5,7,14,17,21	Amended	June 1017	XI.101		Amended	Feb. 242	
	LXXXIII.Chapters 4,6,24	Adopted	June 1017	XI.108		Adopted	Feb. 242	
	LXXXIII.Chapter 35,43	Amended	June 1017	XXXI.309,313		Amended	May 834	
	LXXXIII.4101,4103	Amended	June 1017	XXXI.311,321		Amended	May 834	
	LXXXIII.4104	Adopted	June 1017	XXXI.502		Adopted	May 834	
	LXXXIII.4301	Amended	Apr. 543	XXXI.701,705,707,709,713		Amended	May 834	
CV.Chapters 1-27	Adopted	Apr. 555	XXXI.1109,1111,1113	Amended		May 836		
CXI.107,305,307,309,313,315	Amended	Feb. 232	XXXIII.301,306,415,419,501	Amended		Feb. 243		
CXI.312, 316	Adopted	Mar. 390						
CXI.701,1101,1115,1141,1151	Amended	Feb. 232						

LAC Title	Part.Section	Effect	Location LR 32 Month Page	LAC Title	Part.Section	Effect	Location LR 32 Month Page	
46	XXXIII.1506,1509,1511,1611	Amended	Feb. 243	61	I.306	Amended	Mar. 415	
	XXXIII.1613,1703,1705	Amended	Feb. 243		I.601	Adopted	Apr. 641	
	XXXIX.301,501,503,901,903	Amended	June 1048		I.1114	Adopted	Feb. 261	
	XLVII.501,1705	Amended	Apr. 636		I.1115	Repealed	Feb. 260	
	XLVII.3333, 4507	Amended	Feb. 246		I.1128	Repealed	Feb. 263	
	XLVII.3703	Amended	Feb. 245		I.1130	Amended	Mar. 409	
	XLVII.3705	Adopted	Feb. 245		I.1134	Amended	Mar. 421	
	LI.Chapters1-8	Adopted	Apr. 629		I.1175	Adopted	Feb. 260	
	LIII.705	Amended	Apr. 636		I.1311	Adopted	Feb. 259	
	LIII.907	Amended	June 1049		I.1195	Adopted	May 864	
	XCI.103,301-321	Amended	Mar. 394		I.1905	Amended	May 866	
	XCI.323, 325	Repealed	Mar. 394		I.4301	Amended	Jan. 111	
	XCI.501-509, 701-707,711	Amended	Mar. 394		I.4301	Amended	May 865	
	XCI.713, 801	Adopted	Mar. 394		I.4351	Amended	Jan. 111	
	48	I.12501	Amended		May 845	I.4371	Amended	Feb. 262
		I.2901, 2903	Repromulgated		Mar. 403	I.4373	Amended	Feb. 261
I.7601-7613		Amended	Jan. 99	I.4412	Repealed	Jan. 111		
I.9121		Amended	May 846	III.2111	Adopted	Feb. 260		
I.9717 and 9911		Amended	June 1067	V.101,103,203	Amended	Mar. 425		
I.9820		Adopted	June 1067	V.205	Repealed	Mar. 425		
V.6303		Amended	Feb. 248	V.211,301,304,309,703	Amended	Mar. 425		
50		I.Chapters 7,9,83	Adopted	May 846	V.705	Repealed	Mar. 425	
		I.2901,2903,2907,2911	Amended	Mar. 404	V.907,1103,1307,1501,1503,2503	Amended	Mar. 425	
		I.8311	Adopted	May 849	V.3101,3103,3105,3307	Amended	Mar. 425	
	XIII.305	Adopted	Mar. 406	V.3501,3503,3507	Amended	Mar. 425		
	XV.7501	Repealed	Mar. 406	67	I.101-119	Amended	Jan. 114	
	XXIX.Chapters 1-9	Adopted	June 1052		III.1207,1227,1257	Amended	Feb. 263	
51	II.Chapter 1	Amended	June 1049		III.1235,1949	Amended	Apr. 645	
	II.503	Amended	Jan. 98		III.2518	Adopted	Mar. 442	
55	I.509	Amended	Jan. 109		III.5305,5327,5347	Amended	Feb. 263	
	I.515	Amended	Jan. 110		III.5349	Adopted	Feb. 263	
	I.Chapter 19	Adopted	May 853		III.5539	Adopted	Feb. 264	
	V.1301	Amended	Jan. 109		V.3503	Amended	Apr. 645	
58	I.703, 1501	Amended	Feb. 265		V.3507	Amended	Apr. 644	
	I.2511	Amended	Feb. 265		V.Chapter 57	Adopted	Jan. 112	
	I.2713, 2715, 4111	Amended	June 1070	70	III.136, 139	Repromulgated	Jan. 117	
	I.4135	Adopted	June 1070		76	I.307	Adopted	Apr. 646
	I.4301	Adopted	Feb. 265			V.115	Amended	Apr. 647
	III.401	Adopted	May 866			VII.341	Repromulgated	Jan. 125
III.510	Adopted	May 867	VII.341			Amended	June 1071	
			VII.367			Amended	Feb. 266	

Potpourri

POTPOURRI

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

**Rescission of Potpourri Notice for Collection of Emissions
Inventory Data for Ozone Control**

The department hereby gives notice that the potpourri notice, originally published on pages 260-261 of the February 20, 2001, *Louisiana Register*, regarding the collection of certain emissions inventory data at lower reporting thresholds under LAC 33:III.919 from facilities located in Calcasieu Parish or the adjoining parishes of Beauregard, Cameron, and Jefferson Davis, is rescinded effective December 31, 2004. A list of facilities that are released from reporting as a result of the rescission of this potpourri notice is available on the department's website at <http://www.deq.louisiana.gov/portal/tabid/109/Default.aspx>. Facilities that are released from reporting under LAC 33:III.919 as a result of this notice and that reported emissions data for 2005 per the previously-requested lower reporting thresholds will not be invoiced.

The collection of emissions inventory data reported at a lower threshold from facilities located in Calcasieu or the adjoining parishes was requested following violation of the one-hour ozone standard in Calcasieu Parish. The violation occurred when Calcasieu Parish experienced six ozone exceedance days during the three-year period of 1998, 1999, and 2000. As a result of violation of the one-hour ozone standard, contingency actions were triggered in the EPA-approved ozone maintenance plan for Calcasieu Parish. The emissions inventory data collected was used to determine if additional control measures to reduce ozone precursors were needed in the area. Calcasieu Parish experienced no further violations of the one-hour ozone standard after 2000 and the parish continued to maintain the one-hour ozone standard until the standard was revoked effective June 15, 2005.

Effective June 15, 2004, the parishes of Beauregard, Calcasieu, Cameron, and Jefferson Davis were designated as attainment with the eight-hour ozone standard based on ozone-monitoring data for the years 2001-2003. Ozone monitors in Calcasieu Parish continue to monitor attainment with the eight-hour ozone standard. Therefore, the department has determined that the request for reporting emissions inventory data at the lower thresholds for facilities located in Calcasieu Parish or the adjoining parishes of Beauregard, Cameron, and Jefferson Davis is no longer necessary and constitutes the basis for the rescission of the specified potpourri notice effective December 31, 2004.

Should you have questions regarding this notice, please contact Ms. Jackie Heber, Office of Environmental Assessment, Air Quality Assessment Division, Data Collection and Evaluation Section, at (225) 219-3486 or via e-mail at jackie.heber@la.gov.

Herman Robinson, CPM
Executive Counsel

0607#037

POTPOURRI

**Department of Environmental Quality
Office of Management and Finance
Information Services Division**

Electronic Document Management System

The Department of Environmental Quality (DEQ) will offer a pilot version of its Electronic Document Management System (EDMS) for public use on the Internet beginning August 1, 2006. The EDMS is an electronic repository of official records that have been created or received by DEQ. In keeping with the regulations on confidential information (LAC 33:I.501-511) and security-sensitive information (LAC 33:I.601-609), DEQ continues to monitor and implement best practices for securing confidential and security sensitive records and information. Therefore, the records available for search and display will be limited to those dated July 1, 2005 and newer. In addition, the Radiation environmental media will not be made available for search and display via the Internet during the pilot.

Members of the public are encouraged to participate in this six-month EDMS pilot and provide feedback to DEQ. As experience is gained and feedback is received, the agency will determine how to proceed with expansion and/or revision of the EDMS Internet project.

The EDMS is accessible at the following Internet URL: <http://deq.louisiana.gov>. In addition to the basic EDMS document search and display functionality, this website also contains links to all of the information a user will need to get started, as well as guides and manuals, a link to the DEQ public records request form, and a link to send comments or feedback. For further information, contact Laurie Blandino, Office of Management and Finance, Information Services Division, Records Management, at 225-219-3171 or laurie.blandino@la.gov.

Herman Robinson, CPM
Executive Counsel

0607#062

POTPOURRI

**Department of Environmental Quality
Office of the Secretary
Legal Affairs Division**

Clean Air Interstate Rule (CAIR) Sulfur Dioxide (SO₂)
Trading Program and Acid Rain Program SIP Revision

Under the authority of the Louisiana Environmental Quality Act, R.S. 30:2001 et seq., the secretary gives notice that the Office of Environmental Assessment, Air Quality Assessment Division, is proposing revisions to the Louisiana Air Quality State Implementation Plan (SIP). The proposed revisions to the SIP are necessary to implement the general and specific provisions of the federal CAIR SO₂ Trading Program (40 CFR Part 96, Subparts AAA, BBB, CCC, FFF, GGG, and HHH) and the Acid Rain Program (40 CFR Part 72) under Section 110 of the Clean Air Act, as a means of mitigating interstate transport of fine particulate and sulfur dioxide.

Notices of Intent for proposed rules AQ259ft, Incorporation by Reference of the Acid Rain Program, and AQ260ft, Incorporation by Reference of the CAIR SO₂ Trading Program were published on pages 1138-1142 of the June 20, 2006, *Louisiana Register*. AQ259ft was proposed in order to revise LAC 33:III.505 and replace it with an incorporation by reference (IBR) of the recently revised federal regulations concerning the Acid Rain Program. AQ260ft was proposed in order to insert language into LAC 33:III.506 as an IBR of the recently revised federal regulations concerning the CAIR SO₂ Trading Program. Upon final promulgation, the proposed rules will be submitted to the Environmental Protection Agency as revisions to the Louisiana SIP.

The public hearing for the revisions to the SIP will be held on August 24, 2006, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room, 602 N. Fifth Street, Baton Rouge, LA 70802. Interested persons are invited to attend and submit oral comments on the proposed SIP revisions. Should individuals with a disability need an accommodation in order to participate, contact Vivian H. Aucoin, at (225) 219-3575 or at the address given below. Parking in the Galvez Garage is free with a validated parking ticket.

Interested persons are invited to submit written comments concerning the CAIR SO₂ Trading Program and the Acid Rain Program SIP revisions no later than 4:30 p.m., August 24, 2006, and should be sent to Vivian H. Aucoin, Office of Environmental Assessment, Box 4314, Baton Rouge, LA 70821-4314 or to FAX (225) 219-3582 or by e-mail to vivian.aucoin@deq.state.la.gov. The proposed SIP revisions are available on the Internet at <http://www.deq.louisiana.gov/portal/tabid/2381/Default.aspx> under Louisiana SIP Revisions.

A copy of the proposed SIP revisions may be viewed at the following DEQ office locations from 8 a.m. to 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 7101; 1301 Gadwall Street, Lake Charles, LA 70615; 111 New Center Drive,

Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374; 645 N. Lotus Drive, Suite C, Mandeville, LA 70471.

Herman Robinson, CPM
Executive Counsel

0607#032

POTPOURRI

**Department of Environmental Quality
Office of the Secretary
Legal Affairs Division**

Extension of Comment Period for Incorporation by
Reference of the Acid Rain Program (AQ259ft) and the
CAIR SO₂ Trading Program (AQ260ft)
(LAC 33:III.505 and 506)

The Notices of Intent for AQ259ft, Incorporation by Reference of the Acid Rain Program, and AQ260ft, Incorporation by Reference of the CAIR SO₂ Trading Program were published on pages 1138-1142 of the June 20, 2006, issue of the *Louisiana Register*. This rulemaking is necessary in order for Louisiana to adopt the general and specific provisions for the CAIR SO₂ Trading Program, under Section 110 of the Clean Air Act, as a means of mitigating interstate transport of fine particulate and sulfur dioxide. By adopting the Acid Rain Program, 40 CFR Part 72, in its entirety, and 40 CFR Part 96, Subparts AAA, BBB, CCC, FFF, GGG, and HHH, the state is authorizing EPA to assist the state in implementing the CAIR SO₂ Trading Program. These proposed rules constitute a revision to the Louisiana State Implementation Plan (SIP).

The public hearing for these proposed rules will still be held on July 25, 2006, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room 602 N. Fifth Street, Baton Rouge, LA 70802. The comment period has been extended until 4:30 p.m., August 24, 2006, for AQ259ft and AQ260ft. Comments should be sent to Judith A Schuerman, Ph.D., Office of the Secretary, Legal Affairs Division, Box 4302, Baton Rouge, LA 70821-4302 or FAX (225) 219-3582 or by e-mail to Judith.schuerman@la.gov. Copies of the proposed regulations can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy of AQ259ft or AQ260ft. These regulations are available on the Internet at www.deq.louisiana.gov/portal/tabid/2279/Default.aspx.

These proposed regulations are available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 7101; 1301 Gadwall Street, Lake Charles, LA 70615; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374; 645 N. Lotus Drive, Suite C, Mandeville, LA 70471.

Herman Robinson, CPM
Executive Counsel

0607#034

POTPOURRI

Department of Environmental Quality Office of the Secretary Legal Affairs Division

Lafayette Parish Ozone Maintenance Plan

Under the authority of the Louisiana Environmental Quality Act, R.S. 30:2001 et seq., the secretary gives notice that the Office of Environmental Assessment, Plan Development Section, is proposing a revision to the Air Quality State Implementation Plan (SIP) for Lafayette Parish. This SIP revision is mandated under Section 110(a)(1) of the 1990 Clean Air Act Amendments (CAAA)

According to the Phase 1 8-Hour Implementation Rule published April 30, 2004 (69 FR 23951), a revision to the SIP is required for areas that are designated attainment for the 8-hour ozone National Ambient Air Quality Standards (NAAQS) and were designated attainment for the 1-hour ozone NAAQS with an approved maintenance plan. The Section 110(a)(1) maintenance plan for Lafayette Parish must be submitted to the Environmental Protection Agency not later than June 15, 2007.

A public hearing will be held at 1:30 p.m. on August 24, 2006, in the Galvez Building, Oliver Pollock Conference Room, 602 N. Fifth Street, Baton Rouge, LA. Should individuals with a disability need an accommodation in order to participate, please contact Vivian H. Aucoin at (225) 219-3575 or at the address listed below. Interested persons are invited to attend and submit oral comments on the proposal.

All interested persons are invited to submit written comments concerning the SIP no later than 4:30 p.m., August 31, 2006, to Vivian H. Aucoin, Office of Environmental Assessment, Box 4314, Baton Rouge, LA 70821-4314 or to fax (225) 219-3582 or by e-mail to vivian.aucoin@la.gov.

A copy of the SIP revision for Lafayette Parish may be viewed from 8 a.m. to 4:30 p.m. in the DEQ Public Records Center, Room 127, 602 N. Fifth Street, Baton Rouge, LA, or at the Acadiana Regional Office, located at 111 New Center Drive, Lafayette, LA 70508. The document is available on the Internet at:

www.deq.louisiana.gov/portal/Default.aspx?tabid=2381.

Herman Robinson, CPM
Executive Counsel

0607#033

POTPOURRI

Department of Environmental Quality Office of the Secretary Legal Affairs Division

Public Hearing—Substantive Changes to Proposed Rule AQ240—Emissions Factors (LAC 33:III.501)(AQ240S)

Under the authority of the Louisiana Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with

the provisions of the Administrative Procedure Act, R.S. 49:950 et. seq., the secretary gives notice that the department is seeking to incorporate substantive changes to the proposed amendments to the Air Quality regulations, LAC 33:III.501 (Log #AQ240S), which were originally noticed as AQ240 in the October 20, 2005, issue of the *Louisiana Register*.

The original proposed rule clarifies requirements in LAC 33:III.919 concerning emission inventory and in LAC 33:III.507.H concerning annual compliance certification. The intent of this rule is to permit the department to determine the actual basis of apparent changes in emissions when there is an emission limit discrepancy between a facility's permitted limit (pursuant to Chapter 5) and the emission estimate reported in the facility's emission inventory statement (pursuant to Chapter 9). The department has made substantive changes to further clarify the hierarchy of selecting the available methods to estimate emissions and reflect existing language as specified in LAC 33:III.919 regarding emission data, and to establish a notification mechanism as a means of ascertaining background information to validate reported changes in emissions (that are currently reported under LAC 33:III.919) to assist in the department's ability to conduct case-by-case reviews as provided for in the current proposed rule. No additional fiscal or economic impact will result from the substantive changes.

A ~~strikeout~~/underline/**highlighted** version of the proposed rule that distinguishes original proposed language from substantively changed language is available on the Internet at www.deq.louisiana.gov under Rules and Regulations.

A public hearing on the substantive changes will be held on August 24, 2006, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room, 602 N. Fifth Street, Baton Rouge, LA 70802. Interested persons are invited to attend and submit oral comments on the substantive changes. Should individuals with a disability need an accommodation in order to participate, contact Judith A. Schuerman, Ph.D., at the address given below or at (225) 219-3550. Parking in the Galvez Garage is free when the parking ticket is validated by department personnel at the hearing.

Written comments regarding the substantive changes must be received no later than August 24, 2006, at 4:30 p.m., and should be sent to Judith A. Schuerman, Ph.D., Office of the Secretary, Legal Affairs Division, Box 4302, Baton Rouge, LA 70821-4302 or to fax (225) 219-3582 or by e-mail to judith.schuerman@la.gov. The comment period for the substantive changes ends on the same date as the public hearing. Persons commenting should reference AQ240S in their correspondence. Copies of this proposed regulation with substantive changes can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy.

This regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374, 645 N. Lotus Drive, Suite C, Mandeville, LA 70471.

Title 33
ENVIRONMENTAL QUALITY

Part III. Air

Chapter 5. Permit Procedures

§501. Scope and Applicability

A. - C.10. ...

11. Emissions shall be calculated in accordance with LAC 33:III.919.C.

12. Emissions estimation methods set forth in the Compilation of Air Pollution Emission Factors (AP-42) and other department-accepted estimation methods may be promulgated or revised. As a result of new or revised AP-42 emission factors for sources or source categories and/or department-accepted estimation methods, changes in calculated emissions may occur. Changes in reported emission levels as required by LAC 33:III.919.B.2.a due solely to revised AP-42 emission factors or department-accepted estimation methods do not constitute violations of the air permit; however, the department may evaluate changes in emissions on a case-by-case basis, including but not limited to, assessing compliance with other applicable Louisiana air quality regulations.

13. If the emission factors for any source or source category used in preparing the Annual Emission Statement required by LAC 33:III.918 and 919 differ from the emission factors used in the current air permit such that resulting "calculated" emissions reflect a change as defined in LAC 33:III.919.B.2.a, notification of the use of updated emission factors shall be included in the Title V Annual Certification, as specified in the affected permit. The notification shall include the old and new emission factor reference source and the date, volume, and edition (if applicable); the raw data for the reporting year used for that source category calculation; and applicable emission point and permit numbers that are impacted by such change. The notification shall include any other explanation, as well as the facility's intended time frame to reconcile the emission limits in the applicable permit. The department reserves the right to reopen a permit pursuant to LAC 33:III.529.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Nuclear Energy, Air Quality Division, LR 13:741 (December 1987), amended by the Office of Air Quality and Radiation Protection, Air Quality Division, LR 16:613 (July 1990), LR 17:478 (May 1991), LR 19:1420 (November 1993), LR 20:1281 (November 1994), LR 20:1375 (December 1994), LR 23:1677 (December 1997), amended by the Office of the Secretary, LR 25:660 (April 1999), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2445 (November 2000), LR 28:997 (May 2002), amended by the Office of Environmental Assessment, LR 31:1063 (May 2005), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2436 (October 2005), LR 32:

Herman Robinson, CPM
Executive Counsel

0607#061

POTPOURRI

Department of Environmental Quality
Office of the Secretary
Legal Affairs Division

Public Hearing—Substantive Changes to Proposed Rule
AQ257ft—Clean Air Mercury Rule
(LAC 33:III.3003)(AQ257ftS)

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary gives notice that the department is seeking to incorporate substantive changes to the proposed amendments to the Air regulations, LAC 33:III.3003 (Log #AQ257ftS), which were originally noticed as AQ257ft in the May 20, 2006, issue of the *Louisiana Register*.

The substantive changes to AQ257ft are identical to federal corrections and amendments to the Clean Air Mercury Rule (CAMR) found in 70 FR 51266-51269 (August 30, 2005) and 71 FR 33388-33402 (June 9, 2006), which are applicable in Louisiana. For more information regarding the federal requirement, contact the Regulation Development Section at (225) 219-3550 or Box 4302, Baton Rouge, LA 70821-4302. No fiscal or economic impact will result from the substantive changes; therefore, the rule will be promulgated in accordance with R.S. 49:953(F)(3) and (4).

These amendments correct portions of the promulgated CAMR. EPA addressed technical corrections in 70 FR 51266-51269 and subsequently addressed amendments in 71 FR 33388-33402. The amendments include a change in the definition of coal to exclude petroleum coke. The other amendments are non-controversial. A strikeout/underline/highlighted version of the proposed rule that distinguishes original proposed language from substantively changed language is available on the Internet at www.deq.louisiana.gov under Rules and Regulations.

A public hearing on the substantive changes will be held on August 24, 2006, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room, 602 N. Fifth Street, Baton Rouge, LA 70802. Interested persons are invited to attend and submit oral comments on the proposed amendments. Should individuals with a disability need an accommodation in order to participate, contact Judith A. Schuerman, Ph.D., at the address given below or at (225) 219-3550. Parking in the Galvez Garage is free with a validated parking ticket.

All interested persons are invited to submit written comments on the substantive changes. Persons commenting should reference this proposed regulation by AQ257ftS. Such comments must be received no later than August 24, 2006, at 4:30 p.m., and should be sent to Judith A. Schuerman, Ph.D., Office of the Secretary, Legal Affairs Division, Box 4302, Baton Rouge, LA 70821-4302 or to FAX (225) 219-3582 or by e-mail to judith.schuerman@la.gov. The comment period for this rule ends on the same date as the public hearing. Copies of this

proposed regulation with substantive changes can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy of AQ257ftS.

This proposed regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 N. Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374; 645 N. Lotus Drive, Suite C, Mandeville, LA 70471.

**Title 33
ENVIRONMENTAL QUALITY
Part III. Air**

Chapter 30. Standards of Performance for New Stationary Sources (NSPS)

Subchapter A. Incorporation by Reference

§3003. Incorporation by Reference of 40 Code of Federal Regulations (CFR) Part 60

A. Except for 40 CFR Part 60, Subpart AAA, and as modified in this Section, Standards of Performance for New Stationary Sources, published in the *Code of Federal Regulations* at 40 CFR Part 60, July 1, 2005, are hereby incorporated by reference as they apply to the state of Louisiana. Also incorporated by reference are revisions to 40 CFR Part 60, Subparts A, B, Da, and HHHH as promulgated as the Clean Air Mercury Rule on May 18, 2005, in the *Federal Register*, 70 FR 28606-28700, as corrected in the *Federal Register*, 70 FR 51266-51269, August 30, 2005, and as amended in the *Federal Register*, 71 FR 33388-33402, June 9, 2006; and Subpart EEEE, "Standards of Performance for Other Solid Waste Incineration Units for Which Construction is Commenced After December 9, 2004, or for Which Modification or Reconstruction is Commenced on or After June 16, 2006," and Subpart FFFF, "Emission Guidelines and Compliance Times for Other Solid Waste Incineration Units That Commenced Construction On or Before December 9, 2004," promulgated on December 16, 2005, in the *Federal Register*, 70 FR 74870-74924.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 22:1212 (December 1996), amended LR 23:1681 (December 1997), LR 24:1287 (July 1998), LR 24:2238 (December 1998), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 25:1239 (July 1999), LR 25:1797 (October 1999), LR 26:1607 (August 2000), LR 26:2460, 2608 (November 2000), LR 27:2229 (December 2001), LR 28:994 (May 2002), LR 28:2179 (October 2002), LR 29:316 (March 2003), LR 29:698 (May 2003), LR 30:1009 (May 2004), amended by the Office of Environmental Assessment, LR 31:1568 (July 2005), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2446 (October 2005), LR 32:809 (May 2006), LR 32:

Herman Robinson, CPM
Executive Counsel

0607#035

POTPOURRI

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

Fall/Winter Examination Dates

The Louisiana Board of Veterinary Medicine will administer the State Board Examination (SBE) for licensure to practice veterinary medicine on the first Tuesday of every month. Deadline to apply for the SBE is the third Friday prior to the examination date desired. SBE dates are subject to change due to office closure (i.e., holiday, weather).

The board will accept applications to take the North American Veterinary Licensing Examination (NAVLE) which will be administered through the National Board of Veterinary Medical Examiners (NBVME), formerly the National Board Examination Committee (NBEC), as follows.

Test Window Date	Deadline to Apply
November 13 through December 9, 2006	Friday, August 11, 2006

The board will also accept applications for and administer the Veterinary Technician National Examination (VTNE) for state registration of veterinary technicians as follows.

Test Date	Deadline to Apply
Friday, January 19, 2007	Friday, December 8, 2006

Applications for all examinations must be received on or before the deadline. No late application will be accepted. Requests for special accommodations must be made as early as possible for review and acceptance. Applications and information may be obtained from the board office at 263 N. Third Street, Suite 104, Baton Rouge, LA 70801, by request via telephone at (225) 342-2176, or by e-mail at lbvm@eatel.net. Application forms and information are also available on the website at www.lsbvm.org.

Wendy D. Parrish
Administrative Director

0607#003

POTPOURRI

**Department of Natural Resources
Office of Conservation**

Orphaned Oilfield Sites

Office of Conservation records indicate that the Oilfield Sites listed in the table below have met the requirements as set forth by Section 91 of Act 404, R.S. 30:80 et seq., and as such are being declared Orphaned Oilfield Sites.

Operator	Field	District	Well Name	Well Number	Serial Number
Production Management	Wyches Bayou	M	Quinn C Swd	7	161037
Terry Dale Jordan	Grogan	S	Arnold A	1	73361

Operator	Field	District	Well Name	Well Number	Serial Number
Terry Dale Jordan	Bethany Longstreet	S	Rogers	1	115219
Terry Dale Jordan	Bethany Longstreet	S	Rogers	2	117480
Terry Dale Jordan	Bethany Longstreet	S	Rogers	3	140207
Terry Dale Jordan	Bethany Longstreet	S	Rogers	4	140303
Barnwell Drilling Co. Inc.	Minden	S	Barnwell-Minden Unt	4	83319 (30)
Shreveport Oil Corp.	Caddo Pine Island	S	Muslow	B-2	014596
Frank J. Gravis	St. Gabriel	L	Natalbany J	1	28413
Peter Henderson Oil Co.	Anse La Butte	L	Leon Dupuis	1	64631
William E. Bess	Jennings	L	United Brethren in Christ	2	3899
Gas Resources, Inc.	Truxno	M	Manville 776	1	173730
Caddo Oil Co., Inc.	Caddo Pine Island	S	Muslow H	2	31532
Johnson & McBride	Caddo Pine Island	S	Lillie Miller	1	39162

James H. Welsh
Commissioner

0607#038

POTPOURRI
Department of Natural Resources
Office of the Secretary
Fishermen's Gear Compensation Fund

Loran Coordinatés

In accordance with the provisions of R.S. 56:700.1 et seq., notice is given that 7 claims in the amount of \$24,029.27 were received for payment during the period May 1, 2006-June 30, 2006.

Latitude/Longitude Coordinates of reported underwater obstructions are:

2859.118	8911.470	Plaquemines
2918.363	8956.621	Jefferson
2921.029	9131.954	St. Mary
2924.409	8959.975	Jefferson
2932.425	9007.947	Jefferson
2954.976	9320.554	Cameron
2958.816	9320.044	Cameron

There were 7 claims paid and 0 claims denied.

A list of claimants and amounts paid can be obtained from Verlie Wims, Administrator, Fishermen's Gear Compensation Fund, P.O. Box 44277, Baton Rouge, LA 70804 or you can call (225) 342-0122.

Scott A. Angelle
Secretary

0607#060

POTPOURRI

Department of Social Services
Office of Family Support

Temporary Emergency Disaster Assistance Program
(LAC 67.III.5583)

The Department of Social Services, Office of Family Support, hereby gives notice that, in accordance with provisions of the Administrative Procedure Act, Section 968.H.2., a public hearing will be conducted to receive comments regarding revisions to the Temporary Emergency Disaster Assistance Program (TEDAP).

The agency adopted the Temporary Emergency Disaster Assistance Program as a new TANF Initiative through a Declaration of Emergency effective October 26, 2005. The program provides disaster emergency services to families with dependent children or pregnant women who are displaced because of disasters. The Emergency Rule was published in the November issue of the *Louisiana Register*. This Rule was allowed to expire on February 22, 2006.

The agency promulgated a second Emergency Rule to adopt TEDAP and to further clarify eligibility and verification requirements with an effective date of January 10, 2006. This Rule was published in the January 2006 *Louisiana Register*. The Notice of Intent was published in the March 2006 issue of the *Register* and a public hearing was held April 27. The Emergency Rule was extended May 10, 2006, as the Rule expired May 9, 2006, and the final Rule was due to be published in the June 2006 issue of the *Register*.

The agency has decided not to finalize the Rule at this time but to expand the type of services provided by TEDAP and to allow the provision of certain services beyond four months. The TANF goal to prevent and reduce out-of-wedlock pregnancies is also being added. An Emergency Rule effective June 15, 2006, adopted TEDAP and incorporated the changes noted above.

A public hearing on the proposed rule will be held on August 24, 2006, at the Department of Social Services, Iberville Building, 627 North Fourth Street, Seminar Room 1-129, Baton Rouge, LA, beginning at 9 a.m. All interested persons will be afforded an opportunity to submit data, views, or arguments, orally or in writing, at said hearing. Individuals with disabilities who require special services should contact the Bureau of Appeals at least seven working days in advance of the hearing. For assistance, call (225)-342-4120 (Voice and TDD).

All interested persons may submit written comments through August 24, 2006, to Adren O. Wilson, Assistant Secretary, Office of Family Support, and P.O. BOX 94065, Baton Rouge, LA, 70804-9065.

Ann Silverberg Williamson
Secretary

0607#091

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PPM—Policy and Procedure Memoranda
ER—Emergency Rule
R—Rule
N—Notice of Intent
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