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Emergency Rules

DECLARATION OF EMERGENCY

Department of Agriculture and Forestry
Office of the Commissioner

Chloramphenicol in Crabs; Testing and Sale
(LAC 7:XXXV.143 and 145)

The Commissioner of Agriculture and Forestry hereby adopt the following Emergency Rule governing the testing and sale of crab or crabmeat in Louisiana. These rules are being adopted in accordance with R.S. 3:2A, 3:3B, R.S. 3:4608 and the Emergency Rule provisions of R.S. 49:953 B of the Administrative Procedure Act.

The Commissioner has promulgated these Rules and regulations to implement standards relating to Chloramphenicol in crab or crabmeat that are consistent with standards adopted by the FDA regarding chloramphenicol in foods. All crab or crabmeat sold in Louisiana must meet the standards adopted by the Commissioner, herein, prior to distribution and sale.

Chloramphenicol is a broad-spectrum antibiotic that has been restricted by the FDA for use in humans only in those cases where other antibiotics have not been successful. The FDA has set a zero tolerance level for Chloramphenicol in food and has prohibited the extra label use of Chloramphenicol in the United States in food producing animals, (21 CFR 530.41).

Chloramphenicol is known to cause aplastic anemia, which adversely affects the ability of a person's bone marrow to produce red blood cells. Aplastic anemia can be fatal. In addition, according to the National Institute on Environmental and Health Sciences, Chloramphenicol can reasonably be anticipated to be a human carcinogen. In widely accepted references such as "Drugs in Pregnancy and Lactation," the use of Chloramphenicol is strongly dissuaded during pregnancy, especially late pregnancy. Chloramphenicol can be transmitted to an unborn child through the placenta and to an infant through the mother's milk. The dosage transmitted to an unborn child is essentially the same dosage as is taken in by the mother. However, the unborn child is unable to metabolize Chloramphenicol as efficiently, thereby causing the risk of an increasing toxicity level in the unborn child. Although the effect on an infant as a result of nursing from a mother who has taken Chloramphenicol is unknown, it is known that such an infant will run the risk of bone marrow depression.

Recently, FDA, the states of Alabama and Louisiana have found chloramphenicol in crab or crabmeat imported from other countries. The department has found chloramphenicol in crab, or crabmeat imported from Vietnam, Thailand and China. The possibility exists that other countries may export chloramphenicol-contaminated crab or crabmeat to the U.S.A.

The sale of such imported crab or crabmeat in Louisiana will expose Louisiana's citizens, including unborn children and nursing infants, to Chloramphenicol, a known health hazard. The sale, in Louisiana, of crab or crabmeat containing Chloramphenicol presents an imminent peril to the public's health, safety and welfare. This peril can cause consumers to quit buying crab or crabmeat from any source, including Louisiana. If consumers cease to buy, or substantially reduce, their purchases of Louisiana crab or crabmeat then Louisiana's crab industry will be faced with substantial economic losses. Any economic losses suffered by Louisiana's crab industry will be especially severe in light of the current economic situation, thereby causing an imminent threat to the public welfare.

The Commissioner of Agriculture and Forestry has, therefore, determined that this Emergency Rules is necessary to immediately implement testing of crab or crabmeat for Chloramphenicol, to provide for the sale of crab or crabmeat and any products containing crab or crabmeat that are not contaminated with Chloramphenicol. These Rules become effective upon signature, March 21, 2003, and will remain in effect 120 days, unless renewed by the Commissioner or until permanent Rules are promulgated.

Title 7
AGRICULTURE AND ANIMALS
Part XXXV. Agro-Consumer Services
Chapter 1. Weights and Measures
§143. Chloramphenicol in shrimp and crawfish prohibited; testing and sale of
A. Definitions.
Crab:
Cany such animals, whether whole, portioned, processed, shelled, and any product containing any crab or crabmeat.

Food Producing Animals:
Both animals that are produced or used for food and animals, such as seafood, that produce material used as food.

Geographic Area:
Cany country, province, state, or territory or definable geographic region.

Packaged Crab:
Cany crab or crabmeat, as defined herein, that is in a package, can, or other container, and which is intended to eventually be sold to the ultimate retail purchaser in the package, can or container.

B. No crab or crabmeat may be held, offered or exposed for sale, or sold in Louisiana if such crab or crabmeat contains Chloramphenicol.

C. No crab or crabmeat that is harvested from or produced, processed or packed in a geographic area, that the Commissioner declares to be a location where Chloramphenicol is being used on or found in food producing animals or in products from such animals, may be held, offered or exposed for sale, or sold in Louisiana without first meeting the requirements of Subsection E. No crab or crabmeat from any such geographic area may be used, as an ingredient in any food held, offered or exposed for sale, or sold in Louisiana without first meeting the requirements of Subsection E.

D. The Commissioner may declare a geographic area to be a location where Chloramphenicol is being used on or found in food producing animals or in products from such animals, based upon information that would lead a
reason  able person to believe that Chloramphenicol is being used on or found in food producing animals, or in products from such animals, in that geographic area.

1. Any such declaration shall be subject to promulgation in accordance with the provisions of the Administrative Procedure Act.

2. The Commissioner may release any such geographic area from a previous declaration that Chloramphenicol is being used on food producing animals in that location. Any such release shall be subject to promulgation in accordance with the Administrative Procedure Act.

E. Crab or crabmeat that comes from a geographic area declared by the Commissioner to be a location where Chloramphenicol is being used on, or is found in food producing animals or in products from such animals, must meet the following requirements for sampling, identification, sample preparation, testing and analysis before being held, offered or exposed for sale, or sold in Louisiana.

1. Sampling:
   a. The numbers of samples that shall be taken are as follows:
      i. two samples are to be taken of crab or crabmeat that are in lots of fifty pounds or less;
      ii. four samples are to be taken of crab or crabmeat that are in lots of fifty-one to one hundred pounds;
      iii. twelve samples are to be taken of crab or crabmeat that are in lots of one hundred and one pounds up to fifty tons;
      iv. twelve samples for each fifty tons are to be taken of crab or crabmeat that are in lots of over fifty tons.
   b. For packaged crab or crabmeat, each sample shall be at least six ounces, (170.1 grams), in size and shall be taken at random throughout each lot of crab or crabmeat. For all other crab or crabmeat, obtain approximately one pound, (454 grams), of crab or crabmeat per sample from randomly selected areas.
   c. If the crab or crabmeat to be sampled consists of packages of crab or crabmeat grouped together, but labeled under two or more trade or brand names, then the crab or crabmeat packaged under each trade or brand name shall be sampled separately. If the crab or crabmeat to be sampled are not packaged, but are segregated in such a way as to constitute separate groupings, then each separate grouping shall be sampled separately.
   d. A composite of the samples shall not be made. Each sample shall be tested individually. Each sample shall be clearly identifiable as belonging to a specific group of crab or crabmeat. All samples shall be kept frozen and delivered to the lab.
   2. Each sample shall be identified as follows:
      a. any package label;
      b. any lot or batch numbers;
      c. the country, province and city of origin;
      d. the name and address of the importing company;
      e. unique sample number identifying the group or batch sample and subsample extension number for each subsample.
   3. Sample Preparation. For small packages of crab or crabmeat up to and including one pound, use the entire sample. Shell the crabs, exercising care to exclude all shells from sample. Grind sample with food processor type blender while semi-frozen or with dry ice. Divide the sample in half. Use half of the sample for the original analysis portion and retain the other half of the sample in a freezer as a reserve.

4. Sample Analysis
   a. Immunoassay test kits may be used if the manufacturer's published detection limit is one part per billion, (1 ppb) or less. Acceptable test kits include r-iopharm Ridascreen Chloramphenicol enzyme immunoassay kit and the Charm II Chloramphenicol kit. The Commissioner may authorize other immunoassay kits with appropriate detection limits of 1 ppb or below to be used. Each sample must be run using the manufacturer's test method. The Manufacturer's specified calibration curve must be run with each set. All results 1 ppb or above must be assumed to be Chloramphenicol unless further testing by approved GC/LC method indicates the result to be an artifact.
   b. HPLC-MS, GC-ECD, GC-MS methods currently approved by FDA, the United States Department of Agriculture or the Canadian Food Inspection Agency with detection limits of 1 ppb or below may also be used.
   c. Other methods for sampling, identification, sample preparation, testing and analysis may be used if expressly approved in writing by the Commissioner.

5. Any qualified laboratory may perform the testing and analysis of the samples unless the laboratory is located in any geographic area that the Commissioner has declared to be a location where Chloramphenicol is being used on or found in food producing animals, or in products from such animals. The Commissioner shall resolve any questions about whether a laboratory is qualified to perform the testing and analysis.

6. The laboratory that tests and analyzes a sample or samples for Chloramphenicol shall certify the test results in writing.

7. A copy of the certified test results along with the written documentation necessary to show the methodology used for the sampling, identification, sample preparation, testing and analysis of each sample shall be sent to and actually received by the Department prior to the crab or crabmeat being held for sale, offered or exposed for sale, or sold in Louisiana.
   a. The test results and accompanying documentation must contain a test reference number.
   b. The certified test results and the accompanying documentation must be in English and contain the name and address of the laboratory and the name and address of a person who may be contacted at the laboratory regarding the testing of the crab or crabmeat.

8. Upon actual receipt by the Department of a copy of the certified test results and written documentation required to accompany the certified test results then the crab or crabmeat may be held, offered or exposed for sale, or sold in Louisiana, unless a written stop-sale, hold or removal order is issued by the Commissioner.

9. A copy of the test results, including the test reference number, shall either accompany every shipment and be attached to the documentation submitted with every shipment of such crab or crabmeat sent to each location in Louisiana or shall be immediately accessible to the Department, upon request, from any such location.
H. Any person who is seeking to bring crab or crabmeat that is required to be sampled and tested under this Section, into Louisiana, or who holds, offers or exposes for sale, or sells such crab or crabmeat in Louisiana shall be responsible for having such crab or crabmeat sampled and tested in accordance with Subsection E. Any such person must, at all times, be in full and complete compliance with all the provisions of this Section.

I. The Commissioner may reject the test results for any crab or crabmeat if the Commissioner determines that the methodology used in sampling, identifying, sample preparation, testing or analyzing any sample is scientifically deficient so as to render the certified test results unreliable, or if such methodology was not utilized in accordance with, or does not otherwise meet the requirements of this Section.

J. In the event that any certified test results are rejected by the Commissioner then any person shipping or holding the crab or crabmeat will be notified immediately of such rejection and issued a stop-sale, hold or removal order by the Commissioner. Thereafter, it will be the duty of any such person to abide by such order until the Commissioner lifts the order in writing. Any such person may have the crab or crabmeat retested in accordance with this Section and apply for a lifting of the Commissioner's order upon a showing that the provisions of this Section have been complied with and that the crab or crabmeat are certified as being free of Chloramphenicol.

K. The Department may inspect, and take samples for testing, any crab or crabmeat, of whatever origin, being held, offered or exposed for sale, or sold in Louisiana.

L. A stop-sale, hold or removal order, including a prohibition on disposal, may be placed on any crab or crabmeat that does not meet the requirements of this Section. Any such order shall remain in place until lifted in writing by the Commissioner.

M. The Department may take physical possession and control of any crab or crabmeat that violate the requirements of this Section if the Commissioner finds that the crab or crabmeat presents an imminent peril to the public health, safety and welfare and that issuance of a stop-sale, hold or removal order will not adequately protect the public health, safety and welfare.

N. The Commissioner declares that he has information that would lead a reasonable person to believe that Chloramphenicol is being used or found in food producing animals, or in products from such animals, in the following geographic area(s):

1. The geographic area or areas are:
   a. The countries of Vietnam, Thailand, Mexico, Malaysia and China.

2. All crab and crabmeat harvested from or produced, processed or packed in any of the above listed geographic areas are hereby declared to be subject to all the provisions of this Section, including sampling and testing provisions.

O. All records and information regarding the distribution, purchase and sale of crabs or crabmeat or any food containing crab or crabmeat shall be maintained for two years and shall be open to inspection by the Department.

P. Penalties for any violation of this Section shall be the same as and assessed in accordance with R. S. 3:4624.

Q. The effective date of this Section is March 14, 2003.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:2, 3:3, & 3:4608.
Restrictions on Application of Certain Pesticides

In accordance with the Administrative Procedure Act R.S. 49:950(B) and R.S. 3:3202(A), the Commissioner of Agriculture and Forestry is exercising the emergency provisions of the Administrative Procedure Act in amending the following Rule for the implementation of regulations governing the use of the pesticide 2, 4-D and products containing 2, 4-D.

The applications of 2, 4-D in certain parishes, in accordance with the current regulations and labels, have not been sufficient to control drift onto non-target areas. Failure to prevent the drift onto non-target areas will adversely affect other crops particularly cotton. The adverse effects to the cotton crop and other non-target crops will cause irreparable harm to the economy of Central Louisiana and to Louisiana Agricultural producers.

The Department has, therefore, determined that this Emergency Rule implementing further restrictions on the application of 2, 4-D, and products containing 2, 4-D, during the current crop year, are necessary in order to alleviate these perils.

This Rule become effective on April 1, 2003 and will remain in effect 120 days.

Title 7
Agriculture and Animals
Part XXIII. Pesticide
Chapter 1.
Advisory Commission on Pesticides

§143. Restrictions on Application of Certain Pesticides

A. - O. …

- P. Regulations Governing Aerial Applications of 2, 4-D or Products Containing 2, 4-D
  1. Registration Requirements
  a. The Commissioner hereby declares that prior to making any commercial aerial or ground application of 2, 4-D or products containing 2, 4-D, as described in LAC 7:XXIII.143.P.3.a.i., the owner/operator must first register such intent by notifying the Division of Pesticides and Environmental Programs ("DPEP") in writing.
  b. The Commissioner hereby declares that all permits and written authorizations of applications of 2, 4-D or products containing 2, 4-D in the areas listed in LAC 7:XXIII.143.P.3.a.i., shall be a part of the record keeping requirements, and be in the possession of the owner/operator prior to application.

  2. Grower Liability. Growers of crops shall not force or coerce applicators to apply 2, 4-D or products containing 2, 4-D to their crops when the applicators, conforming to the Louisiana Pesticide Law and Rules and Regulations or to the pesticide label, deem it unsafe to make such applications. Growers found to be in violation of this section shall forfeit their right to use 2, 4-D or products containing 2, 4-D on their crops, subject to appeal to the Advisory Commission on Pesticides.

  3. 2, 4-D or products containing 2, 4-D; Application Restriction
  a. Aerial application of 2, 4-D or products containing 2, 4-D is limited to only permitted applications annually between April 3 and May 1 in the following parishes:
  i. Allen (East of U.S. Highway 165 and North of U.S. Highway 190), Avoyelles (West of LA Highway 1), Evangeline, Pointe Coupee (West of LA Highway 1 and North of U.S. Highway 190), Rapides, & St. Landry (North of U.S. Highway 190);
  ii. applications of 2, 4-D, or products containing 2, 4-D, shall not be made in any manner by any commercial or private applicators between May 1 and August 1 in the areas listed in LAC 7:XXIII.143.P.3.a.i., except commercial applications of 2, 4-D or products containing 2, 4-D is limited to only permitted applications annually between May 1 and August 1 in the area south of LA Highway 104 and LA Highway 26 and north of U.S. Highway 190 between U.S. Highway 165 and LA Highway 13 in the parishes of Allen and Evangeline, and except upon written application to and the specific written authorization by the Assistant Commissioner of the Office of Agricultural and Environmental Sciences, or in his absence the Commissioner of Agriculture and Forestry.

  4. Procedures for Permitting Applications of 2, 4-D or products containing 2, 4-D.
  a. Prior to any application of 2, 4-D, or products containing 2, 4-D, a permit shall be obtained in writing from the Louisiana Department of Agriculture and Forestry. Such permits may contain limited conditions of applications and shall be good for five days from the date issued. Growers or commercial ground or aerial applicators shall obtain permits from the Director of Pesticides and Environmental Programs (DPEP). Commercial ground and aerial applicators shall fax daily to DPEP all permitted or written authorized applications of 2, 4-D or products containing 2, 4-D. The faxed information shall include but not be limited to the following:
    i. wind speed and direction at time of application;
    ii. temperature at time of application;
iii. field location and quantity of acreage;
iv. time of application;
v. grower name, address and phone number;
vi. owner/operator firm name, address and phone number;
vii. applicator name, address, phone number and certification number;
viii. product name and EPA registration number; ix. any other relevant information.
b. The determination as to whether a permit for application is to be given shall be based on criteria including but not limited to:
   i. weather patterns and predictions;
   ii. wind speed and direction;
   iii. propensity for drift;
   iv. distance to susceptible crops;
   v. quantity of acreage to be treated;
   vi. extent and presence of vegetation in the buffer zone;
   vii. any other relevant data.
5. Monitoring of 2, 4-D or products containing 2, 4-D
   a. Growers or owner/operators shall apply to the DPEP, on forms prescribed by the Commissioner, all requests for aerial applications of 2, 4-D or products containing 2, 4-D.
   b. All owner/operators and private applicators shall maintain a record of 2, 4-D or products containing 2, 4-D applications.
6. Determination of Appropriate Action
   a. Upon determination by the Commissioner that a threat or reasonable expectation of a threat to human health or to the environment exists, he may consider:
      i. stop orders for use, sales, or application;
      ii. label changes;
      iii. remedial or protective orders;
      iv. any other relevant remedies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3203.


Bob Odom
Commissioner

0304#012

DECLARATION OF EMERGENCY

Department of Economic Development
Office of the Secretary

Capital Companies Tax Credit Program
(LAC 10:XV.327)

The Department of Economic Development, Office of the Secretary, pursuant to the emergency provision of the Administrative Procedure Act, R.S. 49:953(B), adopts the following amendment to the Rules of the Louisiana Capital Companies Tax Credit Program as authorized by R.S. 51:1929. This Rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., shall become effective March 17, 2003, and shall remain in effect for the maximum period allowed under the Act or until adoption of the Rule, whichever occurs first.

The Department of Economic Development, Office of the Secretary has found an immediate need to provide direction to certified Louisiana capital companies who are seeking to invest certified capital in "Louisiana-based economic development infrastructure projects", as such term is used in R.S. 51:1923(12)(c) of the Louisiana Capital Companies Tax Credit Program (the "CAPCO Program"). The term "Louisiana-based economic development infrastructure projects" is not defined in the CAPCO Program. Without these Emergency Rules the public welfare may be harmed as a result of the failure of certified Louisiana capital companies to invest in Louisiana-based economic development infrastructure projects which may impede economic development in Louisiana.

Title 10

FINANCIAL INSTITUTIONS, CONSUMER CREDIT, INVESTMENT SECURITIES, AND UCC

Part XV. Other Regulated Entities

Chapter 3. Capital Companies Tax Credit Program

§327. Louisiana-Based Economic Development Infrastructure Projects

A. An applicant seeking this designation for an intended investment shall provide to the secretary the following information along with the request for this designation:
   1. a description of the project;
   2. a description of all sources and uses of financing for the project;
   3. a description of the proposed investment;
   4. an analysis of how the investment in the project furthers economic development within Louisiana;
   5. a calculation of the percentage of the certified Louisiana capital company's total certified capital and total certified capital under management which will be invested in the project;
   6. an analysis of whether the entity in which the certified Louisiana capital company proposes to invest is a qualified Louisiana business;
   7. an analysis of whether the proposed investment meets the criteria set forth in §303 Investment.b;
   8. a statement as to whether the business in which the certified Louisiana capital company proposes to invest, intends to acquire any real estate for resale or whether any real estate in which the certified Louisiana capital company proposes to invest is intended to be resold;
   9. the charter documents for the entity that owns the Louisiana-based economic development infrastructure project and each intervening entity through which the certified Louisiana capital company owns its interest in the Louisiana-based economic development infrastructure project; and
   10. copies of all management, maintenance, operations and other agreements which the certified Louisiana capital company contemplates being executed with respect to the Louisiana-based economic development infrastructure...
project, or if no such agreements have yet been prepared, a description of all contemplated arrangements.

B. A Louisiana-based economic development infrastructure project shall be designated by the secretary for purposes of qualifying the investment under La. R.S. 1923(12)(c) if it meets the criteria set forth in each of subsections 1 through 5 of this Section B, or if it meets other criteria determined by the secretary from time to time.

1. The information shall demonstrate that 100 percent of the funds invested by the certified Louisiana capital company shall be used directly or indirectly:
   a. for the acquisition, construction, modification, refurbishment or remodeling of physical facilities, other immovable property improvements or movable property which becomes affixed to or a component part of immovable property, in each case, located in Louisiana; or
   b. as attendant expenses related to the investments, including without limitation, closing expenses, capital expenditure reserves, working capital, and reasonable fees and expenses relating to the management and operation of the facilities.

2. The facilities must accomplish at least two of the following, as determined by the secretary, or shall accomplish such other objectives as the secretary may determine from time to time:
   a. provide below market rental environments for "disadvantaged businesses" as defined in R.S.51:1923 (7);
   b. provide attractive rental environment for the attraction of out of state companies in the targeted clusters identified in the State's Vision 2020 Plan to locate headquarters or operations in Louisiana;
   c. provide below market rental environments for qualified Louisiana startup businesses as defined in La. R.S.51:1923 (14);
   d. provide attractive rental environments for qualified Louisiana technology-based businesses as defined in La. R.S.51:1923 (15);
   e. provide below market cost services.

3. The investment by the certified Louisiana capital company in the Louisiana-based economic development infrastructure project shall be made either to acquire an equity interest in an entity that directly or indirectly owns or acquires an interest in a Louisiana-based economic development infrastructure project, to provide debt financing to an entity that owns or acquires an interest in the Louisiana-based economic development infrastructure project, or to provide a combination of these investment mechanisms.

4. The secretary shall review and approve of the percentage of the certified Louisiana capital company's certified capital and total certified capital under management that is invested in the proposed project or project entity, in his or her discretion.

5. The secretary may adopt additional criteria for his or her approval of Louisiana-based economic development infrastructure projects.

C. An investment approved by the secretary which is made by a certified Louisiana capital company in a Louisiana-based economic development infrastructure project or an entity that directly or indirectly owns an interest in a Louisiana-based economic development infrastructure project in accordance with this Rule shall be deemed to "further economic development within Louisiana" for purposes of R.S. 51:1923(12).

D. Following the secretary's designation of an investment by a certified Louisiana capital company as a qualified investment in a Louisiana-based economic development infrastructure project, the secretary shall issue a letter to the certified Louisiana capital company applicant confirming the designation.

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

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, LR 29:

Don J. Hutchinson
Secretary

0304#002

DECLARATION OF EMERGENCY
Student Financial Assistance Commission
Office of Student Financial Assistance

Scholarship/Grant ProgramsCMilitary Service

The Louisiana Student Financial Assistance Commission (LASFAC) is exercising the emergency provisions of the Administrative Procedure Act, R.S. 49:953(B), to amend the Rules of the Scholarship/Grant programs.

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

This Declaration of Emergency is effective March 25, 2003, and shall remain in effect for the maximum period allowed under the Administrative Procedure Act.

Title 28
EDUCATION
Part IV. Student Financial Assistance—Higher Education Scholarship and Grant Programs
Chapter 21. Miscellaneous Provisions and Exceptions
§2103. Circumstances Warranting Exception to the Initial and Continuous Enrollment Requirements
A. - E.8. ...

9. Military Service
   a. Definition. The student/recipient is in the United States Armed Forces Reserves or National Guard and is called on active duty status or is performing emergency state service with the National Guard or voluntarily enlists and enters on active duty as a member of the regular United States Armed Forces during a National Emergency declared by the President of the United States or when the United States is engaged in armed conflict.
b. Certification Requirements. The student/recipient must submit:
   i. a completed exception request form including official college transcripts, the dates of the required leave of absence, necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and the length of duty (beginning and ending dates); and
   ii. a written certification from the commanding officer or regional supervisor including the dates and location of active duty; or
   iii. a certified copy of the military orders.
   c. Maximum Length of Exception. Up to the length of the required active duty service period, not to exceed four years.

E.10. - 11.c. ... 

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


George Badge Eldredge
General Counsel

0304/#004

DECLARATION OF EMERGENCY

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

Durable Medical Equipment Program
Nebulizers Reimbursement Reduction

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2002-2003 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing currently provides reimbursement for nebulizers through the Durable Medical Equipment Program, after authorization has been given by the Unisys Prior Authorization Unit. Currently reimbursement for nebulizers is established at the lower of $95 or the provider's usual and customary charge. As a result of a budgetary shortfall, the Bureau has determined it is necessary to reduce the reimbursement for nebulizers to the lower of $60 or the provider's usual and customary charge. This action is being taken in order to avoid a budget deficit in the medical assistance programs. It is estimated that implementation of this Emergency Rule will reduce expenditures in the Durable Medical Equipment Program by approximately $11,223 for state fiscal year 2002-2003.

Emergency Rule

Effective for dates of service May 1, 2003 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces reimbursement for nebulizers to the lower of $60 or the provider's usual and customary charge. Delivery fees shall be included in the reimbursement.

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

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

David W. Hood
Secretary

0304/#039

DECLARATION OF EMERGENCY

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

Medicaid Eligibility Expansion of Coverage for Low Income Pregnant Women

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

Section 1902(a)(10)(A)(i)(IV) and 1905(n)(2) of the Social Security Act requires states to provide Medicaid coverage to pregnant women whose pregnancy has been medically verified and whose family income is at or below 133 percent of the federal poverty level. The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing currently provides coverage to low-income pregnant women in compliance with the minimum federal poverty level income allowed by regulations for pregnant women coverage. Income eligibility is based upon the current federal poverty level for the household size. Medicaid coverage for pregnant women is limited to prenatal care, delivery, 60 days of postpartum care.
effect for the maximum period allowed under the Act or until
an appropriate income standard for the income unit size.

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

David W. Hood
Secretary
0304#044

DECLARATION OF EMERGENCY

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

Medicaid Eligibility Income Disregards
for Low Income Pregnant Women

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

The Department of Health and Hospitals, Office of the
Secretary, Bureau of Health Services Financing currently
utilizes the income methodologies of the former Aid to
Families with Dependent Children (AFDC) Program to
determine Medicaid eligibility for families and children.
Under general Medicaid rules, states are required to follow
the same rules and processes used by the most closely
related cash assistance program to determine Medicaid
eligibility.

Section 1902(r)(2) of the Social Security Act allows states
to use less restrictive income and resource methodologies in
determining eligibility for most Medicaid eligibility groups
that are used by the cash assistance program. Under current
Medicaid eligibility policy for low income pregnant women,
income eligibility is based upon the current federal poverty
level for the household size. The total countable income of
all members of the income unit is compared to the
appropriate income standard for the income unit size.

Act 13 of the 2002 Regular Session of the Louisiana
Legislature provided additional funding for eligibility
determination costs associated with the expansion of
Medicaid and the Louisiana Children's Insurance Program to
provide coverage for pregnant women with family income
not greater than 200 percent of poverty level. In compliance
with Act 13 and pursuant to Sections 1902(a)(10)(A)(i)(I),
1902(1)(1)(A) of the Social Security Act, the department
amended the provisions governing the treatment of income
in the determination process (Louisiana Register, Volume 28,
Number 12). This Emergency Rule is being promulgated to continue
the provisions contained in the January 1, 2003 Rule. This action is
being taken to protect the health and well being of
pregnant women and infants by facilitating access to
tenatal care and thereby improving birth outcomes.

Emergency Rule

Effective May 2, 2003, the Department of Health and
Hospitals, Office of the Secretary, Bureau of Health Services
Financing amends the current provisions governing
eligibility for low income pregnant women and expands
coverage to include low income pregnant women with
family income greater than 133 percent, but less than or
equal to 185 percent of the federal poverty level (Sections

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

David W. Hood
Secretary
0304#045
DECLARATION OF EMERGENCY

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

Medicaid Eligibility C Medically Needy Program C Incurred Deductions

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2002-2003 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid Program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a rule promulgating the Medicaid Eligibility Manual in its entirety by reference in May of 1996 (Louisiana Register, Volume 22, Number 5). The Department provides Medicaid coverage under the Medically Needy Program that is optional under Title XIX of the Social Security Act Section 1902(a)(10) and 42 CFR Subpart D Section 435.300. The Medically Needy Program includes those individuals or families who meet all AFDC or SSI related categorical requirements and whose income is within the Medically Needy Income Eligibility Standard. It also includes those individuals or families whose resources fall within the categorical limits, but whose income is above the Medically Needy Income Eligibility Standard. These individuals or families having income in excess of the Medically Needy Income Eligibility Standard can reduce excess income by incurring medical and/or remedial care expenses. This method used for determining eligibility is referred to as spend-down. A state may choose to exclude from incurred expenses those bills for services furnished more than three months before the Medicaid application is filed for initial eligibility or in the case of a renewal more than three months before the first month of the new budget period or quarter of coverage. A state is required to deduct any current payment on such excluded expenses.

In compliance with Executive Order MJF 02-29, the Department amended the policy governing the consideration of incurred expenses in the eligibility determination process for the Medically Needy Program (Louisiana Register, Volume 29, Number 1). This Emergency Rule is being promulgated to continue the provisions contained in the January 1, 2003 Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Emergency Rule

Effective for applications filed on or after May 2, 2003, and those cases in which the eligibility renewal is due on or after January 1, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the provisions governing deductions for incurred medical expenses in the eligibility determination process for the Medically Needy Program. Those bills for necessary medical and remedial services furnished more than three months before the Medicaid application is filed or for renewals more than three months before the first month of a new budget period or quarter of coverage will be excluded as an incurred expense. Current payments on excluded expenses will be allowed as an incurred expense.

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

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

David W. Hood
Secretary

0304#043

DECLARATION OF EMERGENCY

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

Medicaid Eligibility C Treatment of Annuities

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a rule promulgating the Medicaid Eligibility Manual in its entirety by reference in May of 1996 (Louisiana Register, Volume 22, Number 5). Section I of the Medicaid Eligibility Manual addresses the eligibility factors considered in the determination of eligibility.

Section 13611 of the Omnibus Budget Reconciliation Act of 1993 amended Section 1917(c) of the Social Security Act and established Section 1917(d) to set forth rules wherein transfers of assets and trusts must be considered in determining eligibility for Medicaid. Current Medicaid eligibility rules are not clear relative to the consideration of annuities in the eligibility determination process. The policy does not clearly state that an annuity is considered a legal instrument or device similar to a trust.

In order to comply with the Omnibus Budget Reconciliation Act of 1993 and curb abuse in the transfer of assets, the Bureau amended Section I of the Medicaid Eligibility Manual in order to clarify current policy...
regarding annuities (Louisiana Register, Volume 29, Number 1). This Emergency Rule is being promulgated to continue the provisions contained in the January 1, 2003 Rule. This action is being taken to avoid a budget deficit that will occur if applicants are allowed to continue to hide assets by not having annuities considered as an available resource.

Emergency Rule

Effective May 2, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends current Medicaid eligibility policy governing the transfer of assets and trusts to further define and clarify the consideration of annuities in the Medicaid eligibility determination process.

An annuity is considered a legal instrument or device similar to a trust. An annuity is defined as a contract or agreement by which one receives fixed, non variable payments on an investment for a lifetime or a specified number of years. An annuity containing a balloon payment will not be classified as an annuity for Medicaid eligibility purposes, but rather will be considered an available resource. A commercial (non-employment related) annuity purchased by or for an individual using that individual's assets will be considered an available resource unless it meets all of the following criteria. The annuity:

1. is irrevocable;
2. pays out principal and interest in equal monthly installments (no balloon payment) to the individual in sufficient amounts that the principal is paid out within the actuarial life expectancy of the annuitant;
3. names the State of Louisiana, Department of Health and Hospitals or its successor agency as the residual beneficiary of funds remaining in the annuity, not to exceed any Medicaid funds expended on the individual during his lifetime; and
4. is issued by an insurer or other body licensed and approved to do business in the jurisdiction in which the annuity is established.

This policy change shall be applicable to all pending applications, renewals of eligibility or changes in situations (as defined in Section L of the Medicaid Eligibility Manual) where the applicant/recipient has an annuity. Existing annuities which do not meet all of the above criteria must be amended to comply with these requirements within 90 days of the first renewal or first change in their situation (as defined in Section L of the Medicaid Eligibility Manual) occurring after enactment of this Rule.

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

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

David W. Hood
Secretary

DECLARATION OF EMERGENCY

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

Out-of-State Hospitals
Inpatient Services
Reimbursement Reduction

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2002-2003 General Appropriation Act, which states: "The secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated a Rule in January of 1996 which established the reimbursement methodology for inpatient hospital services provided in out-of-state hospitals at the lower of 50 percent of billed charges or the Medicaid per diem rate of the state wherein the services were provided (Louisiana Register, Volume 22, Number 1). This Rule was subsequently amended in September of 1997 to increase the reimbursement to 72 percent of billed charges for inpatient services provided in out-of-state hospitals to recipients up to age 21 (Louisiana Register, Volume 23, Number 9).

As a result of a budgetary shortfall, the Bureau amended the reimbursement methodology contained in the January 1996 and September 1997 Rules for out-of-state hospitals that provided at least 500 inpatient hospital days in state fiscal year 1999 to Louisiana Medicaid recipients and were located in border cities. The reimbursement is established at the lesser of each hospital's actual cost per day as calculated from the 1998 filed Medicaid cost report or the Mississippi Medicaid per diem rate. The actual cost per day is calculated by dividing total Medicaid inpatient cost by total Medicaid inpatient days, including nursery days. This reimbursement methodology was applicable for all Louisiana Medicaid recipients who received inpatient services in an out-of-state hospital located in a border city, including those recipients up to the age of 21 (Louisiana Register, Volume 26, Number 12).

As a result of a budgetary shortfall, the bureau has determined that it is necessary to reduce the reimbursement for inpatient services provided in out-of-state hospitals. In addition, the bureau proposes to amend the reimbursement for children's hospitals located in states bordering Louisiana. This action is necessary in order to avoid a budget deficit in the medical assistance programs. It is estimated that implementation of this Emergency Rule will reduce

Emergency Rule
Effective for dates of service on or after April 1, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the January 1996 and September 1997 Rules governing the reimbursement methodology for inpatient services provided in out-of-state hospitals. Reimbursement shall be established at the lower of 40 percent of billed charges or the Medicaid per diem rate of the state wherein the services are provided for recipients age 21 and older and the lower of 60 percent of billed charges or the Medicaid per diem rate of the state wherein the services are provided for recipients under the age of 21. Hospitals designated as children's hospitals that are located in states that border Louisiana shall be reimbursed at the lower of the Medicaid per diem rate of the state wherein the services are provided or the Louisiana children's hospital Medicaid peer group rate. Neonatal intensive care unit services, pediatric intensive care unit services, and burn unit services provided in these children's hospitals shall be paid the Louisiana peer group rate for the qualifying level of service documented by the hospital. The hospital stay and the level of service shall be authorized by the bureau.

Out-of-state hospitals that provided at least 500 inpatient hospital days in State Fiscal Year 1999 and are located in border cities (cities located within a 50 mile trade area of the Louisiana state border) will continue to be reimbursed at the lesser of each hospital's actual cost per day (based on the 1998 filed cost report) or the Medicaid per diem rate of the state wherein the services are provided. This reimbursement methodology is applicable for all Louisiana Medicaid recipients who receive inpatient services in an out-of-state hospital located in a border city, including those recipients up to the age of 21.

Implementation of the provisions of this Rule will be delayed until April 30, 2003 and shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

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

David W. Hood
Secretary

0304#010

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

Out-of-State Hospitals Outpatient Services
Reimbursement Reduction

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2002-2003 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to precertification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R. S. 49:950 et seq., and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated a Rule in January of 1996 which established the reimbursement methodology for outpatient hospital services provided in out-of-state hospitals. Reimbursement is set at 50 percent of billed charges except for those services subject to a fee schedule (Louisiana Register, Volume 22, Number 1).

As a result of a budgetary shortfall, the bureau has determined that it is necessary to reduce the reimbursement for outpatient services provided in out-of-state hospitals to 31.04 percent of billed charges. Outpatient services subject to a fee schedule will continue to be reimbursed per the fee schedule amounts. This action is necessary in order to avoid a budget deficit in the medical assistance programs. It is estimated that implementation of this Emergency Rule will reduce expenditures for out-of-state hospital outpatient services by approximately $53,097 for state fiscal year 2002-2003.

Emergency Rule
Effective for dates of service on or after April 1, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the reimbursement methodology contained in the January 1996 Rule for outpatient services provided in out-of-state hospitals. Reimbursement shall be reduced to 31.04 percent of billed charges. Outpatient services subject to a fee schedule will continue to be reimbursed in accordance with the amount on the fee schedule. This reimbursement methodology is applicable for all Louisiana Medicaid recipients who receive outpatient services in an out-of-state hospital, including those recipients up to the age of 21.

Implementation of the provisions of this Rule will be delayed until April 30, 2003 and shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

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

David W. Hood
Secretary

0304#009
DECLARATION OF EMERGENCY

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

Outpatient Hospital Laboratory Services
Reimbursement Increase
(LAC 50:XIX.4333)

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule in April of 1997 that established a uniform reimbursement methodology for all laboratory services subject to the Medicare Fee Schedule regardless of the setting in which the services are performed, outpatient hospital or a non-hospital setting. Outpatient laboratory services are reimbursed at the same reimbursement rate as laboratory services performed in non-hospital setting (Louisiana Register, Volume 23, Number 4).

Act 13 of the 2002 Regular Session of the Louisiana Legislature allocated additional funds to the Department of Health and Hospitals for the enhancement of the reimbursement rates paid to hospitals for outpatient services. In compliance with Act 13, the bureau promulgated an Emergency Rule increasing the reimbursement rates for outpatient hospital laboratory services (Louisiana Register, Volume 28, Number 9). This Emergency Rule is being promulgated to continue the provisions contained in the September 16, 2002 Rule. This action is being taken to promote the health and well being of Medicaid recipients by encouraging the continued participation of hospitals providing outpatient laboratory services in the Medicaid Program.

Effective for dates of service on or after May 16, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the May 20, 2002 Rule governing the reimbursement methodology for outpatient laboratory services as follows.

Title 50
PUBLIC HEALTH
MEDICAL ASSISTANCE
Part XIX. Other Services
Subpart 3. Laboratory and X-Ray
Chapter 43. Billing and Reimbursement
Subchapter B. Reimbursement
§4333. Outpatient Hospital Laboratory Services
Reimbursement

A. Hospitals are reimbursed for outpatient laboratory services as follows.

1. The reimbursement rates paid to outpatient hospitals for laboratory services subject to the Medicare Fee Schedule shall be increased by 10 percent of the rate on file as of September 15, 2002.

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 28:1026 (May 2002), amended LR 29:

Implementation of this Emergency Rule shall be contingent upon: the certification of matching funds by non-state public hospitals (except small rural hospitals as defined in R.S. 40:1300.143); or the completion of cooperative endeavor agreements to make public agency transfers to the department as set forth in Act 13 of the 2002 Regular Session of the Louisiana Legislature; and the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

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

David W. Hood
Secretary

0304#046

DECLARATION OF EMERGENCY

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

Outpatient Hospitals Rehabilitation Services
Reimbursement Increase

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a rule in June of 1997 which established a uniform reimbursement methodology for all rehabilitation services regardless of the setting in which the services are performed, outpatient hospital or a free-standing rehabilitation center (Louisiana Register, Volume 23, Number 6). Rehabilitation services include physical therapy, occupational therapy, and speech/hearing and language therapy.

Act 13 of the 2002 Regular Session of the Louisiana Legislature allocated funds to the Department of Health and Hospitals to increase the reimbursement paid for physical therapy, occupational therapy, and speech/language and hearing therapy services provided to children under three years of age. As the result of the allocation of additional funds, the bureau promulgated an Emergency Rule increasing the reimbursement rates for rehabilitation services provided to children age birth through three years old (Louisiana Register, Volume 28, Number 7).
Act 13 also allocated additional funds to the department for enhancement of the reimbursement rates paid to hospitals for outpatient services. In compliance with Act 13 directive, the bureau promulgated an Emergency Rule increasing the reimbursement rates for outpatient hospital rehabilitation services (Louisiana Register, Volume 28, Number 9). This Emergency Rule is being adopted to continue the provisions contained in the September 16, 2002 Rule. This action is being taken to promote the health and welfare of Medicaid recipients by encouraging the continued participation of hospitals providing outpatient rehabilitation services in the Medicaid Program.

Emergency Rule

Effective for dates of service on or after May 16, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing increases the reimbursement rates for outpatient hospital rehabilitation services rendered to Medicaid recipients age three and older. This rate increase is not applicable to rehabilitation services rendered to recipients up to the age of three as the reimbursement rate increase for those services were addressed in the July 6, 2002 Emergency Rule. The new reimbursement rates will be as follows.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>New Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy, evaluation</td>
<td>$68.31</td>
</tr>
<tr>
<td>Occupational therapy evaluation</td>
<td>$64.52</td>
</tr>
<tr>
<td>Speech Evaluation</td>
<td>$56.93</td>
</tr>
<tr>
<td>Hearing Evaluation</td>
<td>$56.93</td>
</tr>
<tr>
<td>Wheelchair Seating Evaluation</td>
<td>$64.52</td>
</tr>
<tr>
<td>Physical Therapy, 1 modality</td>
<td>$25.30</td>
</tr>
<tr>
<td>Physical Therapy, 2 or more modalities</td>
<td>$37.95</td>
</tr>
<tr>
<td>P.T.-1 or more procedure/modality, 15 min.</td>
<td>$12.65</td>
</tr>
<tr>
<td>P.T.-with procedures, 20 min.</td>
<td>$17.08</td>
</tr>
<tr>
<td>P.T.-with procedures, 30 min.</td>
<td>$25.30</td>
</tr>
<tr>
<td>P.T.-with procedures, 45 min.</td>
<td>$37.95</td>
</tr>
<tr>
<td>P.T.-with procedures, 60 min.</td>
<td>$50.60</td>
</tr>
<tr>
<td>P.T.-with procedures and mod., 60 min.</td>
<td>$50.60</td>
</tr>
<tr>
<td>P.T.-with procedures, 75 min.</td>
<td>$63.25</td>
</tr>
<tr>
<td>P.T.-with procedures, 90 min.</td>
<td>$75.90</td>
</tr>
<tr>
<td>Occupational therapy, 15 min.</td>
<td>$10.12</td>
</tr>
<tr>
<td>Occupational therapy, 20 min.</td>
<td>$13.92</td>
</tr>
<tr>
<td>Occupational therapy, 30 min.</td>
<td>$20.24</td>
</tr>
<tr>
<td>Occupational therapy, 45 min.</td>
<td>$30.36</td>
</tr>
<tr>
<td>Speech and hearing therapy, 15 min.</td>
<td>$9.49</td>
</tr>
<tr>
<td>Speech and hearing therapy, 20 min.</td>
<td>$12.65</td>
</tr>
<tr>
<td>Speech therapy, 30 min</td>
<td>$18.98</td>
</tr>
<tr>
<td>Speech therapy, 45 min.</td>
<td>$28.46</td>
</tr>
<tr>
<td>Speech therapy, 60 min.</td>
<td>$37.95</td>
</tr>
</tbody>
</table>

This increase in outpatient hospital rehabilitation reimbursement rates is not applicable to home health rehabilitation services. Home health rehabilitation services will continue to be reimbursed at the rate paid for outpatient hospital rehabilitation services as of September 15, 2002, except for those services that were addressed in the July 6, 2002 Rule.

Implementation of this Emergency Rule shall be contingent upon the certification of matching funds by non-state public hospitals (except small rural hospitals as defined in R.S. 40:1300.143); or the completion of cooperative endeavor agreements to make public agency transfers to the department as set forth in the Act 13 of the 2002 Regular Session of the Louisiana Legislature; and the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

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

David W. Hood
Secretary

0304#047

DECLARATION OF EMERGENCY

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

Physicians ServicesCCardiology, Maternal Fetal Medicine and Inpatient ServicesCReimbursement Increase

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of 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 reimburses professional services in accordance with an established fee schedule for Physicians' Current Procedural Terminology (CPT) codes, locally assigned codes and Health Care Financing Administration Common Procedure Codes (HCPCs). Reimbursement for these services is a flat fee established by the bureau minus the amount which any third party coverage would pay.

As a result of the allocation of additional funds by the Legislature during the 2000 Second Extraordinary Session, the bureau promulgated a rule to increase the reimbursement paid to physicians by restoring a prior 7 percent reduction to the fees for specific procedure codes and increasing the reimbursement for other designated procedure codes (Louisiana Register, Volume 27, Number 5). After consultations with cardiologists, maternal fetal medicine specialists and other physicians around the state, the bureau increased the reimbursement rate for designated CPT procedure codes for services rendered to Medicaid recipients (Louisiana Register, Volume 29, Number 1). This Emergency Rule is being promulgated to continue the provisions contained in the January 1, 2003 rule. This action is being taken to protect the health and welfare of Medicaid recipients by ensuring continued access to services and encouraging continued physician participation in the Medicaid Program.

Emergency Rule

Effective for dates of service on or after May 2, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing increases the
reimbursement for selected cardiology, maternal fetal medicine and hospital care services provided to Medicaid recipients. The following Physicians=Current Procedural Terminology (CPT) procedures shall be reimbursed at 84 percent of the Medicare Region 99 allowable for 2002.

<table>
<thead>
<tr>
<th>Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfusion, intrauterine, fetal</td>
</tr>
<tr>
<td>Amniocentesis, diagnostic</td>
</tr>
<tr>
<td>Chronic villus sampling, any method</td>
</tr>
<tr>
<td>Echocardiography, fetal, cardiovascular system, real time</td>
</tr>
<tr>
<td>Doppler echocardiography, fetal, follow-up or repeat study</td>
</tr>
<tr>
<td>Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies</td>
</tr>
<tr>
<td>Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies</td>
</tr>
<tr>
<td>Subsequent hospital care, per day (low complexity)</td>
</tr>
<tr>
<td>Subsequent hospital care, per day (moderate complexity)</td>
</tr>
</tbody>
</table>

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

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

David W. Hood
Secretary

0304#049

DECLARATION OF EMERGENCY

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

Private Hospitals•Enhanced Outlier Payments

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing established a reimbursement methodology for payments to disproportionate share hospitals for catastrophic costs associated with providing medically necessary services to children under six years of age (Louisiana Register, Volume 20, Number 6). The reimbursement methodology also addressed payments to all acute care hospitals for catastrophic costs associated with providing medically necessary services to infants one year of age or under. An outlier payment is calculated on an individual case basis and paid at cost if covered charges for medically necessary services exceeds 200 percent of the prospective payment. The June 20, 1994 Rule was subsequently amended to revise the qualification and calculation for outlier payments (Louisiana Register, Volume 22, Number 2). To qualify for an outlier payment, the covered charges for the case must exceed both $150,000 and 200 percent of the prospective payment.

Act 13 of the 2002 Regular Session of the Louisiana Legislature allocated funds for the payment of hospital outlier reimbursements, but limited payment to 100 percent of marginal cost and based on the use of updated cost-to-charge ratios. In compliance with Act 13, the Bureau adopted an Emergency Rule to amend the definition of marginal cost contained in the February 20, 1996 Rule and reduce the outlier payments made to private hospitals (Louisiana Register, Volume 28, Number 7). In addition, the base period was changed for the hospital specific cost-to-charge ratio utilized for the calculation of outlier payments and a deadline was established for receipt of the written request filing for outlier payments.

Act 13 also directed the Department of Health and Hospitals to pay enhanced outlier reimbursements to certain hospitals meeting specific criteria set forth by the Department and approved by the Centers for Medicare and Medicaid Services. In accordance with the Act 13 directive, the department promulgated an Emergency Rule developing a payment methodology for enhanced outlier reimbursements (Louisiana Register, Volume 28, Number 9). The department adopted an Emergency Rule to repeal the September 7, 2002 Emergency Rule and to amend the February 20, 1996 Rule to provide enhanced outlier reimbursements to qualifying hospitals for state fiscal year 2002-2003.

This Emergency Rule is being promulgated to continue the provisions contained in the January 1, 2003 Rule. This action is being taken to protect the health and welfare of Medicaid eligible children by encouraging the continued participation of hospitals that furnish neonatal and pediatric intensive care services in the Medicaid Program.

Emergency Rule

Effective for dates of service on or after May 2, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing repeals the September 7, 2002 Emergency Rule and amends the February 20, 1996 Rule to provide enhanced outlier reimbursements to qualifying hospitals for state fiscal year 2002-2003. A qualifying hospital is defined as a hospital whose losses calculated using the outlier payment methodology effective July 1, 2002 are at least 25 percent of the amount calculated using the outlier payment methodology in effect as of June 30, 2002. The calculation will be based on actual submitted claims for dates of service on and after January 1, 2003 that qualify for outlier payments. A one time lump sum payment will be issued which is equal to the product of each qualifying hospital's pro rata share of outlier losses and all qualifying hospitals' outlier losses multiplied by the amount appropriated for payment of enhanced outlier reimbursements for SFY 2002-2003.

Implementation of this Emergency Rule shall be delayed until January 31, 2003 and will be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.
Interested persons may submit written comments to Ben A. Bearden at Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0304/#073

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

Private Hospitals\(^{C}\) Inpatient Services
Reimbursement Reduction

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2002-2003 General Appropriation Act, which states: "The secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to precertification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule in June of 1994 which established the prospective reimbursement methodology for inpatient services provided in private (non-state) acute care general hospitals (Louisiana Register, Volume 20, Number 6). The reimbursement methodology was subsequently amended in a Rule adopted in January of 1996 which established a weighted average per diem for each hospital peer group (Louisiana Register, Volume 22, Number 1). This Rule was later amended by a Rule adopted in May of 1999 which discontinued the practice of automatically applying an inflation adjustment to the reimbursement rates in those years when the rates are not rebased (Louisiana Register, Volume 23, Number 5).

As a result of a budgetary shortfall, the bureau has determined that it is necessary to reduce the reimbursement paid for inpatient services rendered in private (non-state) acute hospitals, including long term hospitals, to 85 percent of the per diem rates (a 15 percent reduction) in effect on March 31, 2003. Small rural hospitals as defined by the Rural Hospital Preservation Act (R.S. 40:1300.143) shall be excluded from this reimbursement reduction. This action is being taken in order to avoid a budget deficit in the medical assistance programs. Taking the 15 percent reduction in per diem rates in state fiscal year 2002-2003 into consideration, the department has carefully reviewed the proposed rates and is satisfied that they are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that private (non-state) inpatient hospital services under the State Plan are available at least to the extent that they are available to the general population in the state. It is estimated that implementation of this Emergency Rule will reduce expenditures for private hospital inpatient services by approximately $5,372,551 for state fiscal year 2002-2003.

Emergency Rule

Effective for dates of service on or after April 1, 2003 the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement paid for inpatient services rendered in private (non-state) acute hospitals, including long term hospitals, to 85 percent of the per diem rates (a 15 percent reduction) in effect on March 31, 2003. Small rural hospitals as defined by the Rural Hospital Preservation Act (R.S. 40:1300.143) shall be excluded from this reimbursement reduction.

Implementation of the provisions of this Rule will be delayed until April 30, 2003 and shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

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

David W. Hood
Secretary

0304/#008

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

Private Inpatient Psychiatric Services
Reimbursement Reduction

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2002-2003 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to precertification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., and shall
be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule which established the prospective reimbursement methodology for inpatient psychiatric hospital services provided in either a free-standing psychiatric hospital or distinct part psychiatric unit of an acute care general hospital (Louisiana Register, Volume 19, Number 6). This Rule was subsequently amended by a Rule adopted to discontinue the practice of automatically applying an inflation adjustment to the reimbursement rates for inpatient psychiatric services in those years when the rates are not rebased (Louisiana Register, Volume 25, Number 5).

As a result of a budgetary shortfall, the bureau has determined that it is necessary to reduce the reimbursement paid for private inpatient psychiatric services to 85 percent of the per diem rates (a 15 percent reduction) in effect on March 31, 2003. Small rural hospitals as defined by the Rural Hospital Preservation Act (R.S. 40:1300.143) shall be excluded from this reimbursement reduction. This action is being taken in order to avoid a budget deficit in the medical assistance programs. Taking this 15 percent reduction in per diem rates in state fiscal year 2002-2003 into consideration, the department has carefully reviewed the proposed rates and is satisfied that they are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that inpatient psychiatric services under the state plan are available at least to the extent that they are available to the general population in the state. It is estimated that implementation of this Emergency Rule will reduce expenditures for private inpatient psychiatric services by approximately $287,537 for state fiscal year 2002-2003.

Emergency Rule

Effective for dates of service on or after April 1, 2003 the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement paid for private inpatient psychiatric services to 85 percent of the per diem rates (a 15 percent reduction) in effect on March 31, 2003. Small rural hospitals as defined by the Rural Hospital Preservation Act (R.S. 40:1300.143) shall be excluded from this reimbursement reduction.

Implementation of the provisions of this Rule will be delayed until April 30, 2003 and shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

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

David W. Hood
Secretary

0304/#011

DECLARATION OF EMERGENCY

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

Private Intermediate Care Facilities for the Mentally Retarded
Reimbursement Reduction

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2002-2003 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R. S. 49:950 et seq., and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever occurs first.

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

As a result of a budgetary shortfall, the bureau has determined that it is necessary to reduce the reimbursement paid for private for profit and non-profit intermediate care facilities for the mentally retarded (ICF-MR). This action is being taken in order to avoid a budget deficit in the medical assistance programs. Taking into consideration the reduction in per diem rates in state fiscal year 2002-2003, the department has carefully reviewed the proposed rates and is satisfied that they are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that private ICF-MR services under the state plan are available at least to the extent that they are available to the general population in the state. It is estimated that implementation of this Emergency Rule will reduce expenditures for private intermediate care facility services for the mentally retarded by approximately $2,831,404 for state fiscal year 2002-2003.

Emergency Rule

Effective for dates of service on or after April 1, 2003 the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the
reimbursement paid to private for profit intermediate care facilities for the mentally retarded (ICF-MR) to 85 percent of the per diem rates (a 15 percent reduction) in effect on March 31, 2003 and for private non-profit intermediate care facilities for the mentally retarded to 92.5 percent of the per diem rates (a 7.5 percent reduction) in effect on March 31, 2003. For the purpose of this Emergency Rule, a private non-profit ICF-MR is a facility that has been granted an exemption from federal taxation under 501(a) of the Internal Revenue Code.

Implementation of the provisions of this Rule will be delayed until April 30, 2003 and shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

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

David W. Hood
Secretary

0304#007

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

Private Nursing Facilities
Reimbursement Methodology

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of 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 reimburses professional services in accordance with an established fee schedule for Physicians=Current Procedural Terminology (CPT) codes, locally assigned codes and Health Care Financing Administration Common Procedure Codes (HCPCs). Reimbursement for these services is a flat fee established by the bureau minus the amount which any third party coverage would pay.

As a result of the allocation of additional funds by the Legislature during the 2000 Second Extraordinary Session, the bureau promulgated a rule to increase the reimbursement paid to physicians by restoring a prior 7 percent reduction to the fees for specific procedure codes and increasing the reimbursement for other designated procedure codes (Louisiana Register, Volume 27, Number 5). After consultations with providers around the state, the bureau increased the reimbursement rate for antibiotic injections rendered to Medicaid recipients within a specific age range (Louisiana Register, Volume 29, Number 1). This Emergency Rule is being promulgated to continue the provisions contained in the January 1, 2003 Rule. This action is being taken to protect the health and welfare of Medicaid recipients within the specified age range by ensuring continued access to services and encouraging continued provider participation in the Medicaid Program.

Emergency Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing published an emergency rule reducing each private nursing facility's per diem case mix rate by $37.10, an average of 46.87 percent per facility effective for dates of service March 1, 2003 and thereafter (Louisiana Register, Volume 29, Number 3). The department has now determined that it is necessary to rescind this Emergency Rule and notification is provided to interested persons through this medium.

David W. Hood
Secretary

0304#040
Interested persons may submit written comments to Ben A. Bearden at Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood
Secretary

0304/048

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

Professional Services Program
Orthopedic Services
Reimbursement Increase

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of 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 reimburses professional services in accordance with an established fee schedule for Physicians' Current Procedural Terminology (CPT) codes, locally assigned codes and Health Care Financing Administration Common Procedure Codes (HCPCs). Reimbursement for these services is a flat fee established by the Bureau minus the amount which any third party coverage would pay.

As a result of the allocation of additional funds by the Legislature during the 2000 Second Extraordinary Session, the bureau promulgated a rule to increase the reimbursement paid to physicians by restoring a prior 7 percent reduction to the fees for specific procedure codes and increasing the reimbursement for other designated procedure codes (Louisiana Register, Volume 27, Number 5). After consultations with orthopedic physicians around the state, the bureau increased the reimbursement rate for designated CPT orthopedic procedure codes for services rendered to Medicaid recipients (Louisiana Register, Volume 29, Number 1). This Emergency Rule is being promulgated to continue the provisions contained in the January 1, 2003 Emergency Rule. This action is being taken to protect the health and welfare of Medicaid recipients by ensuring continued access to orthopedic services and encouraging continued physician participation in the Medicaid Program.

Emergency Rule

Effective for dates of service on or after May 2, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing increases the reimbursement paid to physicians for orthopedic services provided to Medicaid recipients. Physicians' Current Procedural Terminology (CPT) orthopedic procedure codes (20000-29898) shall be reimbursed at 80 percent of the Medicare Region 99 allowable for 2002, except for those procedure codes on file that are in non-pay status.

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

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

David W. Hood
Secretary

0304/050

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

Professional Services Program
Physician Services
Reimbursement Increase

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reimburses professional services in accordance with an established fee schedule for Physicians' Current Procedural Terminology (CPT) codes, locally assigned codes and Health Care Financing Administration Common Procedure Codes (HCPCs). Reimbursement for these services is a flat fee established by the bureau minus the amount which any third party coverage would pay.

The bureau promulgated an Emergency Rule in February 2000 reducing the reimbursement paid to physicians by 7 percent for specific procedure codes, including surgery procedure codes, as a result of a budgetary shortfall (Louisiana Register, Volume 26, Number 2). As a result of the allocation of additional funds by the Legislature during the 2000 Second Extraordinary Session, the Bureau subsequently promulgated a rule restoring the 7 percent reduction to the fees paid to physicians for specific procedure codes and increasing the reimbursement for other designated procedure codes (Louisiana Register, Volume 27, Number 5).

After consultations with pediatric surgeons around the state, the bureau increased the reimbursement rate for designated CPT surgical procedure codes for services rendered to recipients within a specific age range (Louisiana Register, Volume 28, Number 12). This Emergency Rule is being promulgated to continue the provisions contained in
the January 1, 2003 Rule. This action is being taken to protect the health and welfare of Medicaid recipients within the specified age range by ensuring continued access to surgery services and encouraging continued physician participation in the Medicaid Program.

Emergency Rule

Effective for dates of service on or after May 2, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing increases the reimbursement for selected surgery provided by the primary servicing physician to Medicaid recipients from birth through 10 years of age. Physicians' Current Procedural Terminology (CPT) surgical procedure codes (10021-69990) shall be reimbursed at 100 percent of the Medicare Region 99 allowable for 2002, except for procedure codes on file that are in non-pay status and procedure codes for newborn circumcisions (54150) and (54160).

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

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

David W. Hood
Secretary

0304#072

DECLARATION OF EMERGENCY

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

Public Hospitals\Inpatient Reimbursement Methodology\Target Rate per Discharge

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a rule in July of 1983 which established a reimbursement methodology for inpatient services provided in acute care hospitals (Louisiana Register, Volume 9, Number 7). Inpatient hospital services were reimbursed in accordance with the Medicare reimbursement principles with a target rate set based on the cost per discharge for each hospital, except that the base year to be used in determining the target rate was the fiscal year ending on September 30, 1981 through September 29, 1982. In a rule adopted in October of 1984 (Louisiana Register, Volume 10, Number 10), separate per diem limitations were established for neonatal and pediatric intensive care and burn units using the same base period as the target rate per discharge calculation. A rule was adopted in October 1992, which provided that inpatient hospital services to children under one year of age shall be reimbursed as pass-through costs and shall not be subject to per discharge or per diem limits applied to other inpatient hospital services. The reimbursement methodology was subsequently amended in a rule adopted in June of 1994 which discontinued this reimbursement methodology for all nonstate hospitals and established a prospective payment methodology for nonstate hospitals (Louisiana Register, Volume 20, Number 6). The Department rebased the target rate per discharge amounts and per diem limitations for carve out specialty units in state owned or operated hospitals utilizing the amounts calculated per the cost report for the fiscal year ending either on June 30, 2001 or June 30, 2002 (Louisiana Register, Volume 29, Number 1). This Emergency Rule is being promulgated to continue the provisions contained in the January 1, 2003 Rule. This action is being taken to enhance federal revenues in the Medicaid Program.

Emergency Rule

Effective May 2, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing rebases the target rate per discharge amounts and per diem limitations for carve out specialty units in state owned or operated hospitals utilizing the amounts calculated per the cost report for the fiscal year ending either on June 30, 2001 or June 30, 2002. Allowable malpractice costs shall be included in the target rate per discharge and per diem limitations. Data from the 12 month cost reporting period of the base year shall be extracted to determine each hospital’s cost per discharge or per day. Inpatient hospital services provided to children under one year of age in state owned or operated hospitals shall continue to be reimbursed as pass-through costs and shall not be subject to per discharge or per diem limits applied to other inpatient hospital services.

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

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

David W. Hood
Secretary

0304#041

DECLARATION OF EMERGENCY

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

Public Nursing Facilities\Reimbursement Methodology (LAC 50:VII.1309)

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

Act 694 of the 2001 Regular Session of the Louisiana Legislature mandated that the Department of Health and Hospitals establish a case-mix reimbursement methodology for nursing homes. In accordance with Act 694, the Bureau repealed the June 20, 1984 Rule and established a new reimbursement methodology based on a case-mix price-based reimbursement system for private and public nursing facilities (Louisiana Register, Volume 28, Number 8). The Department subsequently promulgated an Emergency Rule revising the reimbursement methodology for state-operated nursing facilities in order to reimburse these facilities in accordance with the Medicare upper payment limit (Louisiana Register, Volume 28, Number 11). The bureau amended the provisions contained in the August 20, 2002 Rule governing the reimbursement methodology for public nursing facilities. In addition the bureau repealed the October 14, 2002 Emergency Rule (Louisiana Register, Volume 29, Number 1).

This action is being taken to enhance federal revenue. This Emergency Rule is being promulgated to continue the provisions contained in the January 1, 2003 Rule.

Effective for dates of services on or after May 2, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing repeals the October 14, 2002 Emergency Rule and amends the provisions contained in the August 20, 2002 Rule governing the reimbursement methodology for public nursing facilities.

Title 50
PUBLIC HEALTH
MEDICAL ASSISTANCE
Part VII. Long Term Care Services
Subpart 1. Nursing Facilities
Chapter 13. Reimbursement
§1309. State-Owned or Operated and Nonstate Government-Owned or Operated Facilities
A. Nonstate government-owned or operated nursing facilities will be paid a prospective reimbursement rate. Each facility will receive a Medicaid base rate calculated in accordance with other sections of this rule. Nonstate government-owned or operated nursing facilities may also receive a supplemental Medicaid payment on a quarterly basis. The aggregate supplemental payments for these facilities, calculated on a quarterly basis, will be the state's best estimate of what nonstate government-owned or operated facilities would be paid under Medicare's prospective payment system for skilled nursing facilities less the aggregate Medicaid base payments for these facilities. The acuity measurements used in the supplemental Medicaid payment calculations will be the acuity of each facility's Medicaid residents, as determined under Medicare's 44 RUG classification methodology. Adjustments to the aggregate supplemental Medicaid payments will be made to account for differences in coverage between the Medicare and Medicaid programs.

B. State-owned or operated nursing facilities will be paid a prospective reimbursement rate. The payment rate for each of these facilities will be calculated on a quarterly basis and shall be the greater of the state's best estimate of what the facility would be paid under Medicare prospective payment system for skilled nursing facilities or the nursing facility's allowable cost from the most recent filed Medicaid cost report trended forward to the midpoint of the rate year using the index factor. The acuity measurements used in the quarterly rate calculations will be the acuity of each facility's Medicaid residents, as determined under Medicare's 44 RUG classification methodology. Adjustments to these gross Medicare prospective payment rates will be made to account for differences in coverage between the Medicare and Medicaid programs.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1475 (June 2002), repromulgated LR 28:1793 (August 2002), amended LR 29:

Implementation of the provisions of this Emergency Rule shall be delayed until January 31, 2003 and will be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

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

David W. Hood
Secretary
0304#071

DECLARATION OF EMERGENCY
Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing
Rehabilitation Services
Reimbursement Fee Increase

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing provides coverage and reimbursement for rehabilitation services under the Medicaid Program. Rehabilitation services include physical, occupational and speech therapies. Reimbursement is available for these services through outpatient hospital, home health, rehabilitation center and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) health services. The Bureau also adopted a rule establishing the reimbursement methodology for rehabilitation services rendered in rehabilitation centers and outpatient hospital
settings in June of 1997 (Louisiana Register, Volume 23, Number 6). The bureau adopted a subsequent rule in May of 2001 to establish the reimbursement methodology for rehabilitation services rendered by home health agencies (Louisiana Register, Volume 27, Number 5). Reimbursement for these services is a flat fee established by the bureau minus the amount that any third party coverage would pay.

Act 13 of the 2002 Regular Session of the Louisiana Legislature directed the department to increase the reimbursement for physical therapy, occupational therapy, and speech/language and hearing therapy services provided to children under three years of age. In compliance with the Appropriation Bill and as a result of the allocation of additional funds by the Legislature, the bureau promulgated an emergency rule that increased the reimbursement rates for rehabilitation services provided to Medicaid recipients up to the age of three, regardless of the type of provider performing the services (Louisiana Register, Volume 28, Number 6). The bureau now proposes to increase the reimbursement for additional rehabilitation services provided by outpatient hospitals and home health agencies.

This action is being taken to protect the health and welfare of Medicaid recipients under the age of three and to ensure access to rehabilitation services by encouraging the participation of rehabilitation providers in the Medicaid Program. It is estimated that implementation of this Emergency Rule will increase expenditures for rehabilitation services by approximately $319,114 for state fiscal year 2002-2003.

Emergency Rule

Effective for dates of service on or after April 21, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the June 20, 1997 and May 20, 2001 rules governing the reimbursement methodology for rehabilitation services provided by outpatient hospitals and home health agencies. The bureau now proposes to increase the reimbursement for additional rehabilitation services provided to Medicaid recipients up to the age of three. The new reimbursement rates for rehabilitation services are as follows.

<table>
<thead>
<tr>
<th>Home Health Agencies and Outpatient Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure Name</td>
</tr>
<tr>
<td>Physical Therapy, one modality</td>
</tr>
<tr>
<td>Physical Therapy, 2 or more modalities</td>
</tr>
<tr>
<td>P.T. with 1 or more procedures, and/or modalities, 15 minutes</td>
</tr>
<tr>
<td>P.T. with procedures, 30 minutes</td>
</tr>
<tr>
<td>P.T. with procedures, 75 minutes</td>
</tr>
<tr>
<td>Occupational Therapy, 15 minutes</td>
</tr>
<tr>
<td>Occupational Therapy, 30 minutes</td>
</tr>
<tr>
<td>Speech and Hearing Therapy, 15 minutes</td>
</tr>
<tr>
<td>Speech and Hearing Therapy, 30 minutes</td>
</tr>
<tr>
<td>Speech and Hearing Therapy, 45 minutes</td>
</tr>
<tr>
<td>Speech and Hearing Therapy, 60 minutes</td>
</tr>
</tbody>
</table>

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

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

David W. Hood
Secretary
0304038

DECLARATION OF EMERGENCY

Department of Natural Resources
Office of the Secretary

CWPPRA Oyster Lease Acquisition Program
(LAC 43:I.841-849)

In accordance with emergency provisions of the Administrative Procedure Act, R.S. 49:953(B) and in accordance with R.S. 56:432.1, the Department of Natural Resources declares an emergency implementation of Rules regarding the CWPPRA Oyster Lease Acquisition Program. These Rules are adopted and intended to implement federal plans, programs and requirements of the task force established by CWPPRA, and shall be so interpreted.

The Declaration of Emergency will become effective on April 20, 2003, and shall remain in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the final Rule.

Title 43
NATURAL RESOURCES
Part I. Office of the Secretary
Subpart 1. General
Chapter 8. Coastal Regulations
Subchapter B. CWPPRA Oyster Lease Acquisition Program

§841. Purpose

A. These special Rules are adopted pursuant to R.S. 56:432.1 to provide for the acquisition of oyster leases within the projected impact area of a coastal restoration project. These Rules supercede the provisions of Subchapter B insofar as Subchapter B may otherwise apply to oyster leases included within the scope of these Rules.

B. Pursuant to R.S. 56:432.1.E, these Rules are adopted and intended to implement federal plans, programs and requirements of the task force established by CWPPRA, and shall be so interpreted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:432.1.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 29:

§842. Definitions

DepartmentCthe Louisiana Department of Natural Resources, its secretary, or the secretary's designee.

DWF Cthe Louisiana Department of Wildlife and Fisheries, its secretary, or the secretary's designee.

Projected Impact AreaCthe projected impact area of a coastal restoration project included within a public program officially proposed by the appropriate local, state or federal agency, as determined pursuant to R.S.56:428.1.
Affected Lease A current oyster lease or a portion thereof identified by the Department from records maintained by DWF or from other information and determined by the Department to be located in whole or in part within a projected impact area.

Leaseholder The lessee of an oyster lease granted by DWF pursuant to R.S.56:425 et seq., as appears on records provided by and maintained by DWF.

CWPPRA The Coastal Wetlands Planning Protection and Restoration Act, Public Law 101-646, as amended.

Lead Agency The lead agency designated by the task force to be the federal sponsoring agency for a CWPPRA project or program.

Task Force The task force established pursuant to CWPPRA.

Secretary The secretary of DNR or the secretary's designee.

Closing Date The date of execution of the purchase agreement and payment of the purchase price.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:432.1.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 29:

§843. Implementation of Acquisition Program

A. The secretary, in consultation with the lead agency, will delineate the projected impact area of a CWPPRA project. The delineation may be changed as additional information becomes available.

B. The secretary shall make a reasonable effort to provide notice of the project-specific acquisition program to all leaseholders of affected leases. Participation in the program by a leaseholder is voluntary.

C. The notice to leaseholders shall include at least the following:

1. a description and map of the projected impact area;
2. a copy of these regulations;
3. a statement informing the leaseholder of the state's intention to purchase the affected lease on a voluntary basis pursuant to these regulations;
4. a request that the leaseholder submit specific documentary and other information relevant to a determination of a purchase price for the subject affected lease in accordance with these regulations;
5. a response form to be completed and returned to the Department, which form shall provide information confirming the leaseholder's mailing address and the intention of the leaseholder to participate in the voluntary acquisition program or not, subject to the leaseholder's right to decline any offered purchase price. The form shall include an authorization granting the department and its contractors the right to enter the affected lease for the purpose of surveying and making an assessment of the affected lease.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:432.1.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 29:

§845. Appraisal

A. The just compensation to be offered to the leaseholder of an affected lease shall be determined by an appraiser selected by the secretary.

B. Just compensation to the leaseholder for acquisition of the lease shall be an amount equal to the fair market value of the affected lease plus the fair market value of any marketable and see seed oysters not reasonably removable from the affected lease within the time allowed, all as determined by the appraiser according to the procedure hereinafter provided.

C. Estimate of fair market value of affected lease

1. The appraiser shall estimate the fair market value of the affected lease by taking into account comparable sales of other leases, if sufficient reliable information is available to the appraiser to make such estimate according to accepted appraisal methods.

2. Alternatively, or in conjunction with lease sale data, the appraiser may estimate the fair market value of the affected lease by calculating the present value of estimated future net income from the lease during the remainder of the current lease term, beginning with the next succeeding full calendar year, in the following manner.

   a. Estimated future production expenses shall be deducted from estimated future gross income from the affected lease to determine estimated future net income, all on an annual basis, then discounted to present value in accordance with Subsection D.

   b. Future gross income from the affected lease may be estimated by the appraiser based on adequate reliable documentation submitted by the leaseholder, such as sales records, income tax returns, and production reports. In the absence of such documentation, or in conjunction therewith, the appraiser may use whatever information may be available from other sources, both public and private, to estimate the average productivity of oyster reefs in the area of the affected lease on a sacks of marketable oysters per reef acre basis, and the market price thereof, then apply such estimate to the reef area of the affected lease.

   c. Future production expenses applicable to the affected lease may be estimated by the appraiser based on adequate reliable documentation submitted by the leaseholder, such as accounting records, invoices, cancelled checks, payroll records, third party records, income tax returns, and reports. Allowable expenses chargeable to the affected lease shall include labor (including a salary allowance for the owner), fuel, maintenance and repairs, supplies, rent, vessel and equipment depreciation, insurance and any other items of costs determined by the appraiser to be applicable to the affected lease according to accepted appraisal methods. In the absence of documentation submitted by the leaseholder, or in conjunction therewith, the appraiser may use whatever information may be available from other sources, both public and private, to estimate the average production expenses, present and future, of oyster reefs in the area of the affected lease on a per sack of marketable oysters basis and apply such estimates to the affected lease.

   d. The estimated annual net income from the lease for each full calendar year of the lease term remaining after the year of purchase, shall be discounted, at a rate intended to reflect the expected rate of return on investment in the Louisiana oyster industry or a similar industry with equivalent risk, to determine the present value of such income as of the first day of the calendar year following the year of purchase. The discount rate will be developed by an independent financial analyst in concurrence with the appraiser after researching the market and analyzing the individual oyster lease being evaluated. Where there is insufficient data in the market to derive a discount rate,
property interest in an affected lease shall execute a purchase agreement with the state of Louisiana and a receipt, release, indemnity and hold harmless agreement in favor of the complete satisfaction of all claims against the state and the Louisiana Department of Wildlife and Fisheries, including the Louisiana Department of Natural Resources, the U.S. Army Corps of Engineers, and the lead agency, and the State of Louisiana, indicating that full and fair compensation has been made in recovery, including, but not limited to, 28 U.S.C. §1497.

expenses, including all claims in tort, contract, or inverse damages to the affected lease, and related losses and United States of America, related to past, present or future compensation shall be allowed for oysters so removable. However, if such period of time is not allowed, the appraiser shall estimate the market value of the marketable and seed oysters not reasonably removable by the leaseholder after the closing date and before the date the leaseholder is required to vacate the lease, and the just compensation paid to the leaseholder shall be increased by the amount of such fair market value.

E. In making the appraisal, the appraiser may rely on information given by an oyster biologist selected by the secretary to assist the appraiser.

F. At least 90 days prior to the closing date, the leaseholder of an affected lease shall be notified in writing of the proposed just compensation to be paid for the affected lease, and the basis thereof. The leaseholder may submit to the secretary, within 30 days of receipt of the notice, in writing, any information believed to warrant an increase in the amount of just compensation offered. The secretary may, on the basis of all information available, thereafter modify or affirm the original offer. An offer may be withdrawn at any time prior to closing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:432.1.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 29:

§847. Purchase Agreement and Release

A. In consideration for payment of just compensation for an affected lease, the leaseholder and any person holding a property interest in an affected lease shall execute a purchase agreement with the state of Louisiana and a receipt, release, indemnity and hold harmless agreement in favor of the United States of America, including the U.S. Army Corps of Engineers, and the lead agency, and the State of Louisiana, including the Louisiana Department of Natural Resources and the Louisiana Department of Wildlife and Fisheries, indicating that full and fair compensation has been made in complete satisfaction of all claims against the state and the United States of America, related to past, present or future damages to the affected lease, and related losses and expenses, including all claims in tort, contract, or inverse condemnation and/or under any other applicable theory of recovery, including, but not limited to, 28 U.S.C. §1497.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:432.1.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 29:

§849. Funding

A. The Department shall have no duty to implement oyster lease acquisitions for any coastal restoration project in the absence of appropriate funding arrangements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:432.1.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 29:

Jack C. Caldwell
Secretary

0304#068

DECLARATION OF EMERGENCY

Department of Revenue
Policy Services Division

Various Exemptions from Sales and Use Tax
(LAC 61:I.4401)

The Department of Revenue, Policy Services Division, is exercising the emergency provisions of the Administrative Procedure Act, R.S. 49:953(B), to clarify what "food for home consumption" means.

This Emergency Rule is necessary for taxpayers to understand what food items are taxable and which are not so that they may properly apply Article VII, Section 2.2 of the Constitution of Louisiana, which was effective January 1, 2003.

This Emergency Rule is effective April 10, 2003, and shall remain in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the permanent rule, whichever occurs first.

Title 61
REVENUE AND TAXATION
Part I. Taxes Collected and Administered by the Secretary of Revenue
Chapter 44. Sales and Use Tax Exemptions

§4401. Various Exemptions from the Tax
A. - F. …
1. R.S. 47:305(D) provides an exemption from state sales tax upon the sale at retail of food sold for preparation and consumption in the home as well as for some other expressed types of food sales. For this purpose, meat, fish, milk, butter, eggs, bread, vegetables, fruit and their juices, canned goods, oleo, coffee and its substitutes, soft drinks, tea, cocoa and products of these items, bakery products, candy, condiments, relishes and spreads, are all considered food items. Items such as flour, sugar, salt, spices, shortening, flavoring and oil that are generally purchased for use as ingredients in other food items constitute food. Items considered to be food are not limited to the examples set forth above. The listing is not all inclusive.

2. Alcoholic beverages, malt beverages and beer; tobacco products; distilled water, water in bottles, carbonated water, ice and "dry ice" are not considered to be food. Medicines and preparations in liquid, powdered, granular, tablet, capsule, lozenge, and pill form sold as dietary supplements or adjuncts are also not considered to be food.

Dietary Supplements C any product, other than tobacco, intended to supplement the diet that:

i. contains one or more of the following dietary ingredients:

(a). a vitamin;
(b). a mineral;
(c) an herb or other botanical;
(d) an amino acid;
(e) a dietary substance for use by humans to supplement the diet by increasing the total dietary intake; or
(f) a concentrate, metabolite, constituent, extract, or combination of any ingredients described in i-v above; and

ii. is intended for ingestion in tablet, capsule, powder, softgel, gelcap, or liquid form, or if not intended for ingestion in such a form, is not represented as conventional food and is not represented for use as a sole item of a meal or of the diet; and

iii. is required to be labeled as a dietary supplement, which is identifiable by the fact that the product contains a "Supplemental Facts" box on the label.

3. "Food for home consumption" as used in La. R.S. 47:305(D)(1)(n) does not include "prepared food."

**Prepared Food**

i. food sold in a heated state or heated by the seller;

ii. two or more food ingredients mixed or combined by the seller for sale as a single item, which does not include food that is only cut, repackaged, or pasteurized by the seller, and eggs, fish, meat, poultry, and food containing these raw animal foods requiring cooking by the consumer in order to prevent food borne illnesses; or

iii. food sold with eating utensils provided by the seller, including plates, knives, forks, spoons, glasses, cups, napkins, or straws. A plate does not include a container or packaging used to transport the food.

4. Notwithstanding language to the contrary in Paragraph F.3, bakery products, dairy products, soft drinks, fresh fruits and vegetables, and package foods requiring further preparation by the purchaser are considered "food for home consumption" unless sold by an establishment listed in R.S. 47:305(D)(3). However, soft drinks that are sold with a cup, glass or straw are not considered "food for home consumption."

5. Sales of meals furnished to the staff and students of educational institutions including kindergartens; the staff and patients of hospitals; the staff, inmates and patients of mental institutions; boarders of rooming houses; and occasional meals furnished in connection with or by educational, religious or medical organizations are exempt from the taxes imposed by this Chapter, provided the meals are consumed on the premises where purchased. Sales of food by any of these institutions or organizations in facilities open to outsiders or to the general public are not exempt from the taxes imposed by this Chapter, and tax should be charged on the entire gross receipts, rather than just the receipts from the outsiders or the general public.

6. Facilities for the consumption of food on the premises as discussed in R.S. 47:305(D)(3) include not only inside facilities, but also outside facilities, including parking facilities.

7. Purchases of food items by stores, institutions and organizations can be purchased without payment of the advance sales tax provided the ultimate retail sale or consumption of the food is exempt from taxes imposed by this Chapter. Regardless of the type of purchaser, if a majority of the food purchased and disposed is taxable under the established rules, advance sales tax must be paid by the purchaser.

G. - J. ...

**AUTHORITY NOTE:** Promulgated in Accordance with R.S. 47:301 and R.S. 47:1511.

**HISTORICAL NOTE:** Promulgated by the Department of Revenue and Taxation, Sales Tax Section, LR 13:107 (February 1987), amended by the Department of Revenue, Policy Services Division, LR 29:

Raymond E. Tangney
Senior Policy Consultant

0304#060

**DECLARATION OF EMERGENCY**

Department of Social Services
Office of Family Support

Child Care Assistance Program C Increased Activity
Hours and Adjustment of Agency Payments

(LAC 67:III.5103 and 5109)

The Department of Social Services, Office of Family Support, has exercised the emergency provision of the Administrative Procedure Act, R.S. 49:953(B) to amend LAC 67:III, Subpart 12, effective April 1, 2003. This Rule shall remain in effect for a period of 120 days.

The number of low-income participants served by the Child Care Assistance Program (CCAP) has increased dramatically and the cost of servicing these customers has increased proportionately. Therefore, to ensure that continued CCAP services are available and in order to avoid severe budget deficits and the abrupt closure of the entire Child Care Assistance Program (CCAP), the agency shall decrease the percentage of child care cost paid for by the agency and increase the number of required activity hours for parents receiving low-income child care. Failure to effect these changes may jeopardize the safety and well being of the children served through CCAP and result in job loss for some parents who may be forced to quit working because of lack of child care.

**Title 67**

**SOCIAL SERVICES**

Part III. Office of Family Support

Subpart 12. Child Care Assistance Program

Chapter 51. Child Care Assistance

Subchapter B. Child Care Assistance Program

§5103. Conditions of Eligibility

A. ...

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

1. - 3. ...

4. Effective September 1, 2002, unless disabled as established by receipt of Social Security Administration Disability benefits, Supplemental Security Income, Veteran’s Administration Disability benefits for a disability of at least
70 percent, or unless disabled and unable to care for his/her child(ren) as verified by a doctor's statement or by worker determination, the TEMP must be:

a. employed a minimum average of 25 hours per week effective April 1, 2003, and all countable work hours must be paid at least at the Federal minimum hourly wage; or

b. attending a job training or educational program that is legally authorized by the state for a minimum average of, effective April 1, 2003, 25 hours per week (attendance at a job training or educational program must be verified, including the expected date of completion); or

c. engaged in some combination of employment which is paid at least at the Federal minimum hourly wage, or job training, or education as defined in §5103.B.4.b that averages, effective April 1, 2003, at least 25 hours per week.

d. Exception: a household in which all of the members described in §5103.B.4 meet the disability criteria is not eligible for child care assistance unless one of those members meets, effective April 1, 2003, the required minimum average of 25 activity hours per week.

B.5. - D. …


§5109. Payment

A. The sliding fee scale used for non-FITAP recipients is subject to adjustment based on the state median income and poverty levels which are published annually. A non-FITAP household may pay a portion of its child care costs monthly in accordance with the sliding fee scale, and this shall be referred to as a "copayment." The sliding fee scale is based on a percentage of the state median income. Effective April 1, 2003, the agency's percentage of payments for Low-Income Child Care cases is adjusted and reflected in the following tables.

### Sliding Fee Scale for Child Care Assistance Recipients

**Effective March 1, 2002 - 75 Percent of Projected Median Income**

<table>
<thead>
<tr>
<th>Number in Household</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>DSS %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Household Income</td>
<td>0 - 968</td>
<td>0 - 1219</td>
<td>0 - 1471</td>
<td>0 - 1723</td>
<td>0 - 1974</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>969 - 1535</td>
<td>1220 - 1908</td>
<td>1472 - 2281</td>
<td>1724 - 2654</td>
<td>1975 - 3027</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>1536 - 2101</td>
<td>1909 - 2596</td>
<td>2282 - 3090</td>
<td>2655 - 3585</td>
<td>3028 - 4079</td>
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<tr>
<td></td>
<td>Above 2101</td>
<td>Above 2596</td>
<td>Above 3090</td>
<td>Above 3585</td>
<td>Above 4079</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number in Household</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>DSS %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Household Income</td>
<td>0 - 2226</td>
<td>0 - 2478</td>
<td>0 - 2729</td>
<td>0 - 2981</td>
<td>0 - 3233</td>
<td>70%</td>
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<tr>
<td></td>
<td>2227 - 3199</td>
<td>2479 - 3372</td>
<td>2730 - 3543</td>
<td>2982 - 3716</td>
<td>3234 - 3888</td>
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<td></td>
<td>3200 - 4172</td>
<td>3373 - 4265</td>
<td>3544 - 4357</td>
<td>3717 - 4450</td>
<td>3889 - 4543</td>
<td>30%</td>
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<tr>
<td></td>
<td>Above 4172</td>
<td>Above 4265</td>
<td>Above 4357</td>
<td>Above 4450</td>
<td>Above 4543</td>
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<tr>
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<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>DSS %</th>
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</thead>
<tbody>
<tr>
<td>Monthly Household Income</td>
<td>0 - 3484</td>
<td>0 - 3736</td>
<td>0 - 3988</td>
<td>0 - 4239</td>
<td>0 - 4491</td>
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<td>3485 - 4060</td>
<td>3737 - 4232</td>
<td>3989 - 4405</td>
<td>4240 - 4577</td>
<td>4492 - 4749</td>
<td>50%</td>
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<td></td>
<td>4061 - 4636</td>
<td>4233 - 4728</td>
<td>4406 - 4821</td>
<td>4578 - 4914</td>
<td>4750 - 5006</td>
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<tr>
<td></td>
<td>Above 4636</td>
<td>Above 4728</td>
<td>Above 4821</td>
<td>Above 4914</td>
<td>Above 5006</td>
<td>0%</td>
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</tbody>
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<table>
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<tr>
<th>Number in Household</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>DSS %</th>
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<tbody>
<tr>
<td>Monthly Household Income</td>
<td>0 - 4743</td>
<td>0 - 4994</td>
<td>0 - 5246</td>
<td>0 - 5498</td>
<td>70%</td>
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<tr>
<td></td>
<td>4744 - 4921</td>
<td>4995 - 5093</td>
<td>5247 - 5266</td>
<td>5499 - 5599</td>
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<tr>
<td></td>
<td>4922 - 5099</td>
<td>5094 - 5192</td>
<td>5267 - 5285</td>
<td>5599 - 5699</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Above 5099</td>
<td>Above 5192</td>
<td>Above 5285</td>
<td>Above 5599</td>
<td>0%</td>
</tr>
</tbody>
</table>

B - E. …


Gwendolyn P. Hamilton
Secretary

0304#005
DECLARATION OF EMERGENCY

Department of Social Services
Office of Family Support

Food Stamp Program
Restoration of Alien Eligibility
(LAC 67:III.1932)

The Department of Social Services, Office of Family Support, has exercised the emergency provision of the Administrative Procedure Act, R.S. 49:953(B) to amend LAC 67:III, Subpart 3, effective April 1, 2003. This Rule shall remain in effect for a period of 120 days.

Pursuant to Public Law 107-171, The Food Stamp Reauthorization Act of 2002, the agency is amending §1932 to comply with mandates issued by the United States Department of Agriculture, Food and Nutrition Service. P.L. 107-171, also known as the 2002 Farm Bill, mandates restoration of food stamp eligibility to legal immigrants who have lived in the United States as a qualified alien for five years or longer.

Emergency action in this matter is necessary as failure to promulgate the rule in a timely manner could result in the imposition of sanctions or penalties by the USDA, Food and Nutrition Service, the governing authority of the Food Stamp Program in Louisiana. A Notice of Intent concerning this rule has been published in the January issue of the Louisiana Register and a Final Rule is expected to be published in May 2003.

Title 67
SOCIAL SERVICES
Part III. Office of Family Support
Subpart 3. Food Stamps
Chapter 19. Certification of Eligible Households
Subchapter B. Application Processing
§1932. Time Limitations for Certain Aliens
A. ...
B. The following qualified aliens are eligible for an unlimited period of time:
   1. - 6. ...
   7. effective April 1, 2003, individuals who have been lawful, permanent residents or otherwise qualified aliens for at least five years beginning on the date the immigrant was designated as a qualified alien by the Immigration and Naturalization Service.


   HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 25:711(April 1999), amended LR 29:

Gwendolyn P. Hamilton
Secretary

0304#006

DECLARATION OF EMERGENCY

Department of Social Services
Office of Family Support

Repeal of Refugee Cash Assistance Program
(LAC 67:III.3501 and 3701-3710)

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 repeal Title 67, Part III, Chapters 37 and 39, effective May 1, 2003. This Emergency Rule will remain in effect for a period of 120 days. This declaration is necessary to extend the original Emergency Rule of January 1, 2003, since it is effective for a maximum of 120 days and will expire before the final Rule takes effect. (The final Rule will be published in May 2003).

Pursuant to 45 CFR Part 400, the Office of Refugee Resettlement has granted states the option of providing Refugee Cash Assistance services through a public/private partnership. The Department of Social Services has opted to provide services for RCA through a public/private partnership whereby the state will contract with refugee resettlement agencies that will provide refugee cash assistance benefits. The new program, Public Private Partnership/Refugee Cash Assistance Program, will be administered by the Office of Community Services (OCS) through contracts with various entities. OCS will promulgate rules to establish regulations governing the program under Title 67, Part V, of the Louisiana Administrative Code effective January 1, 2003. In order to prevent the duplication of services and conflicting eligibility requirements that could result in federal penalties and sanctions, the Office of Family Support will no longer administer the program and will therefore repeal Part III, Chapters 35 and 37, the Refugee Cash Assistance Program effective January 1, 2003.

Title 67
SOCIAL SERVICES
Part III. Office of Family Support
Chapter 35. Administration
§3501. Authority
Repealed.

AUTHORITY NOTE: Promulgated in accordance with applicable sections of 45 CFR.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 17:1226 (December 1991), repealed LR 29:

Chapter 37. Application, Eligibility and Furnishing Assistance
Subchapter A. Coverage and Conditions of Eligibility
§3701. Eligibility Determination
Repealed.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR 400(E), R.S. 36:474.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:353 (February 1998), repealed LR 29:
§3703. Eligibility Periods
Repealed.


HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 17:953 (October 1991), LR 18:22 (January 1992), repealed LR 29:

§3704. Application Time Limit and Initial Payment
Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:474.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:353 (February 1998), repealed LR 29:

§3705. Coverage and Conditions
Repealed.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR 400.62(3).


§3707. Resources
Repealed.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR 400.61.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:354 (February 1998), repealed LR 29:

§3708. Income
Repealed.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR 400.61.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:354 (February 1998), repealed LR 29:

§3709. Ineligibility Based on Lump Sum Income
Repealed.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR 400.61.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:354 (February 1998), repealed LR 29:

§3710. Earned Income Deductions
Repealed.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR 400.61 and 233.20(a)(11).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 24:354 (February 1998), repealed LR 29:

Gwendolyn P. Hamilton
Secretary

0304#064

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

2003 Shrimping Season

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 have the authority to open or close outside waters by zone each year as it deems appropriate upon inspection of and based upon technical and biological data which indicates that marketable shrimp, in sufficient quantities, are available for harvest, and a resolution adopted by the Wildlife and Fisheries Commission on February 6, 2003 which authorizes the Secretary of the Department of Wildlife and Fisheries to reopen any area closed to shrimping when the closure is no longer necessary, the Secretary hereby declares:

That the State Outside Waters from the Atchafalaya River Ship Channel at Eugene Island as delineated by the Channel Buoy line to the U.S. Coast Guard navigational light off the northwest shore of Caillou Boca at latitude 29°03’10” N and longitude 90°05’27” W, shall reopen to shrimping at 6:00 a.m., Friday, March 28, 2003.

According to recent shrimp samples taken by Department personnel, small white shrimp which occupied these waters from January through mid-March are no longer present in this area. Significant numbers of small white shrimp still remain in state outside waters west of the Atchafalaya River Ship Channel to the eastern shore of Freshwater Bayou, and this area will remain closed to shrimping until further notice.

James H. Jenkins, Jr.
Secretary

0304#003
RULE

Department of Economic Development
Office of the Secretary
Division of Business Retention and Assistance Services

Small and Emerging Business Development Program
(LAC 19:II.Chapters 1-13)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Louisiana Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, has amended its existing Rules and Regulations relative to its Small and Emerging Business Development Program, and adopted the following new Rules and Regulations relative to the Small and Emerging Business Development Program.

Title 19
CORPORATIONS AND BUSINESS
Part II. Small and Emerging Business Development Program

Chapter 1. General Provisions

§101. Statement of Policy

A. In accordance with the provisions of R.S. 51:941-945 and the provisions of the Administrative Procedure Act, R.S. 49:950-970 as amended, the Department of Economic Development's Small and Emerging Business Development Program administers these regulations which are intended to prescribe the procedures for qualifying and certifying Small and Emerging businesses; to provide for bonding and other financial assistance; to provide for technical and managerial assistance; to provide for a business mentor-protégé program; to recognize achievements for Small and Emerging businesses; and to facilitate access to state agency procurement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:49 (January 1997), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:542 (April 2003).

§103. Purpose

A. The purpose and intent of this Chapter is to provide the maximum opportunity for Small and Emerging businesses to become competitive in a non-preferential modern economy. This purpose shall be accomplished by providing a program of assistance and promotion.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:50 (January 1997), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:542 (April 2003).

§105. Definitions

A. When used in these regulations, the following terms shall have meanings as set forth below.

Certification: determination that a business qualifies for designation as a Small and Emerging business.

Small and Emerging Business (SEB): A small business organized for profit and performing a commercially useful function which is at least 60 percent owned and controlled by one or more Small and Emerging Business persons and which has its principal place of business in Louisiana. A nonprofit organization is not a Small and Emerging Business for purposes of this Chapter.

Small and Emerging Business Person: A citizen of the United States who has resided in Louisiana for at least one year and whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business, and whose diminished opportunities have precluded, or are likely to preclude, such individual from successfully competing in the open market.

Director: the director of Division of Business Retention and Assistance.

Firm: a business that has been certified as Small and Emerging.

Full-Time: working in the firm at least 35 hours per week.

RFP: Request for proposal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.


§107. Eligibility Requirements for Certification

A. An SEB is a firm owned and controlled by one or more Small and Emerging Business person(s). Eligibility requirements fall into two categories, one applies to the individual owners and the other to the applicant's firm. In order to continue participation in the program, a firm and its individual owners must continue to meet all eligibility requirements.

B. Small and Emerging Business Person. For purposes of the program, a person who meets all of the criteria in this Section shall be defined as a Small and Emerging Business person.

1. Citizenship. The person is a citizen of the United States.

2. Louisiana Residency. The person has resided in Louisiana for at least one year.
3. Net Worth. The person's net worth may not exceed $200,000. The market value of the individual owner's personal residence will be excluded from the net worth calculation.

C. Small and Emerging Business

1. Ownership and Control. At least 60 percent of the company must be owned and controlled by one or more Small and Emerging Business persons.

2. Principal Place of Business. The firm's principal place of business must be Louisiana.

3. Lawful Function. The company has been organized for profit to perform a lawful, commercially useful function.

4. Business Net Worth. The business' net worth at the time of application may not exceed $750,000.

5. Full Time. Managing owners who claim Small and Emerging Business person status must be full-time employees of the applicant firm.


D. Requirement for Certification. An application containing an affidavit signed, dated, and notarized attesting to all of the aforesaid eligibility requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.


§109. Control and Management

A. Description. An applicant firm's management and daily business operations must be controlled by an owner(s) of the applicant firm who has/have been determined to be a Small and Emerging Business person. In order for a Small and Emerging Business person to be found to control the firm, that individual must have managerial or technical experience and competency directly related to the primary industry in which the applicant firm is seeking program certification.

1. The Small and Emerging Business person(s) upon whom eligibility is based shall control the board of directors of the firm, either in actual numbers of voting directors or through weighted voting. In the case of a two-person board of directors where one individual on the board is a Small and Emerging Business person and one is not, the formers vote must be weighted by share ownership, worth more than one vote to achieve a minimum of 60 percent control, in order for the firm to be eligible for the program. This does not preclude the appointment of nonvoting or honorary directors. All arrangements regarding the structure and voting rights of the board must comply with state law and with the firm's articles of incorporation and/or bylaws.

2. Individuals who are not a Small and Emerging Business person may be involved in the management of an applicant firm and may be stockholders, partners, officers, and/or directors of such firm. Such individual(s), their spouse(s) or immediate family members who reside in the individual's household may not, however:

a. exercise actual control or have the power to control the applicant or certified firm;

b. be an officer or director, stockholder, or partner of another firm in the same or similar line of business as the applicant or certified firm;

c. receive excessive compensation as directors, officers, or employees from either the applicant or certified firm. Individual compensation from the firm in any form, including dividends, consulting fees, or bonuses, which is paid to a non-disadvantaged owner, his/her spouse or immediate family member residing in the same household will be deemed excessive if it exceeds the compensation received by the Small and Emerging Business person chief executive officer, president, partner, or owner, unless the compensation is for a clearly identifiable skill for which market rates must be paid for the firm to utilize the person's expertise;

d. be former employers of the Small and Emerging Business owner(s) of the applicant or certified firm, unless the program determines that the contemplated relationship between the former employer and the Small and Emerging Business person or applicant firm does not give the former actual control or the potential to control the applicant or certified firm and if such relationship is in the best interest of the certified firm.

B. Non-Small and Emerging Business Person Control. Non-Small and Emerging Business person(s) or entities may not control, or have the power to control, the applicant firm. Examples of activities or arrangements which may disqualify an applicant firm from certification are:

1. a non-Small and Emerging Business person such as an officer or member of the board of directors of the firm, or through stock ownership, has the power to control daily direction of the business affairs of the firm;

2. the non-Small and Emerging Business person or entity provides critical financial or bonding support or licenses to the firm, which directly or indirectly allows the non-Small and Emerging Business person to gain control or direction of the firm;

3. a non-Small and Emerging Business person or entity controls the firm or the individual Small and Emerging Business person(s) through loan arrangements;

4. other contractual relationships exist with non-Small and Emerging Business person or entities, the terms of which would create control over the firm.

AUTHORITY NOTE: Promulgated in accordance with R.S.51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:51 (January 1997), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:543 (April 2003).

§111. Responsibility for Applying

A. It is the responsibility of any business wishing to participate in the program to complete the required certification process. Failure to provide complete, true, or accurate data may result in rejection of the application.

B. Certification materials will be distributed by SEBD Program upon written or verbal request. Written requests for certification materials should be directed to the SEBD Program office in Baton Rouge.

C. Certification as a SEB also does not constitute compliance with any other laws or regulations and does not relieve any firm of its obligations under other laws or
regulations. Certification as a Small and Emerging Business also does not constitute any determination by SEBD Program or that the firm is responsible or capable of performing any work.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:942.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:52 (January 1997), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:543 (April 2003).

### §113. Certification Application Procedure

A. Applicant submits an application containing a signed, dated, and notarized affidavit to the SEBD office.

B. The SEBD Program staff reviews the application and if it is found to be incomplete or further information is needed, the SEBD Program staff will contact applicant. If the applicant does not respond within 15 days, the application will be denied.

C. The director notifies the applicant in writing of the decision whether or not to grant certification.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:942.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:52 (January 1997), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:544 (April 2003).

### §115. Duration of Certification

A. The maximum amount of time that a firm may be granted certification by the SEBD Program is seven years or when the firm graduates.

B. Retention of the firm in the program depends upon time, the firm's progress toward attainment of its business goals, willingness or ability to cooperate and follow through on recommendations of the SEBD Program staff.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:942.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:52 (January 1997), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:544 (April 2003).

### §117. Reports by Certified Small and Emerging Businesses

A. Report Form. On forms identified or prescribed by the SEBD Program, certified businesses shall report at times specified by the SEBD Program their financial position and attainment of the business' performance goals. Failure to do so may result in termination from the program.

B. Verification of Eligibility. The SEBD Program may take any reasonable means at any time to confirm a certified firm's eligibility, such as by letter, telephone, contact with other governmental agencies, persons, companies, suppliers, or by either announced or unannounced site inspection.

C. Notification of Changes. To continue participation, a certified firm shall provide the SEBD Program with a written statement of any changes in an address, telephone number, ownership, control, financial status, or major changes in the nature of the operation. Failure to do so may be grounds for termination of eligibility.

D. Evaluation. The SEBD Program, as necessary, shall evaluate the information to determine progress, areas for further improvement, resources needed by the firm, and eligibility for continued participation in the program.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:942.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:52 (January 1997), LR 26:1572 (August 2000), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:544 (April 2003).

### §119. Deception Relating to Certification of a Small and Emerging Business

A. Any person found guilty of the crime of deception relating to certification of an SEB as provided in R.S. 51:944 will be discharged from the program and will not be eligible to reapply under the business name involved in the deception or any business with which such individual(s) may be associated.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 51:944.

**HISTORICAL NOTE:** Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:52 (January 1997), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:544 (April 2003).

### Chapter 3. Developmental Assistance Program

#### §301. Developmental Assistance

A. Purpose. The SEBD Program will coordinate technical, managerial, and indirect financial assistance through internal and external resources to assist certified Small and Emerging Businesses in becoming competitive in the market place.

B. Developmental Steps

1. The certified SEB owner will be required to participate in, and complete a SEBD Program approved entrepreneurial training program. The Small and Emerging Business owner that demonstrates adequate entrepreneurial skills or compelling reasons for not participating may be granted a waiver by the director.

2. Determination of Additional Assistance. In consultation with the business owner, the SEBD Program's staff or its designee will determine areas in which the business owner needs additional assistance.

3. Referral to Additional Resources. The SEBD Program will assist the firm obtain technical and/or managerial assistance from other resources, such as Small Business Development Centers, Procurement Centers, consultants, business networks, professional business associations, educational institutions, and other public agencies.

4. Ongoing Evaluation. In conjunction with the Small and Emerging Business firm and appropriate external resources, the SEBD Program will periodically assess the SEB's progress toward attainment of its business goals. The SEBD Program, in conjunction with the SEB firm, will determine the effectiveness of assistance being administered. If assistance is ineffective, the SEBD Program will investigate and take appropriate action.

5. Graduation from the Program. Upon completion of the Program's seven year term or attainment of the SEB's
programmatic goals, the SEB will graduate from the program. Companies that do not make satisfactory progress and/or exceed the net worth prerequisites for certification will be terminated from the SEBD Program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.


Chapter 5. Mentor-Protégé Program

§501. General Policy

A. The policy of the state is to implement a Mentor/Protégé program that breaks down barriers and builds capacity of small and emerging businesses, through internal and external practices which include:

1. tone setting Cintense and deliberate reinforcement by the governor's office of the state's provision for substantial inclusion of small and emerging businesses in all aspects of purchasing, procurement and contracting;

2. accountability Ccresponsibility of each cabinet member and policy administrator to produce self-imposed and specific outcomes within a specified period of time;

3. partnering Cteaming of Small and Emerging Businesses with businesses who have the capability of providing managerial and technical skills, transfer of competence, competitive position and shared opportunity toward the creation of a mutually beneficial relationship with advantages which accrue to all parties;

4. capacity building Cenhancing the capability of small and emerging businesses to compete for public and private sector contracting and purchasing opportunities;

5. flexibility Cpromoting relationships based on need, relative strengths, capability and agreement of the parties within the boundaries of the program objectives of inclusion, impartiality and mutual understanding;

6. education Csharing instruction on intent, purpose, scope and procedures of the Mentor/Protégé program with both government personnel at all levels of administration as well as the business community and the general citizenry;

7. monitoring Crecquiring the routine measurement and reporting of important indicators of (or related to) outcome oriented results which stems from the continuing quest for accountability of Louisiana state government;

8. reporting Cforming the governor's office of self-imposed outcomes via written and quarterly reports as to the progress of intra-departmental efforts by having the secretary of the department and her/his subordinates assist in the accomplishment of the initiative keep records, and coordinate and link with representatives of the Department of Economic Development; and

9. continuous improvement Capproach to improving the performance of the Mentor/Protégé operation which promotes frequent, regular and possible small incremental improvement steps on an ongoing basis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.


§503. Incentives for Mentor Participation

A. Businesses participating as mentors in the Mentor/Protégé Program will be motivated for program participation via program features incorporated in the bid process as well as contracts and or purchase agreements negotiated with the firm. The following features may be instituted by the state of Louisiana to motivate Mentor participation.

1. Preferential Contract Award. The state of Louisiana may institute a system for awarding points to mentor participants which will confer advantages in the bid or selection process for contracting. The evaluation points granted a Mentor/Protégé Program participant will be proportionate to the amount of protégé participation in the project. Evaluation points will be weighted with the same standards as points awarded for quality for product or service; or

2. Performance Incentives. Contracts for goods or services may include a factor for evaluation of performance for the purpose of providing incentives for work performed or deliveries completed ahead of schedule. The incentive for contractors and suppliers who are Mentor/Protégé Program participants shall be not less than 5 percent greater than incentives awarded to firms who are not program participants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Small and Emerging Business Development, LR 26:1573 (August 2000), amended by Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:545 (April 2003).

§505. Incentives for Protégé Participation

A. Businesses participating as protégés will be eligible for the following program benefits.

1. Subcontracting Opportunities. Protégé firms may be eligible for non-competitive subcontracting opportunities with the state and private sector industries.

2. Technical and Developmental Assistance. Protégé firms will be provided technical and developmental assistance provided by Mentors which is expected to build the capacity of the protégé firm to compete successfully for public and private sector opportunities.

3. Networking. The Department of Economic Development will institute a system of networking protégé firms with potential mentors for the purposes of facilitating successful Mentor/Protégé partnerships. SEB firms participating in the program will be included in the Department of Economic Development's protégé source guide, which lists the firm and its capabilities as a sources of information for mentors in the program. Additionally, networking seminars for the purposes of introducing potential mentors and protégés will be held annually.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Small and Emerging Business Development, LR 26:1574 (August 2000), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:545 (April 2003).
§507. Guidelines for Participation
A. The Mentor/Protégé Program will be open to participation by any business entity which meets the criteria for participation as outlined below.
1. Mentor Firms:
   a. must be capable of contracting with the state;
   b. must demonstrate their capability to provide managerial or technical skills transfer or capacity building; and
   c. must remain in the program for the period of the developmental assistance as defined in the Mentor/Protégé plan.
2. Protégé Firms:
   a. must be a certified Small and Emerging Business with the state of Louisiana Department of Economic Development;
   b. must be eligible for receipt of government and private contracts;
   c. must graduate from the program within a period not to exceed 7 years or until the firm reaches the threshold of $750,000 net worth as defined by the SEB certification guidelines.
3. Mentor/Protégé Plan
   a. A Mentor/Protégé Plan signed by the respective firms shall be submitted to the Department of Economic Development, Program of Small and Emerging Business Development for approval. The plan shall contain a description of the developmental assistance that is mutually agreed upon and in the best developmental interest of the protégé firm.
   b. The Mentor/Protégé plan shall also include information on the mentor's ability to provide developmental assistance, schedule for providing such assistance, and criteria for evaluating the protégé's developmental success. The plan shall include termination provisions complying with notice and due process rights of both parties and a statement agreeing to submit periodic report reviews and cooperate in any studies or surveys as may be required by the department in order to determine the extent of compliance with the terms of the agreement.
   c. The submitted Mentor/Protégé Agreement shall be reviewed by an Economic Development Small Business Advisor. The Small Business Advisor may recommend to the director of the Program of Small and Emerging Business Development acceptance of the submitted Agreement if the agreement is in compliance with the program's Mentor/Protégé guidelines.
4. Protégé Selection
   a. The responsibility and at the discretion of the mentor. Protégés may be selected from the listing of SEB's provided by the Department of Economic Development, Program of Small and Emerging businesses. A protégé selected from another source or reference must be referred to the Department of Economic Development for certification as an SEB. The protégé must meet the department's guidelines for SEB certification as a condition of the Mentor/Protégé Plan acceptance.

§509. Measurement of Program Success
A. The overall success of the Mentor/Protégé program will be measured by the extent to which it results in:
   1. an increase in the protégé firm's technical and business capability, industrial competitiveness, client base expansion and improved financial stability;
   2. an increase in the number and value of contracts, subcontracts and supplier agreements by small and emerging businesses; and
   3. the overall enhancement and development of protégé firms as a competitive contractor, subcontractor, or supplier to local, state, federal agencies or commercial markets.

§511. Internal Controls
A. The Program of Small and Emerging Business Development will manage the program and establish internal controls to achieve the stated program objectives. Controls will include:
   1. reviewing and evaluating Mentor/Protégé agreements for goals and objective;
   2. reviewing semi-annual progress reports submitted by mentors and protégés on protégé development to measure protégé progress against the approved agreement;
   3. requesting and reviewing periodic reports and any studies or surveys as may be required by the program to determine program effectiveness and impact on the growth, stability and competitive position of Small and Emerging Businesses in the state of Louisiana; and
   4. continuous improvement of the program via ongoing and systematic research and development of program features, guidelines and operations.

§513. Non-Performance
A. The Mentor/Protégé Agreement is considered a binding agreement between the parties and the state. Mentors who compete for contract award or purchasing activity and receive evaluation points as program participants are bound, in accordance with the terms of the state contract or purchase order, to fulfill the responsibilities outlined in the approved Mentor/Protégé Agreement as a condition of successful contracting or purchase activity. Protégé who are selected for program participation are bound, in accordance with the terms of their agreement with the Department of Economic Development for continued participation in the program. Failure of the parties to meet the terms of the agreement is considered a violation of contract with liabilities as outlined below.
B. Failure of the mentor to meet the terms of the Mentor/Protégé Agreement will be considered a default of state contract or purchasing agreement.

C. Failure of the protégé to meet the terms of the Mentor/Protégé Agreement will result in exclusion from future participation in the program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Small and Emerging Business Development, LR 26:1574 (August 2000), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:546 (April 2003).

§515. Conflict Resolution

A. The state will institute a system for independent arbitration for the resolution of conflicts between mentors and protégé as program participants and/or between program participants and the state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Small and Emerging Business Development, LR 26:1575 (August 2000), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:547 (April 2003).

Chapter 7. Recognition Program

§701. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:53 (January 1997), amended by Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:547 (April 2003).

Chapter 9. Small Business Bonding Program

§901. Small Business Bonding Assistance

A. Program Activities

1. Eligibility. All SEB construction contractors who are certified by the Small and Emerging Business Development Program, Department of Economic Development, are eligible to attend the institute. However, other contracting businesses will be invited to attend the institute but they will not be able to receive bond guarantee assistance until they have been certified by the SEBD Program.

2. Standards and Procedures for Determining Course Content. The staff of Bonding Assistance Program (BAP) will once a year, or as budget permits, consult with the heads of the construction schools in Louisiana approved by the Board of Regents and Department of Education to ensure that current course content adequately prepares the students to run their construction firms in a businesslike manner.

3. Attendance. Attendance is open to only certified or potentially certified small and emerging business construction contractors. However, contractors must register for the institute he or she wishes to attend. Each contractor who successfully completes the LCAI will be issued a certificate of accreditation.

4. Accreditation without Institute Attendance. An SEB firm may request to be accredited without attendance. The staff of the BAP will conduct a review of the firm. If the contractor can present evidence he conducts business within standards set by Best Practices, an accreditation may be issued to the firm.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.


§903. Direct Bonding Assistance

A. Direct Bonding Assistance. All certified Small and Emerging construction businesses that have been accredited by the LCAI and all other certified SEBs (non-construction) may be eligible for surety bond guarantee assistance not to exceed the lesser of 25 percent of contract or $200,000 on any single project. All obligations whether contractual or financial will require the approval of the undersecretary.

B. Application Process

1. A Small Business Bonding Program applicant requesting a bond guaranty is first required to contact a surety company interested in insuring such a bond contingent on SEBD approval. The aforesaid surety will contact SEBD to discern eligibility requirements and submit a formal application on behalf of the business concern.

2. Application for surety bond guarantee assistance including contractor or business underwriting data as prescribed by surety companies shall be submitted by agent to the staff of the Bonding Assistance Program (BAP) and surety company.

3. Manager of BAP or designee will:
   a. determine and document that business is eligible to participate in program;
   b. secure proof that project has been awarded to contractor or business, in the case of performance and payment bonds;
   c. determine worthiness of the project based on advice and input from surety company.
   d. make recommendations to the BRAS director as required.

C. Surety Companies

1. Criteria for Eligibility and Continuation in the Program. A surety company must have a certificate of authority from and its rates approved by the Department of Insurance, and appear in the most current edition of the U.S. Treasury Circular 570.

   a. BAP, at its sole discretion, may refuse to recommend the issuance of further guarantees/Letters of Credit (LC) to a participating surety where the administration finds any of the following:
      i. fraud or misrepresentation in any of the sureties business dealings, BAP-related or not;
      ii. imprudent underwriting standards;
      iii. excessive losses (as compared to other participating sureties);
      iv. failure of a surety to consent to BAP audit;
      v. evidence of discriminatory practices; and
      vi. consideration of other relevant factors.

   b. BAP, at its sole discretion, may refuse to recommend the issuance of further guarantees/LC to a participating surety where the Department of Economic
Development finds that the surety has failed to adhere to prudent underwriting standards or other practices relative to those of other sureties participating in the BAP. Any surety that has been denied participation in the program may file an appeal, in writing, delivered by certified mail to the secretary of the Department of Economic Development, who will review the adverse action and will render the final decision for the department. Appeals must be received no later than 30 days from the issuance of the director's decision.

2. Subsuretyship. A lead or primary surety must be designated by those sureties who desire to bond a contract together. BAP will recommend a guarantee only to one surety. This does not mean that surety agreements cannot be entered. In a default situation, BAP will recommend to indemnify only the lead or primary surety, which will have an indemnification agreement with its re-insurers.  

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.  
HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 24:431 (March 1998), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:547 (April 2003). 

§905. Calculation of Guarantee Fee Deduction  
Repealed.  

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.  
HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 24:431 (March 1998), repealed by Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:548 (April 2003). 

§907. Management Construction/Risk Management Company  
A. Surety may require contractor to engage a management construction/risk management company to do, at a minimum, an independent take off and review of all low bid projects and advise BAP of their findings, this determination shall be made based on the Surety's standard underwriting procedures. Surety may also require contractor to engage a management construction/risk management company to provide the following services:  
1. review of the initial bond request for compatibility of the contractor with the scope of work as outlined in the solicitation;  
2. job cost breakdown and bid preparation assistance;  
3. monitor all projects once awarded. This will include a full (critical path) reporting throughout the life of the contract;  
4. funds receipt and disbursement through a job-specific account on each project. This will include compliance with all lien waivers, releases and vendor payment verification;  
5. make itself immediately available for project completion on any defaults at no additional fee to the project cost.  
B. Management construction/risk management company engaged by contractor shall be pre-approved by BAP and surety. BAP shall not receive any portion of any fees paid to management construction/risk management company by contractor.  

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.  

§909. Underwriting a BAP Guaranteed Bond  
A. In underwriting a BAP guaranteed bond, the surety is required to adhere to the surety industry's general principles and practices used in evaluating the credit and capacity; and is also required to adhere to those rules, principles, and practices as may be published from time to time by the BAP.  
B. Once an application for a bond guarantee/LC is received from a contractor, a review will be conducted in order to determine whether the Small and Emerging Business is eligible for BAP's surety bond guarantee assistance. This review will focus on the presence of a requirement for surety bonds and other statutory requirements.  

1. Bonds  
a. There must be a specific contract amount in dollars or obligee estimate of the contract amount, in writing, on other than firm fixed price contracts.  
b. There must be nothing in the contract or the proposed bond that would prevent the surety, at its election, from performing the contract rather than paying the penalty.  
c. BAP, having guaranteed the bid bond, may refuse to recommend guarantee of the required payment and performance bonds when the actual contract price exceeds the original bid and the higher amount. In such an instance, the surety would either issue the payment and performance bond without BAP's guarantee, or suffer default in fulfilling the bid bond, which should result in claims against the surety and surety's claim against BAP.  

2. Types of Bond Guarantees. BAP guarantees will be limited to certain bid, performance, and payment bonds issued in connection with a contract. Bid, performance, and payment bonds listed in the Contract Bonds section, Rate Manual of Fidelity, Forgery and Surety Bonds, published by the Surety Association of America, will be eligible for a BAP guarantee. In addition, the BAP guarantee may be expressly extended, in writing, to an ancillary bond incidental to the contract and essential to its performance.  

3. Ineligible Bond Situations and Exceptions  
a. If the contracted work is already underway, no guarantee will be issued unless the director consents, in writing, to an exception.  
b. While it should not be a common occurrence, and is in fact to be discouraged, applications for surety bonds may occasionally be submitted for consideration after a job is in process. In such cases, the surety must submit, as part of the application, the following additional information:  
   i. evidence from the contractor that the surety bond requirement was contained in the original job contract;  
   ii. adequate documentation as to why a surety bond was not previously secured and is now being required;  
   iii. certification by contractor: list of all suppliers indicating that they are paid up to date, attaching a waiver of lien from each; that all labor costs are current; that all
subcontractors are paid to their current position of work and a waiver of lien from each;

iv. certification by obligee that the job has been satisfactorily completed to present status; and

v. certification from the architect or engineer that the job is in compliance with plans and specifications; and is satisfactory to the present.

c. There are prepared forms published by the American Institute of Architects (AIA), which may be used for the purposes listed above.

C. The surety must satisfy to BAP that there is reasonable expectation that the Small and Emerging Business will perform the covenants and conditions of the contract with respect to which a bond is required. BAP's evaluation will consider the Small and Emerging Business' experience, reputation, and its present and projected financial condition. Finally, BAP must be satisfied as to the reasonableness of cost and the feasibility of successful completion of the contract. The BAP's determination will take into account the standards and principles of the surety industry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 24:431 (March 1998), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:548 (April 2003).

§911. Guarantee

A. Amount of Guarantee. Providing collateral in the form of an irrevocable letter of credit to the surety may be posted on an individual project basis at the discretion of the Department of Economic Development.

B. Surety Bond Guarantee Agreement

1. Terms and Conditions
   a. The guarantee agreement is made exclusively for the benefit of BAP and the surety; it does not confer any rights or benefits on any other party including any right of action against BAP by any person claiming under the bond. When problems occur on a contract substantive enough to involve the surety, the surety is authorized to take actions it deems necessary. Regardless of the extent or outcome of surety's involvement, the surety's services, including legal fees and other expenses, will be chargeable to the contractor unless otherwise settled.
   b. Any agreement by BAP to guarantee a surety bond issued by a surety company shall contain the following terms and conditions:
      i. the surety represents that the bond or bonds being issued are appropriate to the contract requiring them;
      ii. the surety represents that the terms and conditions of the bond or bonds executed are in accordance with those generally used by the surety for the type of bond or bonds involved;
      iii. the surety affirms that without the BAP guarantee to surety, it will not issue the bond or bonds to the principal;
      iv. the surety shall take all steps necessary to mitigate any loss resulting from principal's default;
      v. the surety shall inform BAP of any suit or claim filed against it on any guaranteed bond within 30 days of surety's receipt of notice thereof. Unless BAP decides otherwise, and so notifies surety within 30 days of BAP's receipt of surety's notice, surety shall take charge of the suit for claim and compromise, settle or defend such suit or claim until so notified. BAP shall be bound by the surety's actions in such matters;
   vi. the surety shall not join BAP as a third party in any lawsuit to which surety is a party unless BAP has denied liability in writing or BAP has consented to such joinder.
   c. When contractor successfully completes bonded job a status inquiry report is signed by appropriate parties and is forwarded to surety's collateral department. Surety shall release standby letter of credit within 90 days of recordation of acceptance date shown on status inquiry report.

   d. Variances. The terms and conditions of BAP's guarantee commitment or actual bond guarantee may vary from surety to surety and contract to contract depending on BAP's experiences with a particular surety and other relevant factors. In determining whether BAP's experience with a surety warrants terms and conditions which may be at variance with terms and conditions applicable to another surety, BAP will consider, among other things, the adequacy of the surety's underwriting; the adequacy of the surety's substantiation and documentation of its claims practice; the surety's loss ratio and its efforts to minimize loss on BAP guaranteed bonds; and other factors. Any surety which deems itself adversely affected by the director's exercise of the foregoing authority may file an appeal with the secretary of the Department of Economic Development. The secretary will render the final decision.

2. Reinsurance Agreement. In all guarantee situations, BAP agrees to reimburse the participating surety up to the agreed-upon percentage of any and all losses incurred by virtue of default on a particular contract. The participating surety agrees to handle all claims, with recoveries being shared on a pro rata basis with BAP. This includes reinsurance agreements between the surety and any other licensed surety or reinsurance company. In other words, no indemnity agreement can be made to inure solely to the benefit of the surety to recover its exposure on any bond guarantee by BAP without BAP participating in its pro rata share.

3. Default
   a. Notice of Default. Surety shall notify BAP if it becomes aware of any circumstances which may cause the contractor to fail to timely complete the project in accordance with the provisions of the contract. Where BAP receives information from other sources indicating a contractor is in potential violation of his contract, the information is to be relayed to the surety for its information and appropriate action.

   b. Default Claims, Indemnity Pursuit, and Settlement
      i. The sole authority and responsibility in BAP for handling claims arising from a contractor's default on a surety bond guaranteed by the BAP shall remain with the director and undersecretary relative to BAP's guarantee. The director and undersecretary will process and negotiate all claim matters with surety company representatives.

      ii. In those situations where BAP's share is $500 or less, the surety shall notify the contractor, by letter, of its outstanding debt with no further active pursuit undertaken.
by the surety for which BAP would be requested to reimburse.

iii. In those situations where BAP's share is over $500 through $2,500, the surety shall promptly develop financial background information on the debtor contractor. These findings will determine whether it is economically justified to further pursue indemnity recovery or to close the file.

iv. In those situations where BAP's share is over $2,500, the surety shall pursue recovery through its normal method, assessing and comparing the estimated cost of recovery efforts with the probable monetary gain from the effort prior to exercising its rights under LC.

v. The surety shall advise BAP of attempts made to contact indemnitor or to attach other assets, and the outcome of these attempts. The surety shall insure that BAP is credited with its respective apportionment of all recovery within 90 days of the recovery.

vi. At the culmination of subrogation and indemnity recovery efforts, the surety shall notify the obligor of the total amount outstanding. A copy of the notice sent to the contractor shall be promptly forwarded to the BAP. After recovery efforts have been exhausted, the surety and BAP will make final reconciliation on the defaulted case, and close the file on that particular contractor's project. Prior to closing the file, surety shall conduct a recapitulation of the account to assure that BAP has been correctly credited with all funds recovered from any and all sources.

vii. Under the terms and conditions of the surety bond guarantee agreement, the authority to act upon proposed settlement offers in connection with defaulted surety bonds lies with the surety, not with the BAP. A settlement occurs when a defaulted contractor and its surety agree upon a total amount and/or conditions which will satisfy the contractor's indebtedness to the surety, and which will result in closing the loss file. The surety must pay BAP its pro rata share of such settlement. BAP, immediately upon receipt of same, closes the file.

4. Reinstatement. A contractor's contractual relationship is with the surety company. Therefore, all matters pertaining to reinstatement must be arranged with and through the surety. BAP's contractual relationship is with the surety company only. Because of these relationships, BAP will neither negotiate nor discuss with a contractor amounts owed the surety by the contractor, or settlement thereof.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 24:433 (March 1998), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:550 (April 2003).

§913. Audits

A. At all reasonable times, BAP or designee may audit the office of either a participating agency, its attorneys, or the contractor or subcontractor completing the contract, all documents, files, books, records and other material relevant to the surety bond guarantee commitments. Failure of a surety to consent to such an audit will be grounds for BAP to refuse to issue further surety guarantees until such time as the surety consents to such audit. However, when BAP has so refused to issue further guarantees the surety may appeal such action to the secretary of the Department of Economic Development. All appeals must be in writing and delivered by certified mail within 30 days of receiving the director's written issuance of notice that no further guarantees will be issued. Otherwise the director's decision becomes final.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 24:433 (March 1998), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:550 (April 2003).

§915. Ancillary Authority

A. The director, with the approval of the undersecretary and assistant secretary, will have the authority to commit funds and enter into agreements which are consistent with and further the goals of this program. This authority would include, but not be limited to, designating a pool of funds upon which only a particular surety has recourse to, in the event of a contractor default.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 24:433 (March 1998), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:550 (April 2003).

Chapter 11. Promotion of Small and Emerging Businesses

§1101. Promotion

A. Directory

1. Compilation. The SEBD Program shall compile a directory of all certified SEBs and make it available to the businesses and governmental agencies.

2. Frequency of Publication. The directory shall be updated at least annually, based upon information provided by certified businesses. The SEBD Program may issue updated directories more frequently.

3. Volume and Distribution. At least one copy of the directory will be made available to each state agency and educational institution, and copies will be provided to the state library. Additional copies may be made available to the public and governmental agencies as SEBD Program's resources permit.

4. Available Information. Public information concerning a Small and Emerging Business may be obtained by contacting the Small and Emerging Business Development Program staff during normal working hours.

B. Other Promotional Means. The SEBD Program will utilize other feasible means of promoting Small and Emerging Businesses, such as, but not limited to, the internet, world wide web, electronic bulletin boards, trade shows, or private sector contacts.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:942.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of
Chapter 13. Complaints and Investigations

§1301. Complaints and Investigation of Ineligibility

A. Right to File Complaint. Any individual, firm, or governmental agency which believes that a certified business does not qualify for certification may file a written, signed complaint with the SEBD Program. The complaint must contain sufficient information for SEBD Program staff to conduct an investigation, including specific identification of the affected business, basis for the charge of ineligibility, and identification, mailing address, and telephone number of the complainant.

B. Right to Due Process. No Small and Emerging Business shall be decertified based upon a complaint, without first having had an opportunity to respond to the allegations; however, failure of the Small and Emerging Business to respond to the SEBD Program's notification within 30 calendar days of mailing from the Program may result in revocation of certification.

C. Investigative Procedure

1. Notification of Allegation. The SEBD Program shall notify the certified business which is subject of the complaint by certified mail, return receipt requested, of the allegation within 15 calendar days of the complaint's receipt.

2. Investigation Conducted. Within available resources, the SEBD Program shall investigate each complaint as promptly as possible. In no event shall the investigation extend beyond 60 calendar days from the date that the complaint was received.

3. Cooperation. The Small and Emerging Business shall cooperate fully with the investigation and make its staff and records available to the SEBD Program, if requested. Insufficient cooperation may be grounds for concluding that the firm has not borne the burden of proving to the satisfaction of the SEBD Program that it is eligible for certification, resulting in revocation of certification.

4. Upon completion of the investigation, the SEBD Program's staff shall make a determination and issue a written decision which either rejects the complaint or revokes the certification within 10 working days. A copy of the written decision shall be sent to the firm that was subject of the complaint, the complainant, and the director of the SEBD Program's Office of State Purchasing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:944.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:54 (January 1997), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:551 (April 2003).

§1303. Grounds and Procedure for Reconsideration of Denial

A. Right to Petition. A decision by the SEBD Program to deny issuing certification, deny renewal of certification, or to revoke certification will be reconsidered after an applicant business has submitted a written petition for reconsideration to the staff of the SEBD Program.

B. Grounds. Grounds for petitioning the SEBD Program to reconsider a denial or revocation of certification are that the Small and Emerging Business Development Program:

1. did not have all relevant information;
2. misapplied its rules;
3. otherwise made an error in reaching its original decision.

C. Right to Petition for Reconsideration. A petitioning business may appeal SEBD Program's decision to deny issuance of certification, to deny recertification, or to revoke certification. Only a firm which is subject of the denial or revocation has a right to petition for reconsideration.

1. Petition Submitted. The appellant business submits a written petition for reconsideration to the SEBD Program's staff. If the petition has not been received by the SEBD Program within 30 days of the date of the letter announcing the denial or revocation, the SEBD Program's decision becomes administratively final.

2. The petition shall specify grounds upon which a reconsideration is justified and the type of remedy requested. The petition for reconsideration shall also clearly identify a contact person, mailing address, telephone number. The petitioning firm may provide any additional information which would be pertinent to the issue.

3. Acknowledgment. Upon receiving a petition for reconsideration, SEBD Program shall acknowledge its receipt by sending certified mail, return receipt requested, to the petitioner within five working days.

4. Reconsideration. The SEBD Program shall consider the petition and review all pertinent information, including additional information provided by the appellant business. The SEBD Program may conduct further investigation as necessary.

5. Notification of Decision. No later than 60 calendar days from receipt of the petition for reconsideration, the SEBD Program shall notify the petitioner by certified mail, return receipt requested, of its decision either to affirm the denial or revocation, with specific reason(s) of the grounds for the decision.

D. Final Decision. A decision to deny, revoke, or suspend certification following consideration of a petition for reconsideration is final.

AUTHORITY NOTE: Promulgated in accordance with R.S. 51:944.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of the Secretary, Division of Economically Disadvantaged Business Development, LR 23:55 (January 1997), amended by the Department of Economic Development, Office of the Secretary, Division of Business Retention and Assistance Services, LR 29:551 (April 2003).

Don J. Hutchinson
Secretary

0304#025
RULE
Board of Elementary and Secondary Education

Bulletin 741 Louisiana Handbook for School Administrators (LAC 28:1.901)


The action is necessary to bring Louisiana's school administrative policy in line with Family Education Rights to Privacy Act (FERPA) guidelines. Specific information regarding FERPA guidelines can be obtained at http://www.ed.gov/offices/OM/fpco/ferpa/index.html.

Title 28
EDUCATION

Part I. Board of Elementary and Secondary Education
Chapter 9. Bulletins, Regulations, and State Plans
Subchapter A. Bulletins and Regulations
§901. School Approval Standards and Regulations
A. Bulletin 741

* * *

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

Policy
1.025.01 The maintenance, use, and dissemination of information included in school records and reports shall be governed by written policies adopted by the local educational governing authority and/or other applicable educational governing authorities. The policies shall conform to the requirements of all applicable state and federal laws, including, but not limited to, the Louisiana Public Records Act, R.S. 44:1 et seq., the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g and 45 CFR 99.1 et seq., the Individual with Disabilities Education Act, 20 U.S.C 1400 et seq., 17:1941 et seq. and R.S. 17:1237.

Weegie Peabody
Executive Director
0304#018

RULE
Board of Elementary and Secondary Education

Bulletin 741 Louisiana Handbook for School Administrators (LAC 28:1.901)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education has amended Bulletin 741, referenced in LAC 28:1.901, promulgated by the Board of Elementary and Secondary Education in LR 1:483 (November 1975).

At its October 2002 meeting, the State Board of Elementary and Secondary Education revised Standards 2.037.12, 2.037.13, 1.090.03, and 2.090.03 of Bulletin 741. These standards relate to the length of the school day and the minimum time requirements for pre-kindergarten classes. This action was necessary to include pre-kindergarten in policy that previously applied to K-12. The revision mandated that 360 minutes shall be the minimum instructional day for a full day pre-kindergarten program, defined instructional time for pre-kindergarten and clarified suggested minimum time requirements for pre-kindergarten.

Title 28
EDUCATION

Part I. Board of Elementary and Secondary Education
Chapter 9. Bulletins, Regulations, and State Plans
Subchapter A. Bulletins and Regulations
§901. School Approval Standards and Regulations
A. Bulletin 741

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

Length of School Day Requirements
2.037.12 The minimum instructional day for a full-day pre-kindergarten and kindergarten program shall be 360 minutes.

2.037.13 For grades pre-kindergarten - 12, the minimum school day shall include 360 minutes of instructional time, exclusive of recess, lunch, and planning periods.

Elementary Program of Studies/Minimum Time Requirements
2.090.03 Schools providing pre-kindergarten programs shall offer a curriculum that is developmentally appropriate and informal in nature.
Suggested Minimum Time Requirements for Pre-Kindergarten

<table>
<thead>
<tr>
<th>Teacher directed activities</th>
<th>35 percent</th>
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<tbody>
<tr>
<td>indoor and outdoor whole and small group</td>
<td>35 percent</td>
</tr>
<tr>
<td>Child initiated activities</td>
<td>10 percent</td>
</tr>
<tr>
<td>indoor and outdoor learning centers</td>
<td>20 percent</td>
</tr>
<tr>
<td>Snack and restroom time</td>
<td>10 percent</td>
</tr>
<tr>
<td>Lunch</td>
<td>20 percent</td>
</tr>
<tr>
<td>Rest Periods</td>
<td>20 percent</td>
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</tbody>
</table>

The above suggested minimum time requirements shall be flexibly scheduled to meet the developmental needs of young students.

Weegie Peabody  
Executive Director

0304019

**RULE**

**Board of Elementary and Secondary Education**

Bulletin 1943CPolicies and Procedures for Louisiana Teacher Assistance and Assessment (LAC 28:XXXVII.503, 701, and 901)

In accordance with the Administrative Procedure Act, R.S. 49:950 et seq., the State Board of Elementary and Secondary Education has amended Bulletin 1943C**Policies and Procedures for Louisiana Teacher Assistance and Assessment**, LAC 28:XXXVII. The State Board of Elementary and Secondary Education (SBSESE) approved the Louisiana Teacher Assistance and Assessment Program's, Bulletin 1943C**Policies and Procedures for Louisiana Teacher Assistance and Assessment**, at their September 2002 meeting. Bulletin 1943 is revised to be in conformity with R.S. 17:3881-3884, 17:3891-3896, and 17:3901-3904, Act 838 of the Regular Session of the 1997 Louisiana Legislature. These revisions include the new Louisiana teacher certification and licensure structure and the Teacher Preparation Program Accountability Survey for new teachers. The new Louisiana teacher certification and licensure structure, approved by the State Board of Elementary and Secondary Education, was implemented on July 1, 2002. The **Policies and Procedures for Louisiana Teacher Assistance and Assessment** are the criteria by which new teachers will be assessed under the Louisiana Teacher Assistance and Assessment Program.

**Title 28**

**EDUCATION**

Part XXXVII. Bulletin 1943C**Policies and Procedures for Louisiana Teacher Assistance and Assessment**

Chapter 5. **Assessment**

**§503. Teachers Subject to the Program**

A. New teachers subject to this assistance and assessment program, as specified by Act 1 of the 1994 Third Extraordinary Session of the Louisiana Legislature and its 1997 amendments, include general education teachers, vocational education teachers, special education teachers, and "any person employed as a full-time employee of a local board who is engaged to directly and regularly provide instruction to students." Teachers required to participate in this program include those who hold standard certificates (Type C, Level 1), those who hold non-standard certificates (Temporary Authority to Teach, Out-of-Field Authorization to Teach, Practitioner License, or Temporary Employment Permit), teachers moving for the first time from Louisiana nonpublic schools to public schools, and new teachers from out-of-state who do not meet the conditions outlined in Subsection B of this Section.

B. **AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:391.10; R.S. 17:3871-3873; R.S. 17:3881-3884; R.S. 17:3891-3895; R.S. 17:3901-3904.


**Chapter 7. Glossary**

**§701. Assessment Terminology**

* * *

**Nonstandard Certificate** A temporary license issued to one who has not yet completed all requirements for Louisiana certification but who is authorized to teach on a provisional basis in Louisiana schools while pursuing completion of all certification requirements.

* * *

**Standard Certificate** A license issued to one who has completed a teacher education program and satisfied other requirements for certification in Louisiana.

* * *

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:391.10; R.S. 17:3871-3873; R.S. 17:3881-3884; R.S. 17:3891-3895; R.S. 17:3901-3904.


**Chapter 9. Responsibilities**

**§901. Duties and Responsibilities of Each Party**

A. - A.3.h. …

4. Responsibilities of Mentor Teachers or Mentor Support Teams. One of the first responsibilities of the Mentor or Mentor Support Team leaders is to remind the assigned new teacher to complete the **Teacher Preparation Program Accountability Survey**. This survey must be completed during the first semester of the assistance period. Additional responsibilities include:

4.a. - 4.c.v. …

5. Responsibilities of Principals or Principal Designees

a. Introduce the new teacher to school and system policies and procedures, to faculty and staff, to teaching responsibilities, the school improvement plan, the school accountability program, to the **Teacher Preparation Program Accountability Survey**, to the availability of district resources, and the Teacher Assistance and Assessment Program;

5.b. - 6.c. …

7. Responsibilities of New Teachers

a. Complete the **Teacher Preparation Program Accountability Survey** during the first semester of the assistance period.

b. Perform new teacher responsibilities in accordance with the Code of Ethics for new teachers appearing in the appendices of this bulletin.

c. Meet regularly with his/her mentor at agreed upon times.

d. Take responsibility for his/her own professional growth.
The applicant's parents.

sections related to the income and assets of the applicant and all applicable sections of the initial FAFSA except those because of their family's financial condition must complete
demonstrate that they do not qualify for federal grant aid and Honors awards and TOPS Tech awards who can
the initial FAFSA.

financial condition) must complete all applicable sections of qualify for federal grant aid because of their family's
Performance and Honors awards and TOPS Tech awards (High School) and intends to enroll as a First Time-Full

student in the fall semester of 2004, he must submit

Graduate from high school during or after the 2001-2002 Academic Year (High School), the student must submit the initial FAFSA in time for it to be received by the federal processor by July 1, 2001.
b. For applicants graduating from high school during or after the 2001-2002 Academic Year (High School), in order 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 application is July 1st of the Academic Year (College) in which the applicant will be a First Time-Full Time Student.
c. In the event of a budgetary shortfall, applicants for TOPS Opportunity, Performance and Honors awards and TOPS Tech awards who do not complete all sections of the FAFSA will be the first denied a TOPS award.

B. Final Deadline for Full Award

1. a. Except as provided in Subparagraph B.1.b below, in order 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 application is July 1st of the Academic Year (High School) in which a student graduates. For example, for a student graduating in the 2000-2001 Academic Year (High School), the student must submit the initial FAFSA in time for it to be received by the federal processor by July 1, 2001.
2. b. For applicants graduating from high school during or after the 2001-2002 Academic Year (High School), in order 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 application is the July 1st immediately preceding the Academic Year (College) in which the applicant will be a First Time-Full Time Student.
3. c. Examples

i. If an applicant graduates in the 2002-2003 Academic Year (High School) and will be a First Time-Full Time student in the fall semester of 2003, the applicant must submit the initial FAFSA in time for it to be received by the federal processor by July 1, (2003).

ii. If an applicant graduates in the 2002-2003 Academic Year (High School) and will be a First Time-Full Time student in the fall semester of 2004, the applicant must submit the initial FAFSA in time for it to be received by the federal processor by July 1, (2004).

a. Students must also apply in time to meet the First Time Freshman enrollment deadlines specified in §703.A.4 (TOPS Opportunity, Performance and Honors) and §803.A.4 (TOPS Tech).

B.2. E. ... AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3036, R.S. 17:3042.1 and R.S. 17:3048.1.


Chapter 8. TOPS-TECH Award

§803. Establishing Eligibility

A. - A.2. ...

3. submit the completed initial Free Application for Federal Student Aid (FAFSA) or renewal FAFSA in accordance with §501 by the applicable state aid deadline in accordance with the requirements of §503; and
AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3036, R.S. 17:3042.1 and R.S. 17:3048.1.


George Badge Eldredge
General Counsel

0304/#013

RULE

Student Financial Assistance Commission
Office of Student Financial Assistance

Scholarship/Grant Programs (Definitions)

The Louisiana Student Financial Assistance Commission (LASFAC) has exercised the provisions of the Administrative Procedure Act, R.S. 49:953(B) et seq., and amended its Scholarship/Grant Rules.

Title 28
EDUCATION
Part IV. Student Financial Assistance—Higher Education Scholarship and Grant Programs

Chapter 3. Definitions

§301. Definitions

**Cost of Attendance**
The total amount it will cost a student to go to school, usually expressed as an academic year figure. This cost is determined by the school in compliance with Title IV of the Higher Education Act of 1965, as amended, and is annually updated and adopted by the institution. The cost of education covers tuition and fees, on-campus room and board (or a housing and food allowance for off-campus students) and allowances for books, supplies, transportation, child care, costs related to a disability, and miscellaneous expenses. Also included are reasonable costs for eligible programs of study abroad. An allowance (determined by the school) is included for reasonable costs connected with a student’s employment as part of a cooperative education program.

**Dependent Student**
A student who is dependent on his or her parents or legal guardian for support and therefore is required to include parental information on the Free Application for Federal Student Aid (FAFSA) or renewal FAFSA.

**TOPS Cumulative Grade Point Average (Academic)**
The grade point average calculated by LOSFA on all academic courses taken by a student at postsecondary institutions to determine whether the student has maintained steady academic progress and whether the student has met the minimum grade point average required to maintain eligibility for continuation of a TOPS Award. The cumulative grade point average shall be calculated on a 4.00 scale and must include all academic courses from all postsecondary institutions attended for which the student has been awarded a grade. Academic courses taken at a college or university while the student was still in high school and at postsecondary institutions other than those in which the student received the highest grade may be considered in the calculation of the cumulative grade point average.


tops cumulative high school grade point average (non-academic) the grade point average calculated by losfa on all non-academic courses taken by a student at postsecondary institutions to determine whether the student has maintained steady academic progress and whether student has met the minimum grade point average required to maintain eligibility for continuation of a tops award. the cumulative grade point average shall be calculated on a 4.00 scale and must include all non-academic courses from all postsecondary institutions attended for which the student has been awarded a grade. non-academic courses taken by a student at a college or university while the student was still in high school and at postsecondary institutions other than those in which the student received the highest grade may be considered in the calculation of the cumulative grade point average.

**Quality Points Awarded for the Course**
\[
\frac{\text{Quality Points Awarded for the Course}}{\text{Maximum Points Possible for the Course}} = \frac{X}{4.00} \times \text{(Converted Quality Points)}
\]

1. For those high schools that utilize other than a 4.00 scale, all grade values shall be converted to a 4.00 scale utilizing the following formula.

By cross multiplying,

\[
5X = 12; X = 2.40
\]

2. For school's awarding a maximum of 5 points for honors courses, the formula shall be used to convert the honors course grade of "C" as shown in the following example.

\[
\frac{3.00}{5.00} = \frac{X}{4.00}
\]

Quality points = Credit for course multiplied by the value assigned to the letter grade.
**RULE**

**Tuition Trust Authority**
Office of Student Financial Assistance

Student Tuition and Revenue Trust (START Saving)
Definitions (LAC 28:VI.107)

The Louisiana Student Financial Assistance Commission (LASFAC) has exercised the provisions of the Administrative Procedure Act, R.S. 49:953(B) et seq., and amended its Student Tuition and Revenue Trust Rules.

**Title 28**

**EDUCATION**

Part VI. Student Financial Assistance—Higher Education Savings

Chapter 1. General Provisions

**§107. Applicable Definitions**

* * *

**Maximum Allowable Account Balance**
The amount, determined annually, and effective on August 1 of each year, and expressed as a current dollar value, which is equal to five times the qualified higher education expenses at the highest cost institution in the state. Once the cumulative contributions, earnings on contributions, earnings enhancements and interest accrued thereon of an education savings account equals or exceeds the maximum allowable account balance, principal deposits will no longer be accepted for the account. However, if subsequent increases occur in the maximum allowable account balance, principal deposits may resume until the cumulative credits equal the most recently determined maximum allowable account balance.

* * *

**Other Persons**
With respect to any designated beneficiary, is any person, other than the beneficiary, whether natural or juridical, who is not a member of the family, including but not limited to individuals, groups, trusts, estates, associations, organizations, partnerships, corporations, and custodians under the Uniform Transfer to Minors Act (UTMA).

* * *

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


George Badge Eldredge
General Counsel

0304#022

**RULE**

**Environment Plan Division**
Office of Environmental Assessment

Naturally Dystrophic Waters Performance-Based Standards

(LAC 33:IX.1105 and 1109)(WQ046)

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.1105 and 1109 (WQ046).

The Rule modifies the process by which waters of the state are characterized as naturally dystrophic and makes consistent the process by which site-specific water quality standards are set for naturally dystrophic waters. EPA has encouraged the department to use performance-based standards as described in the preamble noticed in the Federal Register on April 27, 2000 (Volume 65, Number 82), EPA Review and Approval of State and Tribal Water Quality Standards (40 CFR Part 131). The department is now adopting performance-based standards to characterize and set water quality standards for naturally dystrophic waters of the state.

This action replaces the language in LAC 33:IX.1109.C.3.a to cite the scientific methodology that the department will use to characterize and set criteria for naturally dystrophic waters. The methodology that is referenced in the Rule is included in the Water Quality Management Plan/Continuing Planning Process, Volume 9, Water Quality Standards Documentation and Implementation. The Water Quality Management Plan/Continuing Planning Process, Volume 9, Water Quality Standards Documentation and Implementation has been created in conjunction with this rulemaking. The language in LAC 33:IX.1109.C.3.b is deleted. EPA will have the opportunity to ensure that technical issues are adequately addressed when the state adopts the performance-based standards. The state will no longer need to obtain separate approval from EPA for criteria derived through an approved performance-based approach.

The language from the current rule regarding wastewater discharge (LAC 33:IX.1109.C.3.c-d) that is deleted in this action will be modified and moved to the Water Quality Management Plan/Continuing Planning Process, Volume 3, Section 2, Permitting Guidance Document for Implementing the Louisiana Surface Water Quality Standards, Application of Numerical Standards and Use Attainability. This document is available at http://www.deq.state.la.us/permits/permitguide-wqmp.pdf.
LAC 33:IX.1109.C contains excepted use categories of water bodies, including naturally dystrophic waters. EPA has encouraged the department to adopt criteria associated with the excepted use categories. The department has been gathering data on a site-specific basis to support appropriate criteria changes on naturally dystrophic waters that protect the contact recreation and fish and wildlife propagation uses on these waters. The department now has enough data from site-specific Use Attainability Analyses conducted in accordance with state and federal regulations to support the adoption of an updated and consistent scientific methodology by which to set appropriate criteria for naturally dystrophic waters. Adoption of this methodology will streamline the time-consuming Use Attainability Analysis process the department currently uses to adjust criteria and continue to protect the contact recreation and fish and wildlife propagation uses on these waters as required by the Clean Water Act. The basis and rationale for this Rule and Water Quality Management Plan/Continuing Planning Process revisions are to streamline the procedure to evaluate naturally dystrophic waters while maintaining scientific validity.

This Rule meets an exception listed in R.S. 30:2019.D.(2) and R.S. 49:953.G.(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

**Title 33**  
**ENVIRONMENTAL QUALITY**  
**Part IX. Water Quality**  
**Chapter 11. Surface Water Quality Standards**  
**§1105. Definitions**

* * *

_Naturally Dystrophic Waters_—waters which are stained with organic material and which are low in dissolved oxygen because of natural conditions.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2074(B)(1).


**§1109. Policy**

Water quality standards policies concerned with the protection and enhancement of water quality in the state are discussed in this Section. Policy statements on antidegradation, water use, water body exception categories, compliance schedules and variances, short-term activity authorization, errors, severability, revisions to standards, and sample collection and analytical procedures are described.

A. - C.2.d. …

3. Naturally Dystrophic Waters. _Naturally dystrophic waters_ are defined in LAC 33:IX.1105. Water bodies shall be designated as _naturally dystrophic waters_ and assigned appropriate water quality criteria according to the procedure in the department’s current Water Quality Management Plan/Continuing Planning Process.

**D. - I.4. …**

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2074(B)(1).


James H. Brent, Ph.D.  
Assistant Secretary

0304#059

**RULE**

Department of Environmental Quality  
Office of Environmental Assessment  
Environmental Planning Division

Stage II Vapor Recovery Systems  
(LAC 33:III.2132)(AQ225)

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 Air regulations, LAC 33:III.2132 (Log #AQ225).

This Rule allows the continued use of the current Stage II vapor recovery systems certified under California Air Resources Board (CARB) certification procedures effective on or before March 31, 2001. Stage II vapor recovery system requirements are applicable to motor vehicle fuel dispensing facilities in the parishes of Ascension, East Baton Rouge, Iberville, Livingston, Pointe Coupee, and West Baton Rouge. Louisiana and other states based their vapor recovery programs on the requirements of CARB. CARB recently approved changes to its standards, which affect the installation and operation of CARB-certified systems in Louisiana and other states. The EPA has recommended that a state not changing its standard to meet CARB's revised standards reference in its regulations that certification is based on CARB certification procedures effective on or before March 31, 2001. This revision complies with that recommendation. This Rule is also a revision to the Louisiana State Implementation Plan (SIP) for air quality.

The basis and rationale for this Rule are continued compliance with the Clean Air Act requirements for the Baton Rouge area for protection of air quality.

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.
Stage II Vapor Recovery System: A gasoline vapor recovery system that is CARB-approved on or before March 31, 2001, or equivalent, and recovers vapors during the refueling of motor vehicles.

A. Definitions. Terms used in this Section are defined in LAC 33:III.111 of these regulations with the exception of those terms specifically defined as follows:

B. - B.4.d. …

5. No owner or operator as described in Paragraphs B.1, 2, and 3 of this Section shall cause or allow the dispensing of motor vehicle fuel at any time unless all fuel dispensing operations are equipped with and utilize a Stage II vapor recovery system certified by CARB on or before March 31, 2001, that is properly installed and operated in accordance with the corresponding CARB executive order. The vapor recovery equipment must also be installed and operated within the guidelines of the National Fire Protection Association (NFPA) 30. The vapor recovery equipment utilized shall be certified by CARB or equivalent certification authority approved by the administrative authority to attain a minimum of 95 percent gasoline vapor control efficiency. This certified equipment shall have coaxial hoses and shall not contain remote check valves. In addition, only CARB or equivalent approved aftermarket parts and CARB or equivalent approved rebuilt parts shall be used for installation or replacement use. CARB certified enhanced vapor recovery systems and/or individual parts are approvable by the administrative authority as equivalent alternatives.

D.3. - G.4. …

5. department inspection records;
G.6. - H.1. …

a. notices of corrected violations;
b. compliance orders;

H.1.c. - I. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.

The amendments are primarily housekeeping revisions of existing board rules intended to bring the rules up to date. The amendments restructure and renumber the existing board rules, while repealing other sections. By virtue of these amendments, the following sections of the existing board rules are being renumbered: §§401-415 become §§401-515; §§501 becomes §§701; §§507 becomes §§703; §§511 becomes §§705; §§701-703 become §§901-903; §§901-905 become §§1101-1105; §§1101-1123 become §§1301-1321; §§1301-1335 become §§1501-1535; §§1501-1505 become §§1701-1705; §§1701-1703 become §§1901-1903; §§1901-1919 become §§2101-2119, and §§2101-2103 become §§2301-2303. The following sections of the existing board rules are being repealed: §§503, §§505, §§509, §§703.B and C, §§705 and §§1333.

Title 46
PROFESSIONAL AND OCCUPATIONAL
STANDARDS
Part I. Architects
Chapter 1. General Provisions
§101. Authority
A. Under the authority of R.S. 37:144 and in accordance with the provisions of R.S. 49:950 et seq., the Board of Architectural Examiners adopted the following.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§103. Rule Making Process
A. The Louisiana State Board of Architectural Examiners operates pursuant to these rules, adopted under the authority of R.S. 1950, Title 37, Chapter 3 as amended.

B. For purposes of these rules, the term architect means a person who is technically and legally qualified to practice architecture in Louisiana including a professional architectural corporation certified by the board pursuant to the provisions of R.S. 12:1086 et seq., an architectural-engineering corporation certified by the board pursuant to the provisions of R.S. 12:1171 et seq., and a limited liability
company certified by the board pursuant to the provisions of R.S. 12:1301 et seq. The term "board" means the Louisiana State Board of Architectural Examiners.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


Chapter 3. Organization

§301. Executive Director

A. The name and address of the person designated by the board upon whom service of process may be served in judicial procedures against the board is the executive director at the address of the official place of business of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§303. Officers

A. The board shall elect a president and a secretary, each to hold office until their successors shall have been elected. The term of office shall be for one year beginning the first day of January the ensuing year.

B. The president shall preside at all meetings; appoint all committees; sign all certificates of registration issued; sign or authorize by signature stamp all checks with the executive director; and perform all other duties pertaining to his office.

C. The secretary shall, with the assistance of such executive and clerical help as may be required:

   a. be the official custodian of the records of the board and of the seal of the board and see that the seal of the board is affixed to all appropriate documents;

   b. sign, with the chairman, certificates of licensure; and

   c. sign the minutes of the board meetings after the minutes have been approved by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§305. Other Personnel

A. The board may employ such executive, stenographic, and office assistance, including an executive director, as is necessary, and shall rent office space as necessary to house the staff and records.

B. The board shall employ an executive director who shall have possession on behalf of the secretary of all the official records of the board and who may, under the supervision of the board, perform such administrative and ministerial duties as the board authorizes.

C. In discharging its responsibilities, the board may engage private counsel, or, as prescribed in law, utilize the services of the attorney general. The board may also employ such accountants, auditors, investigators, and professionals as it deems necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§307. Meetings

A. There shall be at least four regular meetings each year. If the executive director or the president decide additional meetings are necessary, a special meeting may be called by due notification of all members of the board. A special meeting of the board shall be called by the president upon the request of any two members by giving at least a ten-day written notice to each member of the time and place of such meeting.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§309. Minutes

A. The minutes of all meetings shall be prepared by the executive director and signed by the secretary and the president at the next regular meeting. As soon as the minutes are prepared, the executive director shall mail them to the membership for their comments.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§311. Conduct of Meetings

A. Unless required otherwise, by law or by these rules, Robert's Rules of Order shall be used in the conduct of business by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§313. Quorum

A. Four members of the board constitute a quorum.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.

§315. Official Records
A. Among other official records required by law, or by rules of other agencies in support of law, there shall be kept in the board offices accurate and current records including, but not limited to:
1. minutes of all meetings of the board;
2. the name and registration number of all persons to whom certificates of registration are issued, the last known address of all registrants, and all current renewals effected through annual registrations;
3. an individual file for each registrant containing the original application, relevant verification and evaluation data, examination dates, grades, and date of original registration;
4. alleged violations and any revocation, rescission and suspension of licenses; and
5. a system of record keeping correctly and currently indicating funds budgeted, spent, and remaining, as well as projections of appropriate requests for consideration in budget development.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§317. National Council of Architectural Registration Boards
A. The board shall maintain membership in the National Council of Architectural Registration Boards (NCARB) and its regional conference. Up-to-date information on the examinations and policies adopted from time to time by NCARB shall be reported to the board regularly.

B. The board will cooperate with NCARB in furnishing transcripts of records and rendering assistance in establishing uniform standards of professional qualification throughout the jurisdiction of NCARB.

C. Effective February 24, 1989, out of the funds of the board each board member shall be compensated at a rate of $75 for each day in attending board meetings and hearings, attending NCARB regional and national meetings, issuing certificates and licenses, necessary travel, and discharging other duties, responsibilities, and powers of the board. In addition, out of said funds each board member, the executive director, and the board attorney shall be reimbursed reasonable and necessary travel, meals, lodging, clerical, and other incidental expenses incurred while performing the duties, responsibilities, and powers of the boards, including but not limited to performing the aforesaid specific activities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


Chapter 5. Election of Nominees to Fill Vacancy
§501. Vacancy
A. This chapter concerns the election of the three nominees to be submitted to the governor for the filling of a vacancy on the board of one or more of the five architectural members to be appointed by the governor pursuant to R.S. 37:142.B. This rule shall be applicable whether the vacancy occurs as a result of withdrawal, disability, death, completion of the term of appointment, or any other reason. This rule shall not be applicable to the board members selected by the governor pursuant to R.S. 37:142.C or D.

B. If a vacancy occurs, or is about to occur, the executive director shall publish notice thereof in the official journal of the state for a period of not less than ten calendar days. The published notice need not appear more than three times during the ten day period. The published notice shall identify the district where the vacancy has occurred and state that any licensed architect domiciled in that district desiring to fill that vacancy shall send a letter by certified mail to the director of the board indicating his or her intent to be a candidate, which letter shall be accompanied by a curriculum vitae and shall certify that, if elected, the architect will serve. The deadline for receipt of the certified letter shall be at least 20 calendar days subsequent to the publication of the last notice appearing in the official journal of the state. Confirmation of receipt shall be the sole responsibility of the candidate.

C. The board shall also provide notice of any vacancy to anyone who has requested same by certified mail within 90 days of the occurrence thereof. However, any failure to provide such notice shall not affect the results of any election conducted to fill the vacancy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§503. Waiver of Election
A. If three or fewer eligible architects from any district seek nomination, no election shall be held in that district, and the names of those three or fewer candidates shall be submitted to the governor without any further board action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§505. Ballots
A. If an election is necessary, an official ballot and an official return envelope shall be mailed to each licensed architect residing in Louisiana. The ballot shall contain the names of the candidates printed in alphabetical order for each district, the date for the return of the ballots, and any other information or instructions the board believes may be helpful in the election process. Biographical information may be attached to the ballot.

B. If the ballot mailed by board is lost, misplaced or not received, an architect desiring to vote may request from the board a substitute or replacement ballot. This substitute or replacement ballot may be used in the election, provided the requirements of §507.C are satisfied.
§507. Voting

A. All licensed architects residing in Louisiana shall have the right to vote in the election of nominees to fill the vacancy for any district. If nominees are being elected for more than one district, a licensed architect may choose to vote in one or more but less than all district elections, and no ballot shall be voided for that reason. However, any ballot containing more than three votes or fewer than three votes for candidates in any one district will be voided in its entirety. No write-in candidates will be allowed, and any ballot containing a vote for a write-in candidate will be voided in its entirety.

B. Ballots shall be returned in the official return envelopes provided by the board to the board office in Baton Rouge. The voting architect shall sign and provide his or her license number in the upper left-hand corner of the return envelope.

C. The ballot shall not be valid unless the signature and license number appear on the return envelope, and the return envelope is received by the board office on or before the deadline. Ballots returned in an envelope other than the official return envelope provided by the board shall not be voided for that reason, provided the signature and license number of the voting architect appear on the return envelope, and the return envelope is received by the board office on or before the deadline.

D. The deadline for returning the ballots will be fixed by the president and will be at least 14 calendar days after the ballots are mailed to all licensed architects. Ballots received after the deadline shall not be counted.

E. Upon receipt, each return envelope shall be stamped by the board office showing the date received.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§509. Tabulation

A. Within 14 calendar days of the deadline for receipt of ballots, tellers appointed by the president, including at least one board member, shall meet at the board office for the purpose of tabulating the ballots. Following a determination that each return envelope contains the required signature and license number, and was timely received, the tellers shall open and count all ballots properly prepared. The executive director will notify the governor and the candidates of the results.

B. Alternatively, when in the discretion of the president the manual tabulating of the ballots by tellers in accordance with the preceding paragraph would be burdensome, or for some other reason should be performed by an outside person, the president may refer the entire tabulating of the ballots, or any part thereof, to an accounting firm, data processing company, or other such qualified person in addition to one board member. The outside person may use such clerical or other assistance, including whatever assistance from the board staff, as he or she deems necessary. The outside person shall:

1. determine that each return envelope contains the required signature and license number, and was timely received;
2. count all ballots properly prepared; and
3. certify the number of votes received by each candidate to the board president and the executive director, who shall notify the governor and the candidates of the results.

C. The three candidates receiving the highest number of votes in each district shall have their name submitted to the governor as nominees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§511. Tie

A. In the event the three candidates receiving the highest number of votes cannot be determined because of a tie, a run-off election will be held. The only candidates in the run-off election will be those candidates who received the same number of votes so that the outcome of the election cannot be fully determined.

B. If a run-off election is necessary, an official ballot and an official return envelope will be mailed to each licensed architect residing in Louisiana approximately two weeks after it has been determined that such an election is necessary.

C. The official ballot shall contain the information set forth in §505.A, except only the names of and the information for those candidates in the run-off election shall be included.

D. The rules for voting, for determining the person or persons elected as nominees, and for tabulating votes set forth elsewhere in this rule shall be applicable.

E. In the event the run-off election does not decide the three candidates receiving the highest number of votes, the procedure set forth herein shall be repeated.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§513. Vacancy of Person Elected as Nominee

A. If a vacancy occurs with respect to a person elected as a nominee, that vacancy shall be filled in the following manner: The executive director shall give notice of the vacancy to all of the other candidates in that district and to anyone who has requested notice of any such vacancy in writing by certified mail within 90 days of the election; however, any failure to provide such notice shall not effect any election conducted subsequently held to fill the vacancy. The executive director shall also publish notice of the vacancy in the official journal of the state for a period of not less than 10 calendar days. The published notice need not appear more than three times during the 10 day period. The published notice shall identify the district where the vacancy has occurred and state that any licensed architect domiciled in that district desiring to fill that vacancy shall advise the board in writing before the deadline determined by the president, and may contain other information. If more than one person seeks election as the nominee, the board will call another election to fill that vacancy.
§515. Election Contest
A. The executive director will notify the candidates of the results of the election by U.S. Mail. The 10 calendar days for contesting an election shall commence three work days (excluding Saturdays, Sundays, and legal holidays) after the results of the election are deposited in the mail by the executive director.

B. Any candidate desiring to contest an election shall, within the time period mentioned in the preceding paragraph, file a written petition addressed to the board stating the basis of the complaint. Upon receipt of such petition, the president shall call a special meeting of the board to hear the complaint, which meeting shall be held within 10 calendar days from the date the petition is received and at a time and place to be designated by the president. At the hearing the board shall consider any evidence offered in support of the complaint. The decision of the board shall be announced within 72 hours after the close of the hearing.

C. All ballots shall be preserved until the expiration of the time allowed for the filing and hearing of a contest. After such period has elapsed, if the election be not contested, the executive director shall destroy the ballots. If the election is contested, the executive director shall maintain the ballots until the contest is concluded, after which the executive director shall destroy the ballots.

authority note: Promulgated in accordance with R.S. 37:144.


§705. Modifications to Examination Administration to Accommodate Physical Handicaps
A. Requests for modification to the examination administration to accommodate physical handicaps must be made in writing to the board. Such a request must be accompanied by a physician's report and/or a report by a diagnostic specialist, along with supporting data, confirming to the board's satisfaction the nature and extent of the handicap. After receipt of the request from the applicant, the board may require that the applicant supply further information and/or that the applicant appear personally before the board. It shall be the responsibility of the applicant to timely supply all further information as the board may require. The board, along with the National Council of Architectural Registration Boards (NCARB), shall determine what, if any, modifications will be made.

authority note: Promulgated in accordance with R.S. 37:144.


Chapter 9. The Examination
§901. Examinations Required
A. The Architectural Registration Examinations ("ARE") prepared by the NCARB is adopted by this board as the examinations required to obtain registration.

authority note: Promulgated in accordance with R.S. 37:144.


§903. Review of Examination and Answers of the Candidate; Reversing Grades
A. A candidate will not be permitted to review his/her examination or answers thereto.

B. The board will not reverse the grade received by a candidate from NCARB.

authority note: Promulgated in accordance with R.S. 37:144.


Chapter 11. Registration Procedure
§1101. Registration Information
A. To obtain information regarding registration to practice architecture in Louisiana an individual, a corporation which satisfies the requirements of the Professional Architectural Corporations Law, an architectural-engineering corporation which satisfies the requirements of the Architectural-Engineering Corporation Law, and a limited liability company which satisfies the requirements of the Limited Liability Company Law shall write the board indicating whether the applicant seeks to be registered as an architect, a professional architectural corporation, an architectural-engineering corporation, or a limited liability company. The applicant will then receive instructions on the procedure to follow. Upon passing all
divisions of the examination, an in-state candidate shall be charged a fee of $75 and an out of state candidate shall be charged a fee of $150 for the issuance of his or her initial license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1103. Individuals Registered in Other States

A. The exclusive means for an individual registered in another state(s) seeking to be registered in Louisiana is the submission to the board of an NCARB (Blue Cover) certificate.

B. Upon finding the NCARB (Blue Cover) certificate in order and upon payment of the registration fee of $300, the board will register said individual and issue a license to said individual to practice architecture in this state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1105. Certificates

A. Upon granting registration and issuance of a license to practice architecture, a copy of the licensing law and the rules of the board shall be forwarded to the registrant.

B. Only individuals, professional architectural corporations, architectural-engineering corporations, and limited liability companies who have met the statutory registration requirements through established board rules shall receive certificates of registration.

C. Each holder of a certificate shall maintain the certificate in his principal office or place of business in this state.

D. A replacement certificate will be issued to a registrant to replace one lost or destroyed, provided the current annual registration renewal is in effect, the registrant makes proper request and submits an acceptable explanation of the loss or destruction of the original certificate, and the registrant pays a fee to be set by the board.

E. A registrant retired from practice who has either practiced architecture for 30 years or more or who is 65 years of age or older may request emeritus status. Only a registrant who is fully and completely retired from the practice of architecture may request emeritus status. Any registrant who is presently receiving or who anticipates receiving in the future any salary, income, fees or other compensation (other than retirement income) from an architectural client, architectural firm, architect, design professional, or any other person for the practice of architecture is ineligible for emeritus status. The annual renewal fee for an approved emeritus registrant is $5. Revocation and reinstatement rules apply to an emeritus registrant, just as they do to any other registrant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


Chapter 13. Administration

§1301. Renewal Procedure

A. A license for individual architects shall expire and become invalid on December 31 of each year. Licenses for professional architectural corporations, architectural-engineering corporations, and limited liability companies shall expire and become invalid on June 30 of each year. An individual architect, professional architectural corporation, architectural-engineering corporation, and limited liability company who desires to continue his or its license in force shall be required annually to renew same.

B. It is the responsibility of the individual architect, professional architectural corporation, architectural-engineering corporation, and limited liability company to obtain, complete, and timely return a renewal form and fee to the board office, which forms are available upon request from said office.

C. Prior to December 1 of each year the board shall mail to all individual architects currently licensed a renewal form. An individual architect who desires to continue his license in force shall complete said form and return same with the renewal fee prior to December 31. The license renewal fee for an individual architect domiciled in Louisiana shall be $75, the license renewal fee for an individual domiciled outside Louisiana shall be $150. Upon payment of the renewal fee the executive director shall issue a renewal license or registration.

D. Prior to June 1 of each year the board shall mail to all professional architectural corporations, architectural-engineering corporations, and limited liability companies currently licensed a renewal form. A professional architectural corporation, an architectural-engineering corporation, and a limited liability company which desires to continue its license in force shall complete said form and return same with the renewal fee prior to June 30. The fee shall be $50. Upon payment of the renewal fee, the executive director shall issue a renewal license.

E. The failure to renew a license timely shall not deprive the architect of the right to renew thereafter. An individual architect domiciled in Louisiana who transmits his renewal form and fee to the board subsequent to December 31 in the year when such renewal fee first became due shall be required to pay a delinquent fee of $75. An individual architect domiciled outside Louisiana who transmits his renewal form and fee to the board subsequent to December 31 in the year when such renewal fee first became due shall be required to pay a delinquent fee of $150. The delinquent fee shall be in addition to the renewal fee set forth in the 1301.C.

F. The failure to renew its license in proper time shall not deprive a professional architectural corporation, an architectural-engineering corporation, or a limited liability company of the right to renew thereafter. A professional architectural corporation, an architectural-engineering corporation, or a limited liability company who transmits its renewal form and fee to the board subsequent to June 30 in the year when such renewal fee first became due shall be required to pay a delinquent fee of $50. This delinquent fee shall be in addition to the renewal fee set forth in 1301.D.
§1303. Architect's Seal or Stamp
A. The seal or stamp of the architect shall contain the name of the architect, the architect's license number, and the words "Registered Architect, State of Louisiana."

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1305. Placing of Seal or Stamp

A. An architect shall affix his or her seal or stamp to all contract drawings and specifications requiring the services of an architect which were prepared by the architect or under the architect's responsible supervision. Contract drawings and specifications prepared by a consulting electrical, mechanical, structural, or other engineer shall be sealed or stamped only by the consulting engineer.

B. An architect shall clearly identify the specification sections prepared by that architect or under that architect's responsible supervision and distinguish such sections from those prepared by consulting engineers. An architect shall affix his or her seal or stamp either to:

1. each specification section, page, or sheet prepared by or under the responsible supervision of the architect, or
2. the appropriate portion of any Seals/Stamp Page in the specification document which identifies the specification sections prepared by the architect or under his or her responsible supervision and those sections prepared by consulting engineers. Consulting engineers shall affix their seal or stamp either to each specification section, page, or sheet prepared by that consultant, or to that portion of any Seals/Stamp Page which identifies the specification sections prepared by that consultant.

C. If a public or governmental agency requires further certification by the architect (such as that the title or index page of the specifications be certified by the architect), the architect's further certification shall include a description of exactly what drawings and what portions or sections of the specifications were prepared by or under the architect's responsible supervision, and what drawings and what portions or sections of the specifications were prepared by others. In addition, the architect shall include a certification from any consulting engineers as to what drawings and what portions or sections of the specifications were prepared by or under the responsible supervision of the consulting engineers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1307. Architect or Professional Engineer

A. It is recognized that in certain fields of practice there is a broad overlap between the work of architects and engineers. This is particularly true in the field of buildings and similar structures. It is recognized that an architect, who has complied with all of the current laws of Louisiana relating to the practice of architecture has a right to engage in activities properly classifiable as professional engineering insofar as it is necessarily incidental to his work as an architect. Likewise, it is recognized that the professional engineer, who has complied with all of the current laws of Louisiana, and is properly registered in that branch of engineering for which he may be qualified, has a right to engage in activities classifiable as architectural insofar as is necessarily incidental to his work as an engineer. Furthermore, the architect or the professional engineer, as the case may be, shall assume all responsibility for compliance with all laws or ordinances relating to the designs of projects with which he may be engaged.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


A. When a building contains more than one of the occupancy classifications set forth in R.S. 37:155(4)(f), the gross floor area shall be calculated by performing the following calculations.

1. Divide the gross floor area of each of the occupancy classifications by the corresponding threshold of each, as established in R.S. 37:155(4)(f). Round off the resultants to four decimal points.
2. Add the results of each of the above calculations.
3. If the total exceeds 1,000.00, the building shall be determined to exceed the gross floor areas established in La. R.S. 37:155(4)(f).

a. For example, calculating the gross floor area of a building containing 3,126 square feet of storage occupancy and 2,000 square feet of business occupancy shall be performed as follows:

$$\frac{3,126 \text{ actual storage sq. ft.}}{6,250 \text{ threshold sq. ft.}} = 0.5002$$

$$\frac{2,000 \text{ actual business sq. ft.}}{4,000 \text{ threshold sq. ft.}} = 0.5000$$

Total = 1.0002

b. In this example, the threshold square footage of this mixed occupancy building would be exceeded and, therefore, would not be exempt under R.S. 37:155(4).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1311. Interpretation of R.S. 37:155(4)(c)

A. As set forth in R.S. 37:155(4)(c), renovations or alterations of any size building which do not affect the structural integrity or life safety, exclusive of building finishes and furnishings, are exempted from the Licensing Law, R.S.37:141 et seq. Renovations or alterations which exceed $125,000 are exempted from the Licensing Law only if the applicant documents to the satisfaction of the state fire marshal that the project does not affect structural integrity or life safety.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.
§1313. Interpretation of R.S. 37:152(B)

A. Specifications, drawings, or other related documents will be deemed to have been prepared either by the architect or under the architect's responsible supervision only when:

   a. the client requesting preparation of such plans, specifications, drawings, reports or other documents makes the request directly to the architect, or the architect's employee as long as the employee works in the architect's office;

   b. the architect personally controls the preparation of the plans, specifications, drawings, reports or other documents and has input into their preparation prior to their completion;

   c. if the plans, specifications, drawings, reports, or other such documents are prepared outside the architect's office, the architect shall maintain evidence of the architect's responsible control including correspondence, time records, check prints, telephone logs, site visit logs, research done for the project, calculations, changes, and written agreements with any persons preparing the documents outside of the architect's offices accepting professional responsibility for such work;

   d. the architect reviews the final plans, specifications, drawings, reports or other documents; and

   e. the architect has the authority to, and does, make necessary and appropriate changes to the final plans, specifications, drawings, reports or other documents.

2. If an architect fails to maintain written documentation of the items set forth above, when such are applicable, then the architect shall be considered to be in violation of R.S. 37:152, and the architect shall be subject to the disciplinary penalties provided in R.S. 37:153. This written documentation should be maintained for the prescriptive period applicable to claims against the architect which may arise from his or her involvement in the project.

B.1. Nothing precludes the use of prototypical documents provided the architect:

   a. has written permission to revise and adapt the prototypical documents from the person who either sealed the prototypical documents or is the legal owner of the prototypical documents;

   b. reviewed the prototypical documents and made necessary revisions to bring the design documents into compliance with applicable codes, regulations, and job specific requirements;

   c. independently performed and maintains on file necessary calculations;

   d. after reviewing, analyzing, and making revisions and/or additions, issued the documents with his/her title block and seal (by applying his/her seal, the architect assumes professional responsibility as the architect of record); and

   e. maintained design control over the use of site adapted documents just as if they were his/her original design.

2. The term prototypical documents shall mean model documents of buildings that are intended to be built in several locations with substantially few changes and/or additions except those required to adapt the documents to each particular site; that are generic in nature, that are not designed or premised upon the laws, rules or regulations of any particular state, parish, or municipal building code; that do not account for localized weather, topography, soil, subsistence, local building codes, or other such conditions or requirements; and that are not intended to be used as the actual documents to be employed in the construction of a building, but rather as a sample or a model to provide instruction or guidance. The term legal owner shall mean the person who provides the architect with a letter that he or she is the owner of the documents and has the written permission to allow the use thereof.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1315. Continuing Education

A. Purpose and Scope. These rules provide for a continuing education program to insure that all architects remain informed of those technical and professional subjects necessary to safeguard life, health, and promote the public welfare. These rules shall apply to all architects practicing architecture in this state.

B. Exemptions. Exempt from participating in the continuing education program required by these rules are:

1. A newly registered architect during his or her initial year of registration.

2. An emeritus status architect as defined by board rule §1105.E.

3. A civilian who serves on active duty in the Armed Forces of the United States for a period of time exceeding ninety (90) consecutive days during the annual report period.

4. An architect who demonstrates to the satisfaction of the board that meeting these requirements would work an undue hardship by reason of disability, sickness, or other clearly mitigating circumstances.

C. Definitions

AIA The American Institute of Architects.

AIA/CES The continuing education system developed by AIA to record professional learning as a mandatory requirement for membership in the AIA.

AREC The Architect Registration Examination prepared by the National Council of Architectural Registration Boards.


CEH A continuing education hour. One CEH is equivalent to 50 minutes of actual contact time.

HSW The health, safety and welfare of the public.*

Individually Planned Educational Activities Educational activities in which the teaching methodology primarily consists of the architect himself/herself addressing HSW subjects which are not systemically presented by others, including authoring a published HSW paper, article or book and successfully completing college or university sponsored HSW courses.

NCARB The National Council of Architectural Registration Boards.
Non-resident Architect
An architect registered by the board and residing outside Louisiana.

Resident Architect
An architect residing in this state.

Sponsor
An individual, organization, association, institution or other entity which offers an educational activity for the purpose of fulfilling the continuing education requirements of these rules.

Structured Educational Activities
Educational activities in which the teaching methodology consists primarily of the systematic presentation of HSW subjects by qualified individuals or organizations, including HSW monographs, course of HSW study taught in person or by correspondence, organized HSW lectures, HSW presentations or workshops, and other means to which identifiable technical and professional HSW subjects are presented in a planned manner.

D. Requirements
1. Beginning with license renewals effective January 1, 1999, all architects must show compliance with the educational requirements of these rules as a condition for renewing registration.

2. Resident architects shall complete a minimum of 12 continuing education hours (CEH) in HSW each calendar year, beginning with 1998. The 12 CEH must be obtained in either Structured Educational Activities or Individually Planned Educational Activities, as defined herein. Of the 12 required CEH, a minimum of eight CEH must be obtained in Structured Educational Activities. No more than four CEH may be obtained in Individually Planned Educational Activities. The requirement must be satisfied during the period which begins January 1 and ends December 31 of the calendar year immediately preceding the license renewal year.

3. Non-resident architects shall complete either:
   a. the mandated requirements for continuing education of a jurisdiction in which that architect is registered to practice architecture, provided that a minimum of eight hours of CEH are obtained in HSW educational activities and also provided the other jurisdiction accepts satisfaction of Louisiana continuing education requirements as meeting its own, or
   b. the requirements set forth herein for resident architects.

4. To satisfy the continuing education requirements for the year 1998 only, an architect may use hours obtained during calendar years 1997 and 1998.

5. If an architect is being re-registered after having been unregistered then, in addition to all other requirements, the architect must have acquired that number of total CEH that would have been required if registration had been regularly renewed.

E. Acceptable Educational Activities
1. Credit will be allowed only for continuing education activities in areas which:
   a. directly safeguard the public's health, safety, and welfare, and
   b. provide individual participant documentation from a person other than the participant for record keeping and reporting.

2. Only subject matters on the ARE current at the time of the activity are acceptable. An official list of approved topics to accomplish the purpose of these rules is published on the board's website. The board's current list is also available upon written request from the board.

3. Acceptable continuing educational activities in HSW include the following:
   a. attending HSW professional or technical seminars, lectures, presentations, courses, or workshops offered by a professional or technical organization (AIA, National Fire Protection Association, Concrete Standards Institute, NCARB, etc), insurer, or manufacturer;
   b. successfully completing HSW tutorials, short courses, correspondence courses, televised courses, or video-taped courses offered by a provider mentioned in the preceding paragraph;
   c. successfully completing HSW monographs or other self-study courses such as those sponsored by NCARB or a similar organization which tests the architect's performance;
   d. making professional or technical HSW presentations at meetings, conventions or conferences;
   e. teaching or instructing HSW courses;
   f. authoring a published HSW paper, article or book; and
   g. successfully completing college or university sponsored HSW courses.

4. Continuing educational activities need not take place in Louisiana, but may be acquired at any location.

5. All continuing education activities shall:
   a. have a clear purpose and objective;
   b. be well organized and provide evidence of pre-planning;
   c. be presented by persons who are well qualified by education or experience in the field being taught;
   d. provide individual participant documentation from a person other than the participant for record keeping and reporting; and
   e. shall not focus upon the sale of any specific product or service offered by a particular manufacturer or provider.

F. Number of Continuing Education Hours Earned
1. Continuing education credits shall be measured in CEH and shall be computed as follows.
   a. Attending seminars, lectures, presentations, workshops, or courses shall constitute one CEH for each contact hour of attendance.
   b. Successfully completing tutorials, short courses, correspondence courses, televised or video-taped courses, monographs and other self-study courses shall constitute the CEH recommended by the program sponsor.
   c. Teaching or instructing a qualified seminar, lecture, presentation, or workshop shall constitute two CEH for each contact hour spent in the actual presentation. Teaching credit shall be valid for teaching a seminar or course in its initial presentation only. Teaching credit shall not apply to full-time faculty at a college, university or other educational institution.
   d. Authoring a published paper, article or book shall be equivalent of 8 CEH.
   e. Successfully completing one or more college or university semester or quarter hours shall satisfy the continuing education hours for the year in which the course was completed.
2. Any program in HSW contained in the record of an approved professional registry will be accepted by the board as fulfilling the continuing education requirements of these rules. The board approves the AIA as a professional registry, and contact hours listed in HSW in the AIA/CES Transcript of Continuing Education Activities will be accepted by the board for both resident and non-resident architects.

3. If the architect exceeds the continuing education requirement in any renewal period (January 1 through December 31), the architect may carry over a maximum of 12 qualifying CEH to the subsequent renewal period.

G. Reporting, record keeping and auditing

1. Each architect shall complete the language on the renewal application pertaining to that architect's continuing education activities during the calendar year immediately preceding the license renewal period. Any untrue or false statement or the use thereof with respect to course attendance or any other aspect of continuing educational activity is fraud or misrepresentation and will subject the architect and/or program sponsor to license revocation or other disciplinary action.

2. To verify attendance each attendee shall obtain an attendance certificate from the program sponsor. Additional evidence may include but is not limited to attendance receipts, canceled checks, and sponsor's list of attendees (signed by a responsible person in charge of the activity). A log showing the activity claimed, sponsoring organization, location, duration, etc. should be supported by other evidence. Evidence of compliance shall be retained by the architect for two years after the end of the period for which renewal was requested.

3. A number of renewal applications will be randomly selected by the board for audit for verification of compliance with these requirements. Upon request by the board, evidence of compliance shall be submitted to substantiate compliance of the requirements of these rules. The board may request further information concerning the evidence submitted or the claimed educational activity. The board has final authority with respect to accepting or rejecting continuing education activities for credit.

4. The board may disallow claimed credit. If so, unless the board finds that the architect willfully disregarded these requirements, the architect shall have a period up to six months after notification of disallowance to substantiate the original claim or earn other CEH which fulfill the minimum requirements (and such CEH shall not again be used for the next renewal).

H. Pre-Approval of Programs

1. Upon written request, the board will review a continuing education program prior to its presentation provided all of the necessary information to do so is submitted in accordance with these rules. If the program satisfies the requirements of these rules, the board will pre-approve same.

2. A person seeking to obtain pre-approval of a continuing education program shall submit the following information:

   a. program sponsor(s): name(s), address(es), and phone number(s);

   b. program description: name, detailed description, length of instructional periods, and total hours for which credit is sought;

   c. approved Seminar Topic: division(s) and topic(s) from the current list of Approved Seminar Topics;

   d. program instructor(s)/leader(s): name(s) of instructor(s)/leader(s) and credential(s);

   e. time and place: date and location of program; and

   f. certification of attendance: sponsor's method for providing evidence of attendance to attendees.

3. Such information shall be submitted at least 30 calendar days in advance of the program so that the board may analyze and respond.

4. The sponsor of a pre-approved program may announce or indicate as follows:

   "This course has been approved by the Louisiana State Board of Architectural Examiners for a maximum of _____ CEH."

I. Non-Compliance

1. Failure to fulfill the continuing education requirements shall result in non-renewal of that architect's certificate of registration and loss of the right to practice architecture. 

2. If the board finds that the architect willfully disregarded these requirements, the board may subject the architect to all of the disciplinary actions allowed by law, including license revocation.

   AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1317. Interpretation of R.S. 37:155(A)(3)

A. Registered architects of other states will be deemed to be associated with a registered architect of this state on a specific project within the meaning of R.S. 37:155(A)(3) only when:

1. a written agreement is signed by both the out-of-state and the in-state architects describing the association prior to executing the work;

2. the in-state architect reviews all documents prepared by the out-of-state architect and makes necessary revisions to bring the design documents into compliance with applicable codes, regulations, and requirements;

3. the in-state architect independently performs or contracts with an engineer or engineers licensed in Louisiana to perform necessary calculations, and maintains such calculations on file;

4. after reviewing, analyzing and making revisions and/or additions, the in-state architect issues the documents with his/her title block and seal (by applying his/her seal the architect assumes professional responsibility as the architect of record); and

5. the in-state architect maintains control over the use of the design documents just as if they were his/her original design.

   AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.
§1319. Interpretation of R.S. 37:141(B)(3); Design/Build
A. A partnership or corporation offering a combination of architectural services together with construction services may offer to render architectural services only if:
1. an architect registered in this state or otherwise permitted to offer architectural services participates substantially in all material aspects of the offering;
2. there is written disclosure at the time of the offering that such architect is engaged by and contractually responsible to such partnership or corporation;
3. such partnership or corporation agrees that such architect will have responsibility control of the architectural work and that such architect's services will not be terminated prior to the completion of the project without the consent of the person engaging the partnership or corporation; and
4. the rendering of architectural services by such architect will conform to the provisions of the architectural registration law and the Rules adopted thereunder.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1321. Interpretation of R.S. 37:145; Architectural Engineers
A. A registered professional engineer who has a degree entitled Architectural Engineering from a public or private college or university accredited by the Accreditation Board for Engineering and Technology to offer such a degree may use the title "Architectural Engineer." A corporation, partnership, limited liability company, or group may include the title "Architectural Engineer" in its firm name, provided an owner, partner, or principal of that firm is a registered professional engineer who has such a degree from a public or private college or university so accredited.

B. This interpretation limits the use of the words "Architectural Engineer" to the descriptive title only. Nothing contained herein shall be construed to authorize or allow such an individual or firm to practice architecture in this state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


Chapter 15. Titles, Firm Names, and Assumed Names
§1501. Misleading and Confusing Names Prohibited
A. The statutory authorization for architects to offer to the public the practice of architecture and the rendering of architectural services is not an authorization to hold out as an architect any person who is not registered by the board. An architect shall not practice architecture under an assumed, fictitious or corporate name that is misleading as to the identity, responsibility, or status of those practicing thereunder or is otherwise false, fraudulent, misleading, or confusing. For example, a firm whose name contains only the real name or names of individuals who are not licensed to practice architecture is considered misleading if it holds itself out as practicing architecture or renders architectural services, even if said firm employs a licensed architect or architects.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1503. Architect's Responsibility
A. As a licensed professional, it is the responsibility of the architect to select and use a name which is neither misleading nor confusing. In case of doubt, an architect should first consult the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1505. Use of Term "Architect", "Architecture", or "Architectural"
A. Except as set forth in §1509, whenever the term "architect", "architecture", or "architectural" is used in a firm name, or whenever a firm includes its name in any listing of architects or of firms rendering architectural services, the name of a licensed architect followed by the title "architect" must be included either as a part of the firm title itself or a licensed architect must be identified in the listing, publication, announcement, letterhead or sign.

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AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1507. Use of the Plural Term "Architects"
A. Except as set forth in §1509, if the firm title indicates that the firm contains two or more architects, the names of at least two licensed architects followed by the title "architect" must be included either as a part of the firm title itself or at least two licensed architects must be identified in the listing, publication, announcement, letterhead, or sign.
### §1509. Firm Name Which Includes Names of Licensed Architects Only

A. A firm name which includes only the name or names of licensed architects engaged in the active practice of architecture is not required to include the name of a licensed architect followed by the title "architect" as a part of the firm title in any listing, publication, announcement, letterhead, or sign.

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### §1511. Use of "AIA"

A. The use of "AIA", in and of itself, is not an acceptable substitution for the required title "architect" on every listing, publication, announcement, letterhead, business card, and sign used by an individual practicing architecture in connection with his practice.

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<td>(if Smith &amp; Jones are both licensed architects engaged in the active practice of architecture)</td>
<td>(if Jones is deceased, retired, or not licensed by the board)</td>
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### §1513. Use of the Term "Associate"

A. An architect may only use the word "associate" in the firm title to describe a full time officer or employee of the firm. The plural form may be used only when justified by the number of associates who are full time firm employees. An architectural firm using the plural form, but which loses an associate or associates so that it is no longer able to do so, is not required to change its name for a period of two years from the departure of the associate. Identification of the associates in the firm title, listing, publication, letterhead, or announcement is not required.

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<td>John Smith, Architect</td>
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### §1517. Professional Architectural Corporations

The corporate name of a professional architectural corporation registered with this board must comply with R.S. 12:1088.

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<td>Smith &amp; Jones, A Professional Architectural Corporation</td>
<td>Smith &amp; Jones, Inc.</td>
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<td>Smith &amp; Jones, Architects, A Professional Architectural Corporation</td>
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<td>Heritage Architects, A Professional Architectural Corporation</td>
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§1519. Architectural-Engineering Corporation

A. The corporate name of an architectural-engineering corporation registered with this board must comply with R.S. 12:1172.

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<td>Heritage Architects, Ltd.</td>
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AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1521. Fictitious Name

A. For the purpose of these rules, a fictitious name is any name other than the real name or names of an individual. Any individual, partnership, corporation, limited liability company, group, or association may practice architecture under a fictitious name provided the name complies with all of the rules of this Chapter.

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AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1523. Practicing in a Firm with Other Professionals

A. An architect who practices in a firm with one or more engineers, land surveyors, landscape architects, interior designers, or other professionals in an allied profession is permitted to use in the firm title a phrase describing the professions involved such as "Architect and Engineer", "Architects, Engineers, and Surveyors", etc., provided:

1. the title does not hold out to the public as an architect any person who is not registered by the board;
2. the name of any allied professional in the firm title is practicing in accordance with the applicable statutes and regulations that govern the practice of that allied profession; and
3. the title complies with all the rules of this Chapter.

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AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1525. Deceased or Retired Member Predecessor Firms

A. An architect may include in the firm name the real name or names of one or more living, deceased, or retired members of the firm, or the name of a predecessor firm in a continuing line of succession. If a firm chooses to include in any listing of architects a deceased or retired member, a deceased or retired member should be so identified.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1527. Unlicensed Persons

A. Unlicensed persons cannot used the term "architect", "architectural", "architecture" or anything confusingly similar to indicate that such person practices or offers to practice architecture, or is rendering architectural services. A person who has obtained a degree in architecture may not use the title "graduate architect."

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<td>John Smith, Architect</td>
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AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1529. Intern Architect

A. A person who:

1. has completed the education requirements set forth in NCARB Circular of Information No. 1;
2. is participating in or who has successfully completed the Intern Development Program ("IDP"); and
3. is employed by a firm which is lawfully engaged in the practice of architecture in this state may use the title "intern architect" but only in connection with that person's employment with such firm.

2. The title may not be used to advertise or offer to the public that such person is performing or offering to perform architectural services, and accordingly such person may not include himself in any listing of architects or in any listing of persons performing architectural services. Such person may
use a business card identifying himself as an "intern architect", provided such business card also includes the name of the architectural firm employing such person.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1531. Business Cards
A. The business card of an architect should comply with all of these rules including that the user thereof is identified as an "architect."

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1533. Limited Liability Company
A. The name of a limited liability company registered with the board must comply with R.S.12:1306 and include the words "Limited Liability Company": the abbreviation "L.L.C."; or the abbreviation "L.C."

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<td>Smith &amp; Jones, Architects, A Limited Liability Company</td>
<td>Smith &amp; Jones, Architects (if the entity is a limited liability company)</td>
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AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


Chapter 17. Professional Architectural Corporations, Architectural-Engineering Corporations, and Limited Liability Companies

§1701. Professional Architectural Corporations
A. The practice of architecture by professional architectural corporations is only permissible when lawfully constituted under the laws pertaining to professional architectural corporations, R.S. 12:1171 et seq.

B. No person, firm, partnership, corporation, or group of persons shall solicit, offer, execute, or perform architectural services in this state as a professional architectural corporation without first receiving a certificate from the board authorizing the corporation to do so.

C. Any person seeking to be certified to practice architecture as a professional architectural corporation shall request in writing an application to do so from the office of the board. The request shall state the name of the proposed corporation. The applicant is required to complete said application fully and return same to the executive director. Upon receipt of such application and the fee, the board shall either approve said application and certify the applicant as an architectural-engineering corporation or disapprove said application advising the applicant of the reasons therefor.

D. Architectural services rendered on behalf of a professional architectural corporation must be performed by or under the direct supervision of a natural person duly licensed to practice architecture in this state.

E. The architects licensed in this state who perform such architectural services or directly supervise such services are responsible to this board for all acts and conduct of such corporation.

F. It will be the responsibility of all architects named in an application to be certified as an architectural-engineering corporation to advise the board of any organizational change that would relate to the authority granted under this rule. Failure to do so could result in disciplinary action leading to suspension, revocation, or rescission of the registrant's license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.

§1705. Limited Liability Companies
A. The practice of architecture by limited liability companies is only permissible when lawfully constituted under the laws pertaining to limited liability companies, R.S. 12:1301 et seq.
B. No person, firm, partnership, corporation, or group of persons shall solicit, offer, execute, or perform architectural services in this state as a limited liability company without first receiving a certificate from the board authorizing the limited liability company to do so.
C. A limited liability company soliciting, offering, contracting to perform, or performing the practice of architecture shall be subject to the discipline of the board and to its authority to adopt rules and regulations governing the practice of architecture.
D. Any person seeking to be certified to practice architecture as a limited liability company shall request in writing an application to do so from the office of the board. The request shall state the name of the proposed limited liability company. The applicant is required to complete said application fully and return same to the executive director. Upon receipt of such application and the fee, the board shall either approve said application and certify the limited liability company as authorized to practice architecture or disapprove said application advising the applicant of the reasons therefor.
E. Only a person who is presently licensed by the board pursuant to the provisions of R.S. 37:141 through R.S. 37:158, who is in compliance with said provisions, who is a full-time active employee of the limited liability company, and whose primary occupation is with that limited liability company may be designated as a supervising professional architect.
F. By designating an architect as a supervising professional architect, the limited liability company authorizes that architect to appear for and act on behalf of the limited liability company in connection with the execution and performance of all contracts to provide architectural services.
G. In the event that such registered supervising professional architect ceases being a full-time active employee of the limited liability company or no longer employed by the limited liability company on a primary basis, the authority of the limited liability company to practice architecture is suspended until such time as the limited liability company designates another supervising professional architect pursuant to §1705.E above.
H. The designated supervising professional architect is responsible to this board for all acts and conduct of such limited liability company.
I. It will be the responsibility of all architects named in an application to be certified as a limited liability company to advise the board of any organizational change that would relate to the authority granted under this rule. Failure to do so could result in disciplinary action leading to suspension, revocation, or recission of the registrants’ license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.

Chapter 19. Rules of Conduct: Violations
§1901. Rules of Conduct
NOTE: Commentaries provided by the NCARB Professional Conduct Committee, except the numbering has been changed to conform to the format required by the Louisiana Register.
A. Competence
1. In practicing architecture, an architect shall act with reasonable care and competence, and shall apply the technical knowledge and skill which is ordinarily applied by architects of good standing, practicing in the same locality.

COMMENTARY: Although many of the existing state board rules of conduct fail to mention standards of competence, it is clear that the public expects that incompetence will be disciplined and, where appropriate, will result in revocation of the license. §1901.A.1 sets forth the common law standard which has existed in this country for a hundred years or more in judging the performance of architects. While some few courts have stated that an architect, like the manufacturer of goods, impliedly warrants that his design is fit for its intended use, this rule specifically rejects the minority standard in favor of the standard applied in the vast majority of jurisdictions that the architect need be careful but need not always be right. In an age of national television, national universities, a national registration exam, and the like, the reference to the skill and knowledge applied in the same locality may be less significant than it was in the past when there was a wide disparity across the face of the United States in the degree of skill and knowledge which an architect was expected to bring to his or her work. Nonetheless, the courts have still recognized this portion of the standard, and it is true that what may be expected of an architect in a complex urban setting may vary from what is expected in a more simple, rural situation.

2. In designing a project, an architect shall take into account all applicable state and municipal building laws and regulations. While an architect may rely on the advice of other professionals (e.g., attorneys, engineers, and other qualified persons) as to the intent and meaning of such regulations, once having obtained such advice, an architect shall not knowingly design a project in violation of such laws and regulations.

COMMENTARY: It should be noted that the rule is limited to applicable state and municipal building laws and regulations. Every major project being built in the United States is subject to a multitude of laws in addition to the applicable building laws and regulations. As to these other laws, it may be negligent of the architect to have failed to take them into account, but the rule does not make the architect specifically responsible for such other laws. Even the building laws and regulations are of sufficient complexity that the architect may be required to seek the interpretation of other professionals. The rule permits the architect to rely on the advice of such other professionals.

3. An architect shall undertake to perform professional services only when he or she, together with those whom the architect may engage as consultants, are qualified by education, training, and experience in the specific technical areas involved.

COMMENTARY: While an architect is licensed to undertake any project which falls within the definition of the practice of architecture, as a professional, the architect must understand and be limited by the limitations of his or her own capacity and knowledge. Where an architect lacks experience, the rule supposes that he or she will retain consultants who can appropriately supplement his or her own capacity. If an architect undertakes to do a project where he or she lacks knowledge and where he or she does not seek such supplementing consultants, the architect has violated the rule.

4. No person shall be permitted to practice architecture if, in the board's judgment, such person's professional competence is substantially impaired by physical or mental disabilities.
COMMENTARY Here the state registration board is given the opportunity to revoke or suspend a license when the board has suitable evidence that the license holder's professional competence is impaired by physical or mental disabilities. Thus, the board need not wait until a building fails in order to revoke the license of an architect whose addiction to alcohol, for example, makes it impossible for that person to perform professional services with necessary care.

B. Conflict of Interest

1. An architect shall not accept compensation for services from more than one party on a project unless the circumstances are fully disclosed and agreed to (such disclosure and agreement to be in writing) by all interested parties.

COMMENTARY This rule recognizes that in some circumstances an architect may receive compensation from more than one party involved in a project but that such bifurcated loyalty is unacceptable unless all parties have understood it and accepted it.

2. If an architect has any business association or direct or indirect financial interest which is substantial enough to influence his or her judgment in connection with the performance of professional services, the architect shall fully disclose in writing to his or her client or employer the nature of the business association or financial interest, and if the client or employer objects to such association or financial interest, the architect will either terminate such association or interest or offer to give up the commission or employment.

COMMENTARY Like §1901.B.1, this rule is directed at conflicts of interest. It requires disclosure by the architect of any interest which would affect the architect's performance.

3. An architect shall not solicit or accept compensation from material or equipment suppliers in return for specifying or endorsing their products.

COMMENTARY This rule appears in most of the existing state standards. It is absolute and does not provide for waiver by agreement.

4. When acting as the interpreter of building contract documents and the judge of contract performance, an architect shall render decisions impartially, favoring neither party to the contract.

COMMENTARY This rule applies only when the architect is acting as the interpreter of building contract documents and the judge of contract performance. The rule recognizes that that is not an inevitable role and that there may be circumstances (for example, where the architect has an interest in the owning entity) in which the architect may appropriately decline to act in those two roles. In general, however, the rule governs the customary construction industry relationship where the architect, though paid by the owner and owing the owner his or her loyalty, is nonetheless required, in fulfilling his or her role in the typical construction industry documents, to act with impartiality.

C. Full Disclosure

1. An architect, making public statements on architectural questions, shall disclose when he or she is being compensated for making such statement or when he or she has an economic interest in the issue.

COMMENTARY Architects frequently and appropriately make statements on questions affecting the environment in the architect's community. As citizens and as members of a profession acutely concerned with environmental change, they doubtless have an obligation to be heard on such questions. Many architects may, however, be representing the interests of potential developers when making statements on such issues. It is consistent with the probity which the public expects from members of the architectural profession that they not be allowed under the circumstances described in the rule to disguise the fact that they are not speaking on the particular issue as an independent professional but as a professional engaged to act on behalf of a client.

2. An architect shall accurately represent to a prospective or existing client or employer his or her qualifications, capabilities, experience, and the scope of his or her responsibility in connection with work for which he or she is claiming credit.

COMMENTARY Many important projects require a team of architects to do the work. Regrettably, there has been some conflict in recent years when individual members of that team have claimed greater credit for the project than was appropriate to their work done. It should be noted that a young architect who develops his or her experience working under a more senior architect has every right to claim credit for the work which he or she did. On the other hand, the public must be protected from believing that the younger architect's role was greater than was the fact.

3. The architect shall not falsely or permissibly misrepresent his or her associate's academic or professional qualifications. The architect shall not misrepresent or exaggerate his or her degree of responsibility in or for the subject matter or prior assignments. Brochures or other presentations incidental to the solicitation of employment shall not misrepresent pertinent facts concerning employer, employees, associates joint ventures, or his/her or their past accomplishments with the intent and purpose of enhancing his/her qualifications or his/her work.

4.a. If, in the course of his or her work on a project, an architect becomes aware of a decision taken by his or her employer or client, against the architect's advice, which violates applicable state or municipal building laws and regulations and which will, in the architect's judgment, materially affect adversely the safety to the public of the finished project, the architect shall,

   i. report the decision to the local building inspector or other public official charged with the enforcement of the applicable state or municipal building laws and regulations;
   ii. refuse to consent to the decision; and
   iii. in circumstances where the architect reasonably believes that other such decisions will be taken notwithstanding his objection, terminate his services with reference to the project unless the architect is able to cause the matter to be resolved by other means.

b. In the case of a termination in accordance with §1901.C.4.a.iii, the architect shall have no liability to his or her client or employer on account of such termination.

COMMENTARY This rule holds the architect to the same standard of independence which has been applied to lawyers and accountants. In the circumstances described, the architect is compelled to report the matter to a public official even though to do so may substantially harm the architect's client. Note that the circumstances are a violation of building laws which adversely affect the safety to the public of the finished project. While a proposed technical violation of building laws (e.g., a violation which does not affect the public safety) will cause a responsible architect to take action to oppose its implementation, the Committee specifically does not make such a proposed violation trigger the provisions of this rule. The rule specifically intends to exclude safety problems during the course of construction which are traditionally the obligation of the contractor. There is no intent here to create a liability for the architect in this area. §1901.C.4.a.iii gives the architect the obligation to terminate his or her services if he or she has clearly lost professional control. The standard is that the architect reasonably believes that other such decisions will be taken notwithstanding his or her objection. The rule goes on to provide that the architect shall not be liable for a
5. An architect shall not deliberately make a materially false statement or fail deliberately to disclose a material fact requested in connection with his or her application for registration or renewal.

COMMENTARY The registration board which grants registration or renews registration on the basis of a misrepresentation by the applicant must have the power to revoke that registration.

6. An architect shall not assist the application for registration of a person known by the architect to be unqualified in respect to education, training, experience, or character.

7. An architect possessing knowledge of a violation of these rules by another architect shall report such knowledge to the board.

COMMENTARY This rule has its analogue in the Code of Professional Responsibility for lawyers. Its thrust is consistent with the special responsibility which the public expects from architects.

D. Compliance with Laws

1. An architect shall not, in the conduct of his or her architectural practice, knowingly violate any state or federal criminal law.

COMMENTARY This rule is concerned with the violation of a state or federal criminal law while in the conduct of the registrant's professional practice. Thus, it does not cover criminal conduct entirely unrelated to the registrant's architectural practice. It is intended, however, that rule §1901.E.4 will cover reprehensible conduct on the part of the architect not embraced by rule §1901.D.1. At present, there are several ways in which member boards have dealt with this sort of rule. Some have disregarded the requirement that the conduct be related to professional practice and have provided for discipline whenever the architect engages in a crime involved "moral turpitude." The Committee declined the use of that phrase as its meaning is by no means clear or uniformly understood. Some member boards discipline for felony crimes and not for misdemeanor crimes. While the distinction between the two was once the distinction between serious crimes and technical crimes, that distinction has been blurred in recent years. Accordingly, the committee specifies crimes in the course of the architect's professional practice, and, under §1901.E.4, gives to the member board discretion to deal with other reprehensible conduct. Note that the rule is concerned only with violations of state or federal criminal law. The Committee specifically decided against the inclusion of violations of the laws of other nations. Not only is it extremely difficult for a member board to obtain evidence of the interpretation of foreign laws, it is not unusual for such laws to be at odds with the laws, or, at least, the policy of the United States of America. For example, the failure to follow the dictates of the "anti-Israel boycott" laws found in most Arab jurisdictions is a crime under the laws of most of those jurisdictions; while the anti-Israel boycott is contrary to the policy of the government of the United States and following its dictates is illegal under the laws of the United States.

2. An architect shall neither offer nor make any payment or gift to a government official (whether elected or appointed) with the intent of influencing the official's judgment in connection with a prospective or existing project in which the architect is interested.

COMMENTARY Section 1901.D.2 tracks a typical bribe statute. It is covered by the general language of §1901.D.1, but it was the Committee's view that §1901.D.2 should be explicitly set out in the rules of conduct. Note that all of the rules under this section look to the conduct of the architect and not to whether or not the architect has actually been convicted under a criminal law. An architect who bribes a public official is subject to discipline by the state registration board, whether or not the architect has been convicted under the state criminal procedure.

3. An architect shall comply with the registration laws and regulations governing his or her professional practice in any United States jurisdiction.

COMMENTARY Here, again, for the reasons set out under §1901.D.1, the Committee chose to limit this rule to United States jurisdictions.

E. Professional Conduct

1. Any office offering architectural services shall have an architect resident and regularly employed in that office.

2. An architect shall not sign or seal drawings, specifications, reports or other professional work which was not prepared by or under the responsible supervision of the architect; except that:

   i. he or she may sign or seal those portions of the professional work that were prepared by or under the responsible supervision of persons who are registered under the architecture registration laws of this jurisdiction if the architect has reviewed in whole or in part such portions and has either coordinated their preparation or integrated them into his or her work, and

   ii. he or she may sign or seal portions of the professional work that are not required by the architects' registration law to be prepared by or under the responsible supervision of an architect if the architect has reviewed and adopted in whole or in part such portions and has integrated them into his or her work.

b. "Responsible supervision" shall be that amount of supervision over and detailed professional knowledge of the content of technical submissions during their preparation as is ordinarily exercised by architects applying the required professional standard of care. Reviewing, or reviewing and correcting, technical submissions after they have been prepared by others does not constitute the exercise of responsible supervision because the reviewer has neither supervision over nor detailed knowledge of the content of such submissions throughout their preparation. Any registered architect signing or sealing technical submissions not prepared by that architect but prepared under the architect's responsible supervision by persons not regularly employed in the office where the architect is resident shall maintain and make available to the board upon request for the prescriptive period applicable to claims against the architect which may arise from his or her involvement in the project adequate and complete records demonstrating the nature and extent of the architect's supervision over and detailed knowledge of such technical submissions throughout their preparation.

COMMENTARY This provision reflects current practice by which the architect's final construction documents may comprise the work of other architects as well as that of the architect who signs and seals professional submissions. The architect is permitted to apply his or her seal to work over which the architect has both control and detailed professional knowledge, and also to work prepared under the direct supervision of another architect whom he or she employs when the architect has both coordinated and reviewed the work.

3. An architect shall neither offer nor make any gifts, other than gifts of nominal value (including, for example, reasonable entertainment and hospitality), with the intent of influencing the judgment of an existing or prospective client in connection with a project in which the architect is interested.
EXECUTIVE DIRECTOR, with the assistance of counsel and the assistance of any architect.
The board, upon its own motion, may file a complaint should be in writing and in the form of a sworn affidavit.
Violations of this rule may involve criminal conduct not covered by §1901.D.1 (crimes committed "in the conduct of his or her architectural practice"). The Committee believes that a state board must, in any disciplinary matter, be able to point to a specific rule which has been violated. An architect who is continuously involved in nighttime burglaries (no connection to his daytime professional practice) is not covered by §1901.D.1 (crimes committed "in the conduct of his or her architectural practice"). The Committee believes that serious misconduct, even though not related to professional practice, may well be grounds for discipline. To that end, the Committee recommends Rule §1901.E.4. Many persons who have reviewed and commented on the draft rules were troubled by the sententious character of rule §1901.E.4. The committee has, however, found that lawyers commenting on the rules had little trouble with the standard set in, 1901.E.4; it applies to conduct which would be characterized as wicked, as opposed to minor breaches of the law. While each board must "flesh out" the rule, the Committee assumes that murder, rape, arson, burglary, extortion, grand larceny, and the like, would be conduct subject to the rule, while disorderly conduct, traffic violations, tax violations, and the like, would not be considered subject to this rule.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§1903. Violations
A. Complaints alleging violation of law or rules and regulations, the enforcement of which is a responsibility of this board, should be addressed to the board office and should be in writing and in the form of a sworn affidavit.
B. Complaints shall be preliminarily investigated by the executive director, with the assistance of counsel and the president, who shall either dismiss the charges, so notifying the complainant, or refer the matter to the board for hearing.
The board may also refer alleged violations to the appropriate district attorney and/or file suit pursuant to the provisions of R.S. 37:156.
C. The board may obtain the services of a reporter to make a record of the hearing. The respondent may contact the executive director to determine whether a reporter will be provided by the board.
D. Hearings before the board shall be in accordance with R.S. 37:141 et seq. and the Administrative Procedure Act, R.S. 49:951 et seq.
E. In all cases the board's executive director stands instructed to support and cooperate with counsel and the courts in any manner possible, and to keep the board advised of relevant matters as the case develops.
F. In the board office there shall be maintained a current file of all complaints alleging violations, reflecting all information and action pertinent thereto.
G. Upon its own motion, the board may reopen any such case on record and direct a reinvestigation of the respondent's actions subsequent to resolution of the original complaint.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


Chapter 21. Architects Selection Board

§2101. Districts
A. Only one architect may be elected from each of the districts set forth in R.S. 38:2311(A)(1)(a).
B. If the parishes comprising any district or if the number of districts are changed by the legislature, these rules shall be revised to be consistent with the latest expression of the legislature without the need of formal action by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§2103. Nominations
A. For terms commencing September 15 of each year, the board will accept nominations for election to the Architects Selection Board on the following basis: any resident architect holding a current Louisiana license desiring nomination must deliver a written nomination on a current form and/or reproduction obtained from board office to the board office in Baton Rouge, signed by not less than 10 resident architects other than the nominee holding a current Louisiana license, between May 1 and May 31 at 5:00 p.m. preceding the election. The nomination shall state the parish in which the nominee resides and the district for which election is sought. Nominations received on or before such deadline shall be considered timely delivered. Confirmation of receipt is the sole responsibility of the nominees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§2105. Waiver of Election
A. If only one resident architect is nominated from any district, no election shall be held in that district, and that nominee shall be deemed elected without any further activity of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§2107. Ballots
A. If an election is necessary, an official ballot and an official return envelope will be mailed to each resident architect in Louisiana in good standing approximately three weeks after the closing date for nominations. On the ballot shall be printed the names of the candidates for each district in alphabetical order, the date for the return of the ballots, and any other information the board believes helpful in the election process. Attachments to the ballot may include biographical information of the candidates and instructions.

B. If the ballot mailed by board is lost, misplaced or not received, an architect desiring to vote may request from the board a substitute or replacement ballot. This substitute or replacement ballot may be used in the election, provided the requirements of §2109.C are satisfied.
§2109. Voting
A. Only resident architects in good standing in Louisiana shall have the right to vote. A resident architect may vote in one or more but less than all district elections, and no ballot shall be voided for that reason.
B. Ballots shall be returned in the official return envelopes provided by the board to the office in Baton Rouge. The voting architect shall sign and provide his or her license number in the upper left-hand corner of the return envelope.

C. The ballot shall not be valid unless
   a. the signature and license number appear on the return envelope; and
   b. the return envelope is received by the board office on or before the deadline.

D. The deadline for returning the ballots will be fixed by the president and will be at least 14 calendar days after the ballots are mailed to all resident architects. Ballots received after the deadline shall not be counted.

E. Upon receipt, each return envelope shall be stamped by the board office showing the date received.

§2111. Plurality
A. The candidate elected in each district will be based on plurality.

§2113. Tabulation
A. On a date fixed by the president, within 14 calendar days of the deadline for receipt of ballots, tellers appointed by the president, including at least one board member, shall meet at the board office for the purpose of tabulating the ballots. Following a determination that each return envelope contains the required signature and license number, and was timely received, the tellers shall open and count all ballots properly prepared. The executive director will notify the candidates of the results.

B. Alternatively, when in the discretion of the president the manual tabulating of the ballots by tellers in accordance with the preceding paragraph would be burdensome, or for some other reason should be performed by an outside person, the president may refer the entire tabulating of the ballots, or any part thereof, to an accounting firm, data processing company, or other such qualified person in addition to one board member. The outside person may use such clerical or other assistance, including whatever assistance from the board staff, as he or she deems necessary. The outside person shall
   1. determine that each return envelope contains the required signature and license number, and was timely received;
   2. count all ballots properly prepared; and
   3. certify the number of votes received by each candidate to the board president and the executive director, who shall notify the candidates of the results.

§2115. Tie
A. In the event no candidate receives a plurality, a run-off election between those candidates who received the highest number of votes will be held.

B. If a run-off election is necessary, an official ballot and an official return envelope will be mailed to each resident architect in Louisiana in good standing approximately two weeks after it has been determined that such an election is necessary.

C. The official ballot shall contain the information set forth in §2107, except only the names and information for those candidates in the run-off election shall be included.

D. The rules for voting, for determining the person elected, and for tabulating votes set forth in §2109, §2111, and §2113 shall be applicable.

E. In the event no candidate in the run-off election receives a plurality, the procedure set forth herein shall be repeated until one candidate receives a plurality.

§2117. Vacancies
A. Any vacancy occurring with respect to any person elected shall be filled in the following manner: The executive director shall give notice of the vacancy to any person who has previously requested such notice in writing, and the executive director shall also publish in the official journal of the state an advertisement which will appear for a period of not less than 10 calendar days. The advertisement in the official journal of the state need not appear more than three times during the 10 day period. The executive director may publish other such advertisements in his or her discretion. The advertisements shall identify the district in which a vacancy has occurred and state that any resident architect in that district holding a current Louisiana license desiring nomination must furnish a nomination signed by not less than 10 resident architects holding a current Louisiana license by certified mail to the board office, that a sample of the nomination may be obtained upon request from the board office, the deadline for filing the nomination, and any other information the board may consider necessary. The deadline for filing a nomination to fill a vacancy shall be at least 10 calendar days subsequent to the expiration of the last
The board shall appoint one of the nominees to fill the vacancy, which appointee shall serve the unexpired term.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§2119. Election Contest

A. The executive director will notify the candidates of the results of the election by U.S. Mail. The 10 calendar days for contesting an election shall commence three work days (excluding Saturdays, Sundays, and legal holidays) after the results of the election are deposited in the mail by the executive director.

B. Any candidate desiring to contest an election shall, within the time period mentioned in the preceding paragraph, file a written petition addressed to the board stating the basis of the complaint. Upon receipt of such petition, the president shall call a special meeting of the board to hear the complaint, which meeting shall be held within 10 calendar days from the date the petition is received and at a time and place to be designated by the president. At the hearing the board shall consider any evidence offered in support of the complaint. The decision of the board shall be announced within 72 hours after the close of the hearing.

C. All ballots shall be preserved until the expiration of the time allowed for the filing and hearing of a contest. After such period has elapsed, if the election be not contested, the executive director shall destroy the ballots. If the election is contested, the executive director shall maintain the ballots until the contest is concluded, after which the executive director shall destroy the ballots.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


Chapter 23. Application of Rules

§2301. Severability

A. If any provision or item of the rules of the board or the application thereof is held invalid, such invalidity shall not affect other provisions, items or applications of the rules of the board which can be given effect without the invalid provisions, items or applications, and to this end the provisions of the rules of the board are hereby declared severable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


§2303. Adoption and Amendment of Rules

A. These rules may be amended pursuant to the Administrative Procedure Act, R.S. 49:951 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:144.


Mary "Teeny" Simmons
Executive Director
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 Plan Document relative to the accumulation of deductibles, co-insurance and out-of-pocket expenses. The reason for this action is to align the accumulation of deductibles, co-insurance, and out-of-pocket expenses with the plan year (July 1- June 30) rather than the calendar year (January 1-December 31).

Accordingly, OGB has amended the following Section to become effective upon promulgation.

Title 32
EMPLOYEE BENEFITS
Part III. Preferred Provider (PPO) Plan of Benefits
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.

1. Deductibles

| Inpatient deductible per day, maximum of 5 days per admission (waived for admissions at PPO hospitals) | $50 |
| Emergency room charges for each visit unless the covered person is hospitalized immediately following emergency room treatment (prior to and in addition to plan year deductible) | $150 |
| Professional and other eligible expenses, employees and dependents of employees per person, per plan year | $500 |
| Professional and other eligible expenses, retirees and dependents of retirees, per person, per plan year | $300 |

Family unit maximum (3 individual deductibles)

2. Percentage Payable after Satisfaction of Applicable Deductibles

| Eligible expenses incurred at a PPO | 90% |
| Eligible expenses incurred at a non-PPO when plan member resides outside of Louisiana | 90% |
| Eligible expenses incurred at a non-PPO when plan member resides in Louisiana | 70% |
| Eligible expenses incurred when Medicare or other group health plan is primary, and after Medicare reduction | 80% |
| Eligible expenses in excess of $10,000 per plan year per person | 100% |

- Eligible expenses at PPO are based upon contracted rates. PPO discounts are not eligible expenses and do not apply to the $10,000 threshold.
- Eligible expenses at non-PPO are based upon the OGB's fee schedule. Charges in excess of the fee schedule are not eligible expenses and do not apply to the $10,000 threshold.

3. Eligible Hospital Expenses

| Hospital room and board not to exceed the average semi-private room rate | See % payable after deductible - above |
| Intensive care unit not to exceed 2 1/2 times the hospital's average semi-private room rate | See % payable after deductible - above |
| Miscellaneous expenses | See % payable after deductible - above |

4. Prescription Drugs (not subject to deductible)

| Network Pharmacy | Member pays 50% of drug costs at point of purchase |
| Maximum co-payment | $50 per prescription dispensed |
| Out-of-pocket threshold | $1,200 per person, per plan year |

Co-Pay after Threshold is Reached

| Brand | $15 |
| Generic | No co-pay |

Plan pays balance of eligible expense

B. Dental Surgery Benefit for Specified Procedure

| Percentage payable (deductible waived) | 100% |

C. Well Care

1. Well Baby

Age 1-2 - 3 office visits per year for scheduled immunizations and screenings | See % payable after deductible |
Age 3-15 - 1 office visit per year for scheduled immunizations and screenings | See % payable after deductible |

2. Well Child

Age 16-39 - 1 physical every 3 years | See % payable after deductible |
Age 40-49 - 1 physical every 2 years | See % payable after deductible |
Age 50 and over - 1 physical every year | See % payable after deductible |

PPO in-state and non-Louisiana residents 100 percent of eligible expenses up to the maximum benefit.
Non-PPO in-state 70 percent of eligible expenses up to 70 percent of the maximum benefit.

D. Durable Medical Equipment

| Lifetime maximum per covered person | $50,000 |
| Percentage payable | See % payable after deductible |

E. Facility Fees, Maximum Allowable Charges. Unless otherwise provided by contract between the program and the provider, the maximum allowable charges for facility fees for facilities located within the state of Louisiana shall be.

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<tr>
<th>Facility Type/Charges</th>
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<td>ICU, NICU, CCU</td>
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<td>Ambulatory (Outpatient) Surgery</td>
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AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(2).
The Patient's Compensation Fund Oversight Board, under authority of the Louisiana Medical Malpractice Act, R.S. 40:1299.41 et seq., and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., has amended LAC 37:III as follows, to provide additional definitions of eligible healthcare providers, practice groups, and the information required to be furnished to the oversight board for qualification and enrollment in the fund, clarifies the procedure for withdrawal of a security furnished as proof of financial responsibility, clarifies the annual renewal process for enrolled healthcare providers, clarifies the surcharge risk rating for hospitals, clarifies the methods of evidencing financial responsibility to be consistent with current practices, sets forth the requirements of a malpractice complaint, clarifies the requirement to select an attorney-chairman prior to dismissal of a malpractice complaint, and clarifies the authority of the executive director.

Title 37 INSURANCE
Part III. Patient's Compensation Fund Oversight Board
Chapter 5. Enrollment with the Fund
§517. Expiration, Renewal of Enrollment
A. Enrollment with the fund expires:
   1. as to a health care provider evidencing financial responsibility by certification of insurance pursuant to §505 of these Rules, on and as of:
      a. the effective date and time of termination of the policy period of the health care provider's professional liability insurance coverage; or
      b. the last day of the applicable period for which the prior annual surcharge applied in the event that the annual surcharge for renewal coverage is not paid by the health care provider to the insurer on or before 30 days following the expiration of the prior enrollment period.
   2. …

B. Enrollment with the fund must be annually renewed by each enrolled health care provider on or before termination of the enrollment period by submitting to the executive director an application for renewal, upon forms supplied by the executive director, and payment of the applicable surcharge in accordance with the Rules hereof providing for the fund's billing and collection of surcharges from insured and self-insured health care providers. Each insured health care provider shall cause the insurer to submit a certificate of insurance to the executive director along with the application for renewal. Each self-insured health care provider and each health care provider covered by a self-insurance trust shall submit, along with the application for renewal, original documents which indicate that the health care provider's deposit with the board is current and/or not in default.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.44.D.(3).


Lorraine LeBlanc
Executive Director
B. The agency disclosure informational pamphlet and the agency disclosure form may be obtained from the commission in a form suitable for use by licensees in reproducing them locally. Licensees are responsible for ensuring that the pamphlets and forms are the most current version prescribed by the commission and that reproductions of the pamphlet and form contain the identical language prescribed by the commission.

C. Licensees will provide the agency disclosure informational pamphlet or the agency disclosure form to prospective sellers/lessors and buyers/lessees at the time of the first face-to-face contact with the sellers/lessors or buyers/lessees when performing any real estate related activity involving the sale or lease of real property, other than a ministerial act as defined in R.S. 9:3891(12).

D. Licensees providing agency disclosure informational pamphlets or agency disclosure forms to prospective sellers/lessors and buyers/lessees shall insure that the recipient of the pamphlet or form signs and dates the pamphlet or form. The licensee providing the pamphlet or form shall sign as a witness to the signature of the recipient, and the licensee will retain the signed pamphlet or form for a period of five years.

E. In any circumstance in which a seller/lessor or a buyer/lessee refuses to sign the receipt included in the agency disclosure informational pamphlet or the agency disclosure form, the licensee shall prepare written documentation to include the nature of the proposed real estate transaction, the time and date the pamphlet or form was provided to the seller/lessor or buyer/lessee, and the reasons given by the seller/lessor or buyer/lessee for not signing the pamphlet or form. This documentation will be retained by the licensee for a period of five years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1431 et seq.


§3705. Dual Agency Disclosure

A. The dual agency disclosure form will be used by licensees acting as a dual agent under R.S. 9:3897.

B. The dual agency disclosure form shall be obtained from the commission in a form suitable for use by licensees in reproducing the form locally. Licensees are responsible for ensuring that the form is the most current version prescribed by the commission and that reproductions of the form contain the identical language prescribed by the commission.

C. Licensees shall ensure that a dual agency disclosure form is signed by all clients at the time the brokerage agreement is entered into or at any time before the licensee acts as a dual agent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1431 et seq.


Julius C. Willie
Executive Director

Rule

Department of Health and Hospitals
Board of Nursing
Licensure as Advanced Practice Registered Nurse
(LAC 46:XLVII.4507)

Notice is hereby given, in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., that the Board of Nursing (Board) pursuant to the authority vested in the board by R.S. 37:918-919 has amended the Professional and Occupational Standards pertaining to licensure as Advanced Practice Registered Nurse. The amendments of the Rules are set forth below.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLVII. Nurses
Subpart 2. Registered Nurses
Chapter 45. Advanced Practice Registered Nurses
§4507. Licensure as Advanced Practice Registered Nurse

A. - F.1.b. …

c. evidence of current certification/recertification by a national certifying body accepted by the board; or
d. APRNs initially licensed in accordance with R.S. 37:912.B(3)(4) or 920.A.(2) and 4507.A.2 whose specialty and/or functional role does not provide for certification/recertification shall apply for a six month temporary permit, and practice under the temporary permit and current practice standards set forth by the respective advanced practice nursing specialty and/or functional role; and
submit the following documentation with the application for reinstatement for each year of inactive or lapsed status:

i. a minimum of 300 hours of practice in advanced practice registered nursing as defined in R.S. 37:913.(3)(a) for each year of inactive or lapsed status up to a maximum of 800 hours; and

ii. a minimum of 2 college credit hours per year of relevance to the advanced practice role; or

iii. a minimum of 30 continuing education (C.E.) contact hours approved by the board each year. Of the 30 contact hours, a maximum of 10 C.E. contact hours may be approved Continuing Medical Education (CMEs); and

e. the required fee as specified in LAC 46:XLVII.3341.

2. Reinstatement of an APRN license, which has lapsed or been inactive for four years or more. If the applicant's APRN license has been lapsed or inactive for four or more years, in addition to meeting the above requirements in Subsection F.1.a-e., the applicant shall:
In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Board of Nursing (board), pursuant to the authority vested in the board by R.S. 37:918, R.S. 37:919, has adopted Rules amending the Professional and Occupational Standards pertaining to public comment at meetings of the board. The amendments of the Rules are set forth below.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLVII. Nurses
Subpart 2. Registered Nurses
Chapter 33. General
§3308. Public Comment at Meetings of the Board
A. At every open meeting of the board or its committees, members of the public shall be afforded an opportunity to make public comment addressing any matters set by agenda for discussion at that meeting.
   1. Concerns and public comments shall be limited to five minutes per individual unless the time limitation is waived by a majority of the board members present.
   2. Anyone wishing to speak on a specific item must present the request prior to the convening of the meeting. Cards shall be available to place the request for public comment, along with the requestor's name and for whom the requestor is appearing.
   3. The board president or committee chair may defer public comment on a specific agenda item until that item is brought up for discussion. However, the five-minute limitation for public comment shall remain in effect unless waived by a majority of the board members present.
   4. In addition, the board president or committee chair may recognize individuals at a public meeting at his or her discretion.
   5. Unless otherwise provided by law, public comment is not part of the evidentiary record of a hearing or case unless sworn, subject to cross-examination, offered by a party as relevant testimony, and received in accordance with the Louisiana Administrative Procedure Act, R.S. 49:950, et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

§3503. Continuing Education Requirements
A. General Guidelines
   1. A licensee must accrue 40 clock hours of continuing education by every renewal period every two years.
   2. One continuing education unit (CEU) is equivalent to one clock hour.
   3. Accrual of continuing education begins only after the date the license was issued.
   4. Continuing education hours accrued beyond the required 40 clock hours may not be applied toward the next renewal period. Renewal periods run from January 1 to December 31
   5. The licensee is responsible for keeping a personal record of his/her continuing education hours until official notification of renewal is received. Do not forward documentation of continuing education hours to the board office as they are accrued.
   6. At the time of renewal 10 percent of the licensees will be audited to ensure that the continuing education requirement is being met. Licensees audited will be requested by letter to submit documentation as specified in §3503.B of their continuing education hours.
   7. Licensees will be asked in the renewal application to note any changes in areas of expertise. The advisory committee, at its discretion, may require the licensee to present satisfactory documentation supporting these changes.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 29:581 (April 2003).

Barbara L. Morvant
Executive Director

0304#035

RULE
Department of Health and Hospitals
Licensed Professional Counselors Board of Examiners
Licensure of Licensed Professional Counselors
Continuing Education Requirements
(LAC 46: LX.3503)

Editor's Note: Section 3503 is being repromulgated to correct a printing error. This Rule may be viewed in its entirety in the February 20, 2003 edition of the Louisiana Register on pages 128-174.

The Licensed Professional Counselors Board of Examiners, under authority of the Louisiana Mental Health Counselor Licensing Act, R.S. 37:1101-1122, and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., has repealed and adopted certain Rules with regard to licensing of licensed professional counselors and licensed marriage and family therapists.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LX. Licensed Professional Counselors
Subpart 1. Licensed Professional Counselors
Chapter 35. Renewal of License


Barbara L. Morvant
Executive Director

0304#035
8. A licensee must accrue three clock hours of training in ethics that specifically addresses ethics for licensed marriage and family therapy as defined in Subparagraph C.3.e every renewal period. A generic ethics class will not be acceptable.

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

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

B. Types of documentation needed for continuing education audit:

1. copy of certificate of attendance for workshops, seminars, or conventions;
2. copy of transcript for coursework taken for credit/audit;
3. letter from workshop/convention coordinator verifying presentation;
4. copy of article plus the table of contents of the journal it appears in, copy of chapter plus table of contents for chapter authored for books, title page and table of contents for authoring or editing books, letter from conference coordinator or journal editor for reviewing refereed workshop presentations or journal articles.

C. Approved Continuing Education for Licensed Marriage and Family Therapists

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

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

a. direct participation in a structured educational format as a learner in continuing education workshops and presentations or in graduate coursework (either for credit or audit):
   i. the advisory committee will accept workshops and presentations approved by the American Association for Marriage and Family Therapy (AAMFT) and its regional or state divisions including the Louisiana Association for Marriage and Family Therapy (LAMFT). Contact them directly to find out which organizations, groups, or individuals are approved providers graduate coursework either taken for credit or audit must be from a regionally accredited college or university and in the areas of marriage and family therapy described in Paragraph C.3;
   ii. licensees may receive one clock hour of continuing education for each hour of direct participation in a structured educational format as a learner. Credit cannot be given to persons who leave early from an approved session or to persons who do not successfully complete graduate coursework;

iii. continuing education taken from organizations, groups, or individuals not holding provider status by one of the associations listed in Clause i. will be subject to approval by the advisory committee at the time of renewal:
   a. the advisory committee will not pre-approve any type of continuing education;
   b. the continuing education must be in one of the seven approved content areas listed in §3503.C.3 and given by a qualified presenter;
   c. a qualified presenter is considered to be someone at the master's level or above trained in marriage and family therapy or another appropriate mental health field;
   d. one may receive one clock hour of continuing education for each hour of direct participation in a structured educational format as a learner;
   e. credit cannot be granted for business/governance meetings; breaks; and social activities including meal functions, except for the actual time of an educational content speaker;
   f. credit may not be given for marketing the business aspects of one's practice, time management, supervisory sessions, staff orientation, agency activities that address procedural issues, personal therapy, or other methods not structured on sound educational principles or for content contrary to the LMFT Code of Ethics (Chapter 43).

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

i. Licensees may receive one clock hour of continuing education for each hour of direct work in:
   a. teaching a marriage and family therapy course (10 hours maximum) in an area as described in Paragraph C.3 in an institution accredited by a regional accrediting association. Continuing education hours may be earned only for the first time the individual teaches the course;
   b. authoring, editing, or reviewing professional manuscripts or presentations (10 hours maximum) in an area of marriage and family therapy as described in Paragraph C.3. Articles must be published in a professional refereed journal.

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

iii. Continuing education hours must be relevant to the practice of marriage and family therapy and generally evolve from the following seven areas.
   a. Theoretical Knowledge of Marriage and Family Therapy. Continuing education in this area shall contain such content as the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of marriage and family therapy and will be related conceptually to clinical concerns.
b. Clinical Knowledge of Marriage and Family Therapy: Continuing education in this area shall contain such content as:
   i. couple and family therapy practice and be related conceptually to theory;
   ii. contemporary issues, which include but are not limited to gender, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective;
   iii. a wide variety of presenting clinical problems;
   iv. issues of gender and sexual functioning, sexual orientation, and sex therapy as they relate to couple, marriage and family therapy theory and practice;
   v. diversity and discrimination as it relates to couple and family therapy theory and practice.

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

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

e. Professional Identity and Ethics in Marriage and Family Therapy. Continuing education in this area shall contain such content as:
   i. professional identity, including professional socialization, scope of practice, professional organizations, licensure and certification;
   ii. ethical issues related to the profession of marriage and family therapy and the practice of individual, couple and family therapy. Generic education in ethics does not meet this standard;
   iii. the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice;
   iv. the interface between therapist responsibility and the professional, social, and political context of treatment.

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

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

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


Gary S. Grand
Board Chair

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


Editor’s Note: Chapter 41, Surveillance and Utilization Review Systems (SURS), has been moved from Part II to Part I within Title 50 and is being repromulgated to show current placement.

The Office of the State Register has moved LAC 50:1.Chapter 41 for topical placement and renumbered for future expansion. The following table indicates the changes made.

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<tr>
<th>Section Numbers Published in September 1999</th>
<th>New Section Numbers Published in April 2003</th>
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<td>§4101</td>
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B. The Department of Health and Hospitals, Bureau of Health Services Financing (BHSF) has adopted this Chapter 41, recognizes:

1. the obligation to the taxpayers to assure the fiscal and programmatic integrity of the Medical Assistance Program. The secretary has zero tolerance for fraudulent, willful, abusive or other ill practices perpetrated upon the Medical Assistance Program by providers, providers-in-fact and others, including beneficiaries. Such practices will be vigorously pursued to the fullest extent allowed under the applicable laws and regulations;

2. the responsibility to assure that actions brought in pursuit of providers, providers-in-fact and others, including beneficiaries, under this regulation are not frivolous, vexatious or brought primarily for the purpose of harassment. Providers, providers-in-fact and others, including beneficiaries, must recognize that they have an obligation to obey and follow all applicable laws, regulations, policies, criteria, and procedures; and

3. that when determining whether a fraudulent pattern of incorrect submissions exists under this regulation, the department has an obligation to demonstrate that the pattern of incorrect submissions is material, as defined under this regulation, prior to imposing a fine or other monetary sanction which is greater than the amount of the identified overpayment resulting from the pattern of incorrect submissions. In the case of an action brought for a pattern of incorrect submissions, providers and providers-in-fact must recognize that if they frivolously or unreasonably deny the existence or amount of an overpayment resulting from a pattern of incorrect submissions, the department may impose remedial measures authorized by law or regulation, which are appropriate under the circumstances;

4. pursue recoupment or recovery arising out of prohibited conduct or overpayments;

5. allow for informal resolution of disputes between the Louisiana Medicaid Program and providers and others;

6. other functions as may be deemed appropriate.

E. In order to further the purpose of this regulation the secretary may establish peer review groups for the purpose of advising the secretary on any matters covered in this Chapter.

F. Nothing in this Chapter 41 is intended, nor shall it be construed, to grant any person any right to participate in the Louisiana Medicaid Program which is not specifically granted by federal law or the laws of this state or to confer upon any person’s rights or privileges which are not contained within this regulation.

A. The following specific terms shall apply to all those participating in the Louisiana Medicaid Program, either directly or indirectly, and shall be applied when making any and all determinations related to this and other departmental regulations, rules, policies, criteria, and procedures applicable to the Louisiana Medicaid program and its programs.

Affiliate A person who has a direct or indirect relationship or association with a provider such that the provider is directly or indirectly influenced or controlled by the affiliate or has the power to do so. Any person with a direct or indirect ownership interest in a provider is presumed to be an affiliate of that provider. Any person who shares in the proceeds or has the right to share in the proceeds of a provider is presumed to be an affiliate of that provider unless that person is a spouse or a minor child of the provider and has no other affiliation with the provider other than that of being a family member of the provider.

Agent A person who is employed by or has a contractual relationship with a provider or who acts on behalf of the provider.

Agreement to Repay A formal written and enforceable arrangement to repay an identified overpayment, interest, monetary penalties or costs and expenses.
 Billing Agent: Any agent who performs any or all of the provider's billing functions. Billing agents are presumed to be an agent of the provider.

Billing or Bill: Submitting, or attempting to submit, a claim for goods, supplies, or services.

Claim: Any request or demand, including any and all documents or information required by federal or state law or by rule made against Medical Assistance Program funds for payment. A claim may be based on costs or projected costs and includes any entry or omission in a cost report or similar document, book of account, or any other document which supports, or attempts to support, the claim. In the case of a claim based on a cost report, any entry or omission in a cost report, book of account or other documents used or intended to be used to support a cost report shall constitute a claim. Each claim may be treated as a separate claim, or several claims may be combined to form one claim.

Claims or Payment Review: The process of reviewing documents or other information or sources required or related to the payment or reimbursement to a provider by the department, BHSF, SURS or the fiscal intermediary in order to determine if the bill or claim should be or should have been paid or reimbursed. Payment and claim reviews are the same process.

Contractor: Any person with whom the provider has a contract to perform a service or function on behalf of the provider. A contractor is presumed to be an agent of the provider.

Corrective Action Plan: A written plan, short of an administrative sanction, agreed to by a provider, provider-in-fact or other person with the department, BHSF or, Program Integrity designed to remedy any inefficient, aberrant or prohibited practices by a provider, provider-in-fact or other person. A corrective action plan is not a sanction.

Department: The Louisiana Department of Health and Hospitals.

Deputy Secretary: The deputy secretary of the department or authorized designee.

Director of Bureau of Health Finance Services: The director of BHSF or authorized designee.

Director of Program Integrity or Assistant Director of Program Integrity: The individual whom the secretary has designated as the director, program manager or section chief of the Program Integrity Division or the designated assistant to the director of Program Integrity Division respectively or their authorized designee.

Exclusion from Participation: A sanction that terminates a provider, provider-in-fact or other person from participation in the Louisiana Medicaid program, or one or more of its programs and cancels the provider's provider agreement.

a. A provider who is excluded may, at the end of the period of exclusion, reapply for enrollment.

b. A provider, provider-in-fact or other person who is excluded may not be a provider or provider-in-fact, agent of a provider, or affiliate of a provider or have a direct or indirect ownership in any provider during their period of exclusion.

False or Fraudulent Claim: A claim which the provider or his billing agent submits knowing the claim to be false, fictitious, untrue, or misleading in regard to any material information. False or fraudulent claim shall include a claim which is part of a pattern of incorrect submissions in regard to material information or which is otherwise part of a pattern in violation of applicable federal or state law or rule.


Finalized Sanction or Final Administrative Adjudication or Order: A final order imposed pursuant to an administrative adjudication that has been signed by the secretary or the secretary's authorized designee.

Fiscal Agent or Fiscal Intermediary: An organization or legal entity which whom the department contracts with to provide for the processing, review of or payment of provider bills and claims.

Good, Service, or Supply: Any good, item, device, supply, or service for which a claim is made, or is attempted to be made, in whole or in part.

Health Care Provider: Any person furnishing or claiming to furnish a good, service, or supply under the Medical Assistance Programs as defined in R.S. 46:437.3 and any other person defined as a health care provider by federal or state law or by rule. For the purpose of this Chapter, health care provider and provider are interchangeable terms.

Identified Overpayment: The amount of overpayment made to or requested by a provider that has been identified in a final administrative adjudication or order.

Indirect Ownership: Ownership interest in an entity that has an ownership interest in a provider. This term includes an ownership interest in any entity that has an indirect ownership interest in a provider.

Ineligible Recipient: Any individual who is not eligible to receive health care through the medical assistance programs.

Informal Hearing: An informal conference between the provider, provider-in-fact or other persons and the director of Program Integrity or the SURS manager related to a notice of corrective action, notice of withholding of payments or notice of sanction.

Investigator or Analyst: Any person authorized to conduct investigations on behalf of the department, BHSF, Program Integrity Division, SURS or the fiscal intermediary, either through employment or contract for the purposes of payment or programmatic review.

Investigatory Process: The examination of the provider, provider-in-fact, agent-of-the-provider, or affiliate, and any other person or entity, and any and all records held by or pertaining to them pursuant to a written request from BHSF. No adjudication is made during this process.

Knew or Should Have Known: The person knew or should have known that the activity engaged in or not engaged in was prohibited conduct under this regulation or federal or state laws and regulations. The standard to be used in determining knew or should have known is that of a reasonable person engaged in the activity or practice related to the Medical Assistance Program at issue.

Knowing or Knowingly: The person has actual knowledge of the information, or acts in deliberate ignorance or reckless disregard of the truth or falsity of the information. The standard to be used in determining knowing or knowingly is that of a reasonable person engaged in the activity or practice related to the Medical Assistance Program at issue.
The constitutions, statutory or code provisions of the federal government and the government of the state of Louisiana.

**Louisiana Administrative Code (LAC)**
The Louisiana Administrative Code or the Louisiana Register.

**Managing Employee**
A person who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operations of a provider. Managing employee shall include, but is not limited to, a chief executive officer, president, general manager, business manager, administrator, or director.

**Medical Assistance Program or Medicaid**
The Medical Assistance Program (Title XIX of the Social Security Act), commonly referred to as Medicaid, and other programs operated by and funded in the department which provide payment to providers.

**Misrepresentation**
The knowing failure to truthfully or fully disclose any and all information required, or the concealment of any and all information required on a claim or a provider agreement or the making of a false or misleading statement to the department relative to the Medical Assistance Program.

**Notice**
A written notification of an action taken or to be taken by the department, BHSF or SURS. A notice must be signed by or on behalf of the secretary, director of BHSF, or director of Program Integrity.

**Ownership Interest**
The possession, directly or indirectly, of equity in the capital or the stock, or right to share in the profits of a provider.

**Payment or Reimbursement**
The payment or reimbursement to a provider from Medical Assistance Programs funds pursuant to a claim, or the attempt to seek payment for a claim.

**Person**
Any natural person, company, corporation, partnership, firm, association, group, or other legal entity or as otherwise provided for by law.

**Policies, Criteria or Procedure**
Those things established or provided for through departmental manuals, provider updates, remittance advice or bulletins issued by the Medical Assistance Program or on behalf of the Medical Assistance Program.

**Program**
Any program authorized under the Medical Assistance Program.

**Program Integrity Division (PID)**
The Program Integrity Unit under BHSF within the department, its predecessor and successor.

**Provider Agreement**
The document(s) signed by or on behalf of the provider and those things established or provided for in R.S. 46:437.11-437.14 or by rule, which enrolls the provider in the Medical Assistance Program or one or more of its programs and grants to the provider a provider number and the privilege to participate in Medicaid of Louisiana or one or more of its programs.

**Provider Enrollment**
The process through which a person becomes enrolled in the Medical Assistance Program or one of its programs for the purpose of providing goods, services, or supplies to one or more Medicaid recipients or submissions of claims.

**Provider-in-Fact**
A person who directly or indirectly participates in management decisions, has an ownership interest in the provider, or other persons defined as a provider-in-fact by federal or state law or by rule. A person is presumed to be a provider-in-fact if the person is:

a. a partner;
b. a Board of Directors member;c. an office holder; or
d. a person who performs a significant management or administrative function for the provider, including any person or entity who has a contract with the provider to perform one or more significant management or administrative functions on behalf of the provider;
e. a person who signs the provider enrollment paper work on behalf of the provider;
f. a managing employee;
g. an agent of the provider, or a billing agent may also be a provider-in-fact for the purpose of determining a violation and the imposing of a sanction under this regulation.

**Provider Number**
A provider billing or claim reimbursement number issued by the department through BHSF under the Medical Assistance Program.

**Recipient**
Any individual who is eligible to receive health care through the medical assistance programs.

**Recoupment**
Recovery through the reduction, in whole or in part, of payments or reimbursements to a provider.

**Rule or Regulation**
Any rule or regulation promulgated by the department in accordance with the Administrative Procedure Act and any federal rule or regulation promulgated by the federal government in accordance with federal law.

**Secretary**
The secretary of the Department of Health and Hospitals, or his authorized designee.

**Statistical Sample**
A statistical formula and sampling technique used to produce a statistical extrapolation of the amount of overpayment made to a provider or a volume of the violations.

**SURS Manager**
The individual designated by the secretary as the manager of SURS or authorized designee.

**Surveillance and Utilization Review Section (SURS)**
The section within BHSF assigned to identify providers for review, conduct payment reviews, and sanction providers resulting from payments to and claims from providers, and any other functions or duties assigned by the secretory.

**Suspension from Participation**
Occurs between the issuing of the notice of the results of the informal hearing and the issuing of the final administrative adjudication or order.

**Terms of the Provider Agreement**
The terms contained in the provider agreement or related documents and established or provided for in R.S. 46:437.11-437.14 or established by law or rule.

**Undersecretary**
The undersecretary of the department or authorized designee.
§4105. Material
A. The secretary of the Department of Health and Hospitals establishes the following definitions of Material.
1. For the purpose of R.S. 48:438.3 as required under R.S. 48:438.8(D), in determining whether a pattern of incorrect submissions exists in regards to an alleged false or fraudulent claim, the incorrect submissions must be 5 percent or more of the total claims submitted, or to be submitted, by the provider during the period covered in the civil action filed or to be filed. The total amount of claims for the purpose of this provision is the total number of claims submitted, or to be submitted, by the provider during the period of time and type or kind of claim which is the subject of the civil action under R.S. 48:438.3.
2. For the purpose of this Chapter, in determining whether a pattern of incorrect submissions exists in regards to an alleged fraudulent or willful violation, the incorrect submissions must be 5 percent or more of the total claims being subjected to claims review under the provisions of this Chapter. The total amount of claims for the purpose of this provision is the total number of claims submitted or to be submitted by the provider during the period of time and type or kind of claim which is the subject of claims review.
3. Statistically valid sampling techniques may be used by either party to prove or disprove whether the pattern was material.
B. This provision is enacted under the authority provided in R.S. 46:438.8(D).
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1633 (September 1999), repromulgated LR 29:587 (April 2003).

§4107. Statistical Sampling
A. Statistical sampling techniques may be used by any party to the proceedings.
B. A valid sampling technique may be used to produce an extrapolation of the amount of overpayment made to a provider or the volume or number of violations committed by a provider or to disprove same.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1634 (September 1999), repromulgated LR 29:587 (April 2003).

Subchapter B. Claims Review

§4115. Departmental and Provider Obligations
A. The department, through the secretary, has an obligation, imposed by federal and state laws and regulations, to:
1. review bills and claims submitted by providers before payment is made or after;
   a. payments made by the Louisiana Medicaid Program are subject to review by the Department of Health and Hospitals, Bureau of Health Services Financing, Program Integrity Division or the fiscal intermediary at anytime to ensure the quality, quantity, and need for goods, services, or supplies provided to or for a recipient by a provider, and to protect the fiscal and programmatic integrity of the Louisiana Medicaid Program and its programs;
   b. it is the function of the Program Integrity Division (PID) and the Surveillance and Utilization Review Section (SURS) to provide for and administer the utilization review process within the department;
2. assure that claims review brought under this regulation are not frivolous, vexatious or brought primarily for the purpose of harassment;
3. recognize that when determining whether a fraudulent pattern of incorrect submissions exists under this regulation the department has an obligation to demonstrate that the pattern of incorrect submissions are material as defined under this regulation prior to imposing a fine or other monetary sanction which is greater than the amount of the identified or projected overpayment resulting from the pattern of incorrect submissions;
4. recognize the need to obtain advice from applicable professions and individuals concerning the standards to be applied under this Chapter. At the discretion of the secretary may seek advice from peer review groups which the secretary has established for the purpose of seeking such advice;
5. recognize the right of each individual to exercise all rights and privileges afforded to that individual under the law including, but not limited to, the right to counsel as provided under the applicable laws.
B. Providers have no right to receive payment for bills or claims submitted to BHSF or its fiscal intermediary. Providers only have a right to receive payment for valid claims. Payment of a bill or claim does not constitute acceptance by the department or its fiscal intermediary that the bill or claim is a valid claim. The provider is responsible for maintaining all records necessary to demonstrate that a bill or claim is in fact a valid claim. It is the provider's
obligation to demonstrate that the bill or claim submitted was for goods, services, or supplies:

1. provided to a recipient who was entitled to receive the goods, services, or supplies;
2. were medically necessary or otherwise properly authorized;
3. were provided by or authorized by an individual with the necessary qualifications to make that determination;
4. were actually provided to the appropriate recipient in the appropriate quality and quantity by an individual qualified to provide the good, service or supply;
5. in the case of a claim based on a cost report, that each entry is complete, accurate and supported by the necessary documentation.

C. The provider must maintain and make available for inspection all documents required to demonstrate that a bill or claim is a valid claim. Failure on the part of the provider to adequately document means that the goods, services, or supplies will not be paid for or reimbursed by the Louisiana Medicaid program.

D. A person has no property interest in any payments or reimbursements from Medicaid which are determined to be an overpayment or are subject to payment review.

E. Providers, providers-in-fact and others, including beneficiaries must recognize that they have an obligation to obey and follow all applicable laws, regulations, policies, criteria and procedures. In the case of an action brought for a pattern of incorrect submissions, providers and providers-in-fact recognize that if they frivolously or unreasonably deny the existence or amount of an overpayment resulting from a pattern of incorrect submissions the department may impose judicial interest on any outstanding recovery or recoupment, or reasonable cost and expenses incurred as the direct result of the investigation or review, including, but not limited to, the time and expenses incurred by departmental employees or agents and the fiscal intermediary employees or agents.

F. In determining the amount to be paid or reimbursed to a provider any and all overpayments, recoupment or recovery must be taken into consideration prior to determining the actual amount owed to the provider.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1634 (September 1999), repromulgated LR 29:587 (April 2003).

§4117. Claims Review

A. BHSF establishes the following procedures for review of bills and claims submitted to it or its fiscal intermediary.

1. Prepayment Review
   a. Upon concurrence of the director of BHSF and the director of Program Integrity, bills or claims submitted by a provider may be reviewed by the SERS or the SERS unit of the Fiscal Intermediary for 15 days from date the payment or reimbursement is ordinarily sent to a provider by BHSF or its fiscal intermediary prior to the issuing of or denial of payment or reimbursement.
   b. If, during the prepayment review process, it is determined that the provider may be overpaid, BHSF or its fiscal intermediary must conduct an investigation to determine the reasons for and estimates of the amount of the potential overpayments.
   i. If it is determined that evidence exists which would lead the director of BHSF and the director of Program Integrity to believe that the provider, provider-in-fact, agent of the provider, or affiliate of the provider has engaged in fraudulent, false, or fictitious billing practices or willful misrepresentation, current and future payments shall be withheld.
   ii. If it is determined that evidence exists which would lead the director of BHSF and the director of Program Integrity to believe that overpayments may have occurred through reasons other than fraudulent, false or fictitious billing or willful misrepresentation, current and future payments may be withheld.
   c. Prepayment review is not a sanction and cannot be appealed nor is it subject to an informal hearing. If prepayment review results in withholding of payments, the provider or provider-in-fact will be notified within five working days of the determination to withhold payments. In the case of an ongoing criminal or outside governmental investigation, information related to the investigation shall not be disclosed to the provider, provider-in-fact or other person unless release of such information is otherwise authorized or required under law. Denials or refusals to pay individual bills that are the result of the edit and audit system are not withholdings of payments.
   d. Prepayment review is conducted at the absolute discretion of the director of BHSF and the director of Program Integrity.

2. Post-Payment Review
   a. Providers have a right to receive payment only for those bills that are valid claims. A person has no property interest in any payments or reimbursements from Medicaid, which are determined to be an overpayment or are subject to payment review. After payment to a provider, BHSF or its fiscal intermediary may review any or all payments made to a provider for the purpose of determining if the amounts paid were for valid claims.
   b. If, during the post-payment review process, it is determined that the provider may have been overpaid, BHSF or its fiscal intermediary must conduct an investigation to determine the reasons for and estimated amounts of the alleged overpayments.
   i. If it is determined that evidence exists that would lead the director of BHSF and the director of Program Integrity to believe that the provider, provider-in-fact, agent of the provider, or affiliate of the provider may have engaged in fraudulent, false, or fictitious billing practices or willful misrepresentation, current and future payments shall be withheld.
   ii. If it is determined that evidence exists that overpayments may have occurred through reasons other than fraud or willful misrepresentation, current and future payments may be withheld.
   c. Post-payment review is not a sanction and is not appealable nor subject to an informal hearing. If post-payment review results in withholding of payments, the provider or provider-in-fact will be notified within five working days of the determination to withhold payments. In the case of an ongoing criminal or outside government
investigation, information related to the investigation shall not be disclosed to the provider, provider-in-fact or other person. Denials or refusals to pay individual bills that are the result of the edit and audit system are not withholdings of payments.

d. Post-payment review is conducted is at the absolute discretion of the director of BHSF and director of Program Integrity.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1634 (September 1999), repromulgated LR 29:588 (April 2003).

§4119. Claims Review Scope and Extent

A. Prepayment and post-payment review may be limited to specific items or procedures or include all billings or claims by a provider.

B. The length of time a provider is on post-payment review shall be at the sole discretion of the director of BHSF and the director of Program Integrity.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1635 (September 1999), repromulgated LR 29:589 (April 2003).

Subchapter C. Investigations

§4127. Formal or Informal Investigations

A. Prepayment and post-payment review may be conducted through either a formal or informal process.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1635 (September 1999), repromulgated LR 29:589 (April 2003).

§4129. Informal Investigatory Process

A. An informal investigation may be initiated without cause and requires no justification. The provider and provider-in-fact of the provider have an affirmative duty to cooperate fully with the investigation. The provider and provider-in-fact, if they have the ability to do so, shall:

1. make all records requested as part of the investigation available for review or copying; and

2. make available all agents and affiliates of the provider for the purpose of being interviewed by the investigating officer or agent of the investigating officer at the provider's ordinary place of business or any other mutually agreeable location.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1635 (September 1999), repromulgated LR 29:589 (April 2003).

§4131. Formal Investigatory Process

A. The formal investigatory process must be initiated in writing by the director of BHSF and director of Program Integrity. The written notice of investigation shall be directed to a provider, specifically naming an investigating officer and be given to the provider, provider-in-fact or their agent. The investigating officer shall provide written notice of the investigation to the provider or a provider-in-fact of the provider at the time of the on-site investigation.

B. The written notice need not contain any reasons or justifications for the investigation, only that such an investigation has been authorized and the individual in charge of the investigation.

C. The investigating officer and the agents of the investigating officer shall have the authority to review and copy records of the provider including, but not limited to, any financial or other business records of the provider or any or all records related to the recipients, and take statements from the provider, provider-in-fact, agents of the provider and any affiliates of the provider, as well as any recipients who have received goods, services, or supplies from the provider or whom the provider has claimed to have provided goods, services, or supplies.

D. The provider and provider-in-fact of the provider have an affirmative duty to cooperate fully with the investigating officer and agents of the investigating officer, including full and truthful disclosure of all information requested and questions asked. The provider and provider-in-fact, if they have the ability to do so, shall:

1. make all records requested by the investigating officer available for review and copying; and

2. make available all agents and affiliates of the provider for the purpose of being interviewed by the investigating officer or agent of the investigating officer at the provider's ordinary place of business or any other mutually agreeable location.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1636 (September 1999), repromulgated LR 29:589 (April 2003).

§4133. Investigatory Discussion

A. During the investigatory process the provider, provider-in-fact, agent of the provider, or affiliate of the provider shall be notified in writing of the time and place of an investigatory discussion. The notice shall contain the names of the individuals who are requested to be present at the discussion and any documents that the provider, provider-in-fact, agent of the provider or affiliate of the provider must bring to the discussion.

B. The provider and provider-in-fact, if they have the ability to do so, shall be responsible for assuring the attendance of individuals who are currently employed by, contracted by, or affiliated with the provider.

C. This notice may contain a request to bring records to the investigatory discussion. If such a request for records is made, the provider and provider-in-fact are responsible for having those records produced at the investigatory discussion. The provider or provider-in-fact shall be given at least five working days to comply with the request.

D. At the investigatory discussion, the authorized investigating officer can ask any of the individuals present at the discussion questions related to the provider's billing practices or other aspects directly or indirectly related to the providing of goods, supplies, and services to Medicaid recipients or nonrecipients, or any other aspect related to the
provider's participation in the Louisiana Medicaid program.

Any provider, provider-in-fact, agent of the provider, affiliate of the provider, or recipient brought to an investigatory discussion has an affirmative duty to fully and truthfully answer any questions asked and provide any and all information requested.

E. Any person present at an investigatory discussion may be represented by counsel. The exercising of a constitutional or statutory right during an investigatory discussion shall not be construed as a failure to cooperate.

AUTHORITY NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1636 (September 1999), repromulgated LR 29:590 (April 2003).

§4135. Written Investigatory Reports

A. The investigating officer or analyst, at the discretion of the director of Program Integrity or the SURS manager, may draft a written investigative report concerning the results of the informal or formal investigation. The director of BHFS and director of Program Integrity, at their discretion, may release the report to outside law enforcement agencies, authorized federal representatives, the legislative auditor or any individuals within the department whom the secretary has authorized to review such reports. No other entities or persons shall have a right to review the contents of an investigative report.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1636 (September 1999), repromulgated LR 29:590 (April 2003).

§4143. Introduction

A. This Subchapter D pertains to:

1. the kinds of conduct which are violations;
2. the scope of a violation;
3. types of violations; and
4. elements of violations.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1636 (September 1999), repromulgated LR 29:590 (April 2003).

Subchapter D. Conduct

§4145. Prohibited Conduct

A. Violations are kinds of conduct that are prohibited and constitute a violation under this regulation. No provider, provider-in-fact, agent of the provider, billing agent, affiliate of a provider or other person may engage in any conduct prohibited by this Chapter. If they do, the provider or provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person may be subject to:

1. corrective action;
2. withholding of payment;
3. recoupment;
4. recovery;
5. suspension;
6. exclusion;
7. posting bond or other security;
8. monetary penalties; or
9. any other sanction listed in this Chapter.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1636 (September 1999), repromulgated LR 29:590 (April 2003).

§4147. Violations

A. The following is a list of violations.

1. Failure to comply with any or all federal or state laws applicable to the Medical Assistance Program or a program of the Medical Assistance Program in which the provider, provider-in-fact, agent of the provider, billing agent, affiliate or other person is participating is a violation of this provision.

a. Neither the Secretary, Director of BHFS, or any other person can waive or alter a requirement or condition established by statute.

b. Requirements or conditions imposed by a statute can only be waived, modified or changed through legislation.

c. Providers and providers-in-fact are required and have an affirmative duty to fully inform all their agents and affiliates, who are performing any function connected to the provider's activities related to the Medicaid program, of the applicable laws.

d. Providers, providers-in-fact, agents of providers, billing agents, and affiliates of providers are presumed to know the law. Ignorance of the applicable laws is not a defense to any administrative action.

2. Failure to comply with any or all federal or state regulations or rule applicable to the Medical Assistance Program or a program of the Medical Assistance Program in which the provider, provider-in-fact, agent of the provider, billing agent, or affiliate of the provider is participating is a violation of this provision.

a. Neither the Secretary, Director of BHFS or any other person can waive or alter a requirement or condition established by regulation.

b. Requirements or conditions imposed by a regulation can only be waived, modified, or changed through formal promulgation of a new or amended regulation, unless authority to do so is specifically provided for in the regulation.

c. Providers and providers-in-fact are required and have an affirmative duty to fully inform all their agents and affiliates, who are performing any function connected to the provider's activities related to the Medicaid program, of the applicable regulations.

d. Providers, providers-in-fact, agents of providers, and affiliates of the provider are presumed to know the regulations and rules applicable to participation in the Medical Assistance Program or one or more of its programs in which they are participating. Ignorance of the applicable regulations is not a defense to any administrative action.

3. Failure to comply with any or all policies, criteria or procedures of the Medical Assistance Program or the applicable program of the Medical Assistance Program in
which the provider, provider-in-fact, agent of the provider, billing agent or affiliate of the provider is participating is a violation of this provision.

a. Policies, criteria and procedures are contained in program manuals, training manuals, remittance advice, provider updates or bulletins issued by or on behalf of the Secretary or Director of BHSF.

b. Policies, criteria and procedures can be waived, amended, clarified, repealed or otherwise changed, either generally or in specific cases, only by the Secretary, Undersecretary, Deputy Secretary or the Director of BHSF.

c. Such waivers, amendments, clarifications, repeals, or other changes must be in writing and state that it is a waiver, amendment, clarification, or change in order to be effective.

d. Notice of the policies, criteria and procedures of the Medical Assistance Program and its programs are provided to providers upon enrollment and receipt of a provider number. It is the duty of the provider at the time of enrollment or re-enrollment to obtain the policies, criteria, and procedures, which are in effect at the time of enrollment or re-enrollment.

e. Waivers, amendments, clarifications, repeals, or other changes to the policies, criteria, or procedures must be in writing and are generally contained in a new or reissued program manual, new manual pages, remittance advice, provider updates, or specifically designated bulletins from the Secretary, Undersecretary, Deputy Secretary or the Director of BHSF.

f. Waivers, amendments, clarifications, repeals or other changes are mailed to the provider at the address given to BHSF or the fiscal intermediary by the provider for the express purpose of receiving such notifications.

i. It is the duty of the provider to provide the above address and make arrangements to receive these mailings through that address. This includes the duty to inform BHSF or the fiscal intermediary of any changes in the above address prior to actual change of address.

ii. Mailing of a manual, new manual pages, provider update, bulletins, or remittance advice to the provider's latest listed address creates a reputable presumption that the provider received it. The burden of proving lack of notice of policy, criteria, or procedure or waivers, amendments, clarifications, repeals, or other changes in same is on the party asserting it.

iii. Providers and providers-in-fact are presumed to know the applicable policies, criteria and procedures and any or all waivers, amendments, clarifications, repeals, or other changes to the applicable rules, policies, criteria and procedures which have been mailed to the address provided by the provider for the purpose of receiving notice of same.

iv. Ignorance of an applicable policy, criteria, or procedure or any and all waivers, amendments, clarifications, repeals, or other changes to applicable policies, criteria and procedures is not a defense to an administrative action brought against a provider or provider-in-fact. Lack of notice of a policy, criteria, or procedure or waiver, amendment, clarification, repeal, or other change of the same is a defense to a violation based on abusive, fraudulent, false, or fictitious billing practice or willful practices or the imposition of any sanction except issuing a warning, education and training, prior authorization, posting bond or other security, recovery of overpayment or recoupment of overpayment. Lack of notice of a policy, criteria, or procedure, or waivers, amendments, clarifications, repeals, or other changes to applicable policies, criteria, or procedures is not a defense to a violation, which is aberrant.

g. Providers and providers-in-fact are required and have an affirmative duty to fully inform all their agents and affiliates, who are performing any function connected to the provider's activities related to the Medicaid program, of the applicable policies, criteria, and procedures and any waivers, amendments, clarifications, repeals, or other changes in applicable policies, criteria, or procedures.

4. Failure to comply with one or more of the terms or conditions contained in the provider's provider agreement or any and all forms signed by or on behalf of the provider setting forth the terms and conditions applicable to participation in the Medical Assistance Program or one or more of its programs is a violation of this provision.

a. The terms or conditions of a provider agreement or those contained in the signed forms, unless specifically provided for by law or regulation or rule, can only be waived, changed or amended through mutual written agreement between the provider and the Secretary, Undersecretary, Deputy Secretary or the Director of BHSF. Those conditions or terms that are established by law or regulation or rule may not be waived, altered, amended, or otherwise changed except through legislation or rule making.

b. A waiver, change, or amendment to a term or condition of a provider agreement and any signed forms must be reduced to writing and be signed by the provider and the Secretary, Undersecretary, Deputy Secretary or the Director of BHSF in order to be effective.

c. Such mutual agreements cannot waive, change or amend the law, regulations, rules, policies, criteria or procedures.

d. The provider and provider-in-fact are presumed to know the terms and conditions in their provider agreement and any signed forms related thereto and any changes to their provider agreement or the signed forms related thereto.

e. The provider and provider-in-fact are required and have an affirmative duty to fully inform all their agents or affiliates, who are performing any function connected to the provider's activities related to the Medicaid program, of the terms and conditions contained in the provider agreement and the signed forms related thereto and any change made to them. Ignorance of the terms and conditions in the provider agreement or signed forms or any changes to them is not a defense.

i. Department, BHSF or the fiscal intermediary may, from time to time, provide training sessions and consultation on the law, regulations, rules, policies, criteria, and procedures applicable to the Medical Assistance Program and its programs. These training sessions and consultations are intended to assist the provider, provider-in-fact, agents of providers, billing agents, and affiliates. Information presented during these training sessions and consultations do not necessarily constitute the official stands of the department and BHSF in regard to the law, regulations and rules, policies, or procedures unless reduced to writing in compliance with this Subpart.
5. Making a false, fictitious, untrue, misleading statement or concealment of information during the application process or not fully disclosing all information required or requested on the application forms for the Medicaid Assistance Program, provider number, enrollment paperwork, or any other forms required by the department, BHSF or its fiscal intermediary that is related to enrollment in the Medical Assistance Program or one of its programs or failing to disclose any other information which is required under this regulation, or other departmental regulations, rules, policies, criteria, or procedures is a violation of this provision. This includes the information required under R.S. 46:437.11-437.14. Failure to pay any fees or post security related to enrollment is also a violation of this Section.

a. The provider and provider-in-fact have an affirmative duty to inform BHSF in writing through provider enrollment of any and all changes in ownership, control, or managing employee of a provider and fully and completely disclose any and all administrative sanctions, withholding of payments, criminal charges, or convictions, guilty pleas, or no contest pleas, civil judgments, civil fines, or penalties imposed on the provider, provider-in-fact, agent of the provider, billing agent, or affiliates of the provider which are related to Medicare or Medicaid in this or any other state or territory of the United States.

i. Failure to do so within 10 working days of when the provider or provider-in-fact knew or should have known of such a change or information is a violation of this provision.

ii. If it is determined that a failure to disclose was willful or fraudulent, the provider's enrollment can be voided back to the date of the willful misrepresentation or concealment or fraudulent disclosure.

6. Not being properly licensed, certified, or otherwise qualified to provide for the particular goods, services, or supplies provided or billed for or such license, certificate, or other qualification required or necessary in order to provide a good, service, or supply has not been renewed or has been revoked, suspended or otherwise terminated is a violation of this provision. This includes, but is not limited to, professional licenses, business licenses, paraprofessional certificates, and licenses or other similar licenses or certificates required by federal, state, or local governmental agencies, as well as, professional or paraprofessional organizations or governing bodies which are required by the Medical Assistance Program. Failure to pay required fees related to licensure or certification is also a violation of this provision.

7. Having engaged in conduct or performing an act in violation of official sanction which has been applied by a licensing authority, professional peer group, or peer review board or organization, or continuing such conduct following notification by the licensing or reviewing body that said conduct should cease is a violation of this provision.

8. Having been excluded or suspended from participation in Medicare is a violation of this provision. It is also a violation of this provision for a provider to employ, contract with, or otherwise affiliate with any person who has been excluded or suspended from Medicare during the period of exclusion or suspension.

a. The provider and provider-in-fact after they knew or should have known of same have an affirmative duty to:

i. inform BHSF in writing of any such exclusions or suspensions on the part of the provider, provider-in-fact, their agents or their affiliates;

ii. not hire, contract with or affiliate with any person or entity who has been excluded or suspended from Medicare; and

iii. terminate any and all ownership, employment and contractual relationships with any person or entity that has been excluded or suspended from Medicare.

b. Failure to do so on the part of the provider or provider-in-fact within 10 working days of when the provider or provider-in-fact knew or should have known of any violation of this provision by the provider, provider-in-fact, their agents, or affiliates is a violation of Paragraph 5 of this Subsection.

c. If the terms of the exclusion or suspension have been completed, no violation of this provision has occurred.

9. Having been excluded, suspended, or otherwise terminated from participation in Medicaid or other publicly funded health care or insurance programs of this state or any other state or territory of the United States is a violation of this provision. It is also a violation of this Section for a provider to employ, contract with, or otherwise affiliate with any person who has been excluded, suspended or otherwise terminated from participation in Medicaid or other publicly funded health care or health insurance programs of this state or another state or territory of the United States. It is also a violation of this provision for a provider to employ, contract with, or otherwise affiliate with any person who has been excluded from Medicaid or other publicly funded health care or health insurance programs of this state or any other state or territory of the United States during the period of exclusion or suspension.

a. The provider and provider-in-fact after they knew or should have known have an affirmative duty to:

i. inform BHSF in writing of any such exclusions or suspensions on the part of the provider, provider-in-fact, their agents or their affiliates;

ii. not hire, contract with or affiliate with any person or entity who has been excluded or suspended from any Medicaid or other publicly funded health care or health insurance programs of this state or another state or territory of the United States.

iii. terminate any and all ownership, employment and contractual relationships with any person or entity that has been excluded or suspended from any Medicaid or other publicly funded health care or health insurance programs.

b. Failure to do so on the part of the provider or provider-in-fact within 10 working days of when the provider or provider-in-fact knew or should have known of any violation of this provisions by the provider, provider-in-fact, their agents or affiliates is a violation of Paragraph 5 of this Subsection.

c. If the terms of the exclusion or suspension have been completed, no violation of this provision has occurred.

10. Having been convicted of, pled guilty, or pled no contest to a crime, including attempts or conspiracy to commit a crime, in federal court, any state court, or court in any United States territory related to providing goods, services, or supplies or billing for goods, services, or supplies under Medicare, Medicaid, or any other program involving the expenditure of public funds is a violation of this provision. It is also a violation for a provider to employ,
contract with, or otherwise affiliate with any person who has been convicted of, pled guilty, or pled no contest to a crime, including attempts to or conspiracy to commit a crime, in federal court, any state court, or court in any United States territory related to providing goods, services, or supplies or billing for goods, services, or supplies under Medicare, Medicaid, or any other program involving the expenditure of public funds.

a. The provider and provider-in-fact after they knew or should have known of same have an affirmative duty to:
   i. inform BHSF in writing of any such convictions, guilt pled, or no contest plea to the above felony criminal conduct on the part of the provider, provider-in-fact, their agents or affiliates;
   ii. not hire, contract with, or affiliate with any person or entity who has been convicted, pled guilty to, or pled no contest to the above felony criminal conduct; and
   iii. terminate any and all ownership, employment and contractual relationships with any person or entity that has been convicted, pled guilty to, or pled no contest to the above felony criminal conduct.

b. Failure to do so on the part of the provider or provider-in-fact within 10 working days of when the provider or provider-in-fact knew or should have known of any violation of this provision by the provider, provider-in-fact, their agents or affiliates is a violation of Paragraph 5 of this Subsection.

c. If three years have passed since the completion of the sentence and no other criminal misconduct by that person has occurred during that three year period, this provision is not violated. Criminal conduct, which has been pardoned, does not violate this provision.

11. Having been convicted of, pled guilty to, or pled no contest to Medicaid Fraud in a Louisiana court or any other criminal offense, including attempts to or conspiracy to commit a crime, relating to the performance of a provider agreement with the Medical Assistance Program is a violation of this provision. It is also a violation of this provision for a provider to employ, contract with, or otherwise affiliate with any person who has been convicted of, pled guilty, or pled no contest in federal court, any state court, or court of any United States territory to criminal conduct involving the negligent practice of medicine or any other activity or skill related to an activity or skill performed by or billed by that person or entity under the Medical Assistance Program or one of its programs or which caused death or serious bodily, emotional, or mental injury to an individual under their care.

a. The provider and provider-in-fact after they knew or should have known of same have an affirmative duty to:
   i. inform BHSF in writing of any such convictions, guilty plea, or no contest plea to the above criminal conduct on the part of the provider, provider-in-fact, their agents or affiliates;
   ii. not hire, contract with, or affiliate with any person or entity who has been convicted, pled guilty to, or pled no contest to the above criminal conduct; and
   iii. terminate any and all ownership, employment and contractual relationships with any person or entity that has been convicted, pled guilty to, or pled no contest to the above criminal conduct.

b. Failure to do so on the part of the provider or provider-in-fact within 10 working days of when the provider or provider-in-fact knew or should have known of any violation of this provision by the provider, provider-in-fact, their agents or affiliates is a violation of Paragraph 5 of this Subsection.

c. If three years have passed since the completion of the sentence and no other criminal misconduct by that person has occurred during that three year period, this provision is not violated. Criminal conduct, which has been pardoned, does not violate this provision.

12. Having been convicted of, pled guilty, or pled no contest in federal court, any state court, or court of any United States territory to criminal conduct involving the negligent practice of medicine or any other activity or skill related to an activity or skill performed by or billed by that person or entity under the Medical Assistance Program or one of its programs or which caused death or serious bodily, emotional, or mental injury to an individual under their care.

a. The provider and provider-in-fact after they knew or should have known of same have an affirmative duty to:
   i. inform BHSF in writing of any such convictions, guilty plea, or no contest plea to the above criminal conduct on the part of the provider, provider-in-fact, their agents or affiliates;
   ii. not hire, contract with, or affiliate with any person or entity who has been convicted, pled guilty to, or pled no contest to the above criminal conduct; and
   iii. terminate any and all ownership, employment and contractual relationships with any person or entity that has been convicted, pled guilty to, or pled no contest to the above criminal conduct.

b. Failure to do so on the part of the provider or provider-in-fact within 10 working days of when the provider or provider-in-fact knew or should have known of any violation of this provision by the provider, provider-in-fact, their agents or affiliates is a violation of Paragraph 5 of this Subsection.

c. If three years have passed since the completion of the sentence and no other criminal misconduct by that person has occurred during that three year period, this provision is not violated. Criminal conduct, which has been pardoned, does not violate this provision.
convicted of, plead guilty, or plead no contest to Medicaid, Medicare, or health care fraud, including attempts to or conspiracy to commit Medicaid, Medicare or health care fraud, or any other criminal offense related to the performance of or providing any goods, services, or supplies to Medicaid or Medicare recipients or billings to any Medicaid, Medicare, publicly funded health care or publicly funded health insurance programs in any state court, federal court or a court in any territory of the United States.

a. The provider and provider-in-fact after they knew or should have known of same have an affirmative duty to:
   i. inform BHSF in writing of any such convictions, guilty plea, or no contest plea to the above criminal conduct on the part of the provider, provider-in-fact, or their agents or affiliates;
   ii. not hire, contract with, or affiliate with any person or entity that has been convicted, pled guilty to, or pled no contest to the above criminal conduct; and
   iii. terminate any and all ownership, employment and contractual relationships with any person or entity that has been convicted, pled guilty to, or pled no contest to the above criminal conduct.

b. Failure to do so on the part of the provider or provider-in-fact within 10 working days of when the provider or provider-in-fact knew or should have known of any violation of this provision by the provider, provider-in-fact, their agents or affiliates is a violation of Paragraph 5 of this Subsection.

c. If three years have passed since the completion of the sentence and no other criminal misconduct by that person has occurred during that three year period, this provision is not violated. Criminal conduct that has been pardoned does not violate this provision.

14. Having been convicted of, pled guilty to, or pled no contest to in any federal court, state court, or court in any territory of the United States to any of the following criminal conduct, attempt to commit or conspiracy to commit any of the following crimes are violations of this provision:
   a. bribery or extortion;
   b. sale, distribution, or importation of a substance or item that is prohibited by law;
   c. tax evasion or fraud;
   d. money laundering;
   e. securities or exchange fraud;
   f. wire or mail fraud;
   g. violence against a person;
   h. act against the aged, juveniles or infirmed;
   i. any crime involving public funds; or
   j. other similar felony criminal conduct.

   i. The provider and provider-in-fact after they knew or should have known of same have an affirmative duty to:
      (a). inform BHSF in writing of any such criminal charges, convictions, or pleas on the part of the provider, provider-in-fact, their agents, or their affiliates;
      (b). not hire, contract with, or affiliate with any person or entity who has engaged in any such criminal misconduct; and
      (c). terminate any and all ownership, employment and contractual relationships with any person or entity that has engaged in any such criminal misconduct.

   ii. Failure to do so on the part of the provider or provider-in-fact within 10 working days of when the provider or provider-in-fact knew or should have known of any violation of this provision by the provider, provider-in-fact, their agents or their affiliates is a violation of Paragraph 5 of this Subsection.

   iii. If three years have passed since the completion of the sentence and no other criminal misconduct by that person has occurred during that three-year period, this provision is not violated. Criminal conduct that has been pardoned does not violate this provision.

15. Being found in violation of or entering into a settlement agreement under this state's Medical Assistance Program Integrity Law, the Federal False Claims Act, Federal Civil Monetary Penalties Act, or any other similar civil statutes in this state, in any other state, United States or United States territory is a violation of this provision.

a. Relating to violations of this provision, the provider and provider-in-fact after they knew or should have known have an affirmative duty to:
   i. inform BHSF in writing of any violations of this provision on the part of the provider, provider-in-fact, their agents or their affiliates;
   ii. not hire, contract with or affiliate with any person or entity who has violated this provision; and
   iii. terminate any and all ownership, employment and contractual relationships with any person or entity that has violated this provision.

b. Failure to do so on the part of the provider or provider-in-fact within 10 working days of when the provider or provider-in-fact knew or should have known of any violation of this provision by the provider, provider-in-fact, their agents or their affiliates is a violation of Paragraph 5 of this Subsection.

c. If a False Claims Act action or other similar civil action is brought by a Qui-Tam plaintiff or under a little attorney general or other similar provision, no violation of this provision has occurred until the defendant has been found liable in the action.

d. If three years have passed from the time a person is found liable or entered a settlement agreement under the False Claims Act or other similar civil statute and the conditions of the judgment or settlement have been satisfactorily fulfilled, no violation has occurred under this provision.

16. Failure to correct the deficiencies or problem areas listed in a notice of corrective action or failure to meet the provisions of a corrective action plan or failure to correct deficiencies in delivery of goods, services, or supplies or deficiencies in billing practices or record keeping after receiving written notice to do so from the Secretary, Director of BHSF or Director of Program Integrity is a violation of this provision.

17. Having presented, causing to be presented, attempting to present, or conspiring to present false, fraudulent, fictitious, or misleading claims or billings for payment or reimbursement to the Medical Assistance Program through BHSF or its authorized fiscal intermediary for goods, services, or supplies, or in documents related to a cost report or other similar submission is a violation of this provision.

18. Engaging in the practice of charging or accepting payments, in whole or in part, from one or more recipients for goods, services, or supplies for which the provider has
made or will make a claim for payment to the Louisiana Medicaid program is a violation of this provision, unless this prohibition has been specifically excluded within the program under which the claim was submitted or will be made or the payment by the recipient is an authorized copayment or is otherwise specifically authorized by law or regulation. Having engaged in practices prohibited by R.S. 46:438.2 or the federal anti-kickback or anti-referral statutes is also a violation of this provision.

19. Having rebated or accepted a fee or a portion of a fee or anything of value for a Medicaid recipient referral is a violation of this provision, unless this prohibition has been specifically excluded within the program or is otherwise authorized by statute or regulation, rule, policy, criteria or procedure of the department through BHSF. Having engaged in practices prohibited by R.S. 46:438.2 or the federal anti-kickback or anti-referral statutes is also a violation of this provision.

20. Paying to another a fee in cash or kind for the purpose of obtaining recipient lists or recipients names is a violation of this provision, unless this prohibition has been specifically excluded within the program or is otherwise authorized by statute or regulation, rule, policy, criteria or procedure of the department through BHSF. Using or possessing any recipient list or information, which was obtained through unauthorized means, or using such in an unauthorized manner is also a violation of this provision. Having engaged in practices prohibited by R.S. 46:438.2 or R.S. 46:438.4 or the federal anti-kickback or anti-referral statutes is also a violation of this provision.

21. Failure to repay or make arrangements to repay an identified overpayment or otherwise erroneous payment within 10 working days after the provider or provider-in-fact receives written notice of same is a violation of this provision. Failure to pay any and all administrative or court ordered restitution, civil money damages, criminal or civil fines, monetary penalties or costs or expenses is also a violation of this provision. Failure to pay any assessed provider fee or payment is also a violation of this provision.

22. Failure to keep or make available for inspection, audit, or copying records related to the Louisiana Medicaid program or one or more of its programs for which the provider has been enrolled or issued a provider number or has failed to allow BHSF or its fiscal intermediary or any other duly authorized governmental entity an opportunity to inspect, audit, or copy those records is a violation of this provision. Failure to keep records required by Medicaid or one of its programs until payment review has been conducted is also a violation of this provision;

23. Failure to furnish or arrange to furnish information or documents to BHSF within five working days after receiving a written request to provide that information to BHSF or its fiscal intermediary is a violation of this provision.

24. Failure to cooperate with BHSF, its fiscal intermediary or the investigating officer during the post-payment or prepayment process, investigative process, an investigatory discussion, informal hearing or the administrative appeal process or any other legal process or making, or caused to be made, a false or misleading statement of a material fact in connection with the post-payment or prepayment process, corrective action, investigation process, investigatory discussion, informal hearing or the administrative appeals process or any other legal process is a violation of this provision. The exercising of a constitutional or statutory right is not a failure to cooperate. Requests to for scheduling changes or asking questions are not grounds for failure to cooperate.

25. Making, or causing to be made, a false, fictitious or misleading statement or making, or caused to be made, a false, fictitious or misleading statement of a fact in connection with the administration of the Medical Assistance Program which the person knew or should have known was false, fictitious or misleading is a violation of this provision. This includes, but is not limited to, the following:
   a. claiming costs for noncovered or nonchargeable services, supplies, or goods disguised as covered items;
   b. billing for services, supplies, or goods which are not rendered to person(s) who are eligible to receive the services, supplies, or goods;
   c. misrepresenting dates and descriptions and the identity of the person(s) who rendered the services, supplies, or goods;
   d. duplicate billing that are abusive, willful or fraudulent;
   e. upcoding of services, supplies, or goods provided;
   f. misrepresenting a recipient's need or eligibility to receive services, goods, or supplies or the recipients eligibility for a program;
   g. improperly unbundling goods, services, or supplies for billing purposes;
   h. misrepresenting the quality or quantity of services, goods, or supplies;
   i. submitting claims for payment for goods, services, and supplies provided to nonrecipients if the provider knew or should have known that the individual was not eligible to receive the good, supply, or service at the time the good, service, or supply was provided or billed.
   j. Furnishing or causing to be furnished goods, services, or supplies to a recipient which;
      i. are in excess of the recipient's needs;
      ii. were or could be harmful to the recipient;
      iii. serve no real medical purpose;
      iv. are of grossly inadequate or inferior quality;
      v. were furnished by an individual who was not qualified under the applicable Louisiana Medicaid program to provide the good, service, or supply;
   vi. the good, service, or supply was not furnished under the required programmatic authorization;
   vii. the goods, services or supplies provided were not provided in compliance with the appropriate licensing or certification board's regulations, rules, policies or procedures governing the conduct of the person who provided the goods, services or supplies.
   k. providing goods, services, or supplies in a manner or form that is not within the normal scope and range of the standards used within the applicable profession.
   l. billing for goods, services, or supplies in a manner inconsistent with the standards established in relevant billing codes or practices.

26. In the case of a managed care provider or provider operating under a voucher, notwithstanding any contractual agreements to the contrary, failure to provide all medically...
necessary goods, services, or supplies of which the recipient is in need of and entitled to is a violation of this provision.

27. Submitting bills or claims for payment or reimbursement to the Louisiana Medicaid program through BHSP or its fiscal intermediary on behalf of a person or entity which is serving out a period of suspension or exclusion from participation in the Medical Assistance Program or one of its programs, Medicare, Medicaid, publicly funded health care or publicly funded health insurance program in any other state or territory of the United States or the United States is a violation of this provision except for bona fide emergency services provided during a bona fide medical emergency.

28. Engaging in a systematic billing practice which is abusive or fraudulent and which maximizes the costs to the Louisiana Medicaid program after written notice to cease such billing practice(s) is a violation of this provision.

29. Failure to meet the terms of an agreement to repay or settlement agreement entered into under this state's Medical Assistance Program Integrity Law or this regulation is a violation of this provision.

30. If the provider, a person with management responsibility for a provider, an officer or person owning, either directly or indirectly, any shares of stock or other evidence of ownership in a corporate provider, an owner of a sole proprietorship which is a provider, or a partner in a partnership which is a provider, is found to fall into one or more of the following categories:

a. the provider was previously terminated from participation in the Louisiana Medicaid program or one or more of its programs; and
   i. was a person with management responsibility for a previously terminated provider during the time of the conduct which was the basis for that provider's termination from participation in the Louisiana Medicaid program or one or more of its programs; or
   ii. was an officer or person owning, directly or indirectly, any shares of stock or other evidence of ownership in a previously terminated provider during the time of the conduct which was the basis for that provider's termination from participation in the Louisiana Medicaid program or one or more of its programs; or
   iii. was an owner of a sole proprietorship or a partner of a partnership in a previously terminated provider during the time of the conduct which was the basis for that provider's termination from participation in the Louisiana Medicaid program or one or more of its programs.

b. the provider has been found to have engaged in practices prohibited by federal or state law or regulation; and
   i. was a person with management responsibility for a provider during the time the provider engaged in practices prohibited by federal or state law or regulation; or
   ii. was an officer or person owning, directly or indirectly, any shares of stock or other evidence of ownership in a provider during the time the provider engaged in practices prohibited by federal or state law or regulation; or
   iii. was an owner of a sole proprietorship or a partner of a partnership which was a provider during the time the provider engaged in practices prohibited by federal or state law or regulation.

c. the provider was convicted of Medicaid or Medicare fraud or other criminal misconduct related to Medicaid or Medicare under federal or state law was:
   i. a person with management responsibility for a provider during the time the provider engaged in practices for which the provider was convicted of Medicaid or Medicare fraud or other criminal misconduct related to Medicaid or Medicare under federal or state law;
   ii. an officer or person owning, directly or indirectly, any of the shares of stock or other evidence of ownership in a provider during the time the provider engaged in practices the provider was convicted of Medicaid or Medicare fraud or other criminal misconduct related to Medicaid or Medicare under federal or state law;
   iii. an owner of a sole proprietorship or a partner of a partnership which was a provider during the time the provider engaged in practices the provider was convicted of Medicaid or Medicare fraud or other criminal misconduct related to Medicaid or Medicare under federal or state law.

§4149. Scope of a Violation

A. Violations may be imputed in the following manner.

1. The conduct of a provider-in-fact is always attributable to the provider. The conduct of a managing employee is always attributable to the provider and provider-in-fact.

2. The conduct of an agent of the provider, billing agent, or affiliate of the provider may be imputed to the provider or provider-in-fact if the conduct was performed within the course of his duties for the provider or was effectuated by him with the knowledge or approval of the provider or provider-in-fact.

3. The conduct of any person or entity operating on behalf of a provider may be imputed to the provider or provider-in-fact.

4. The provider and provider-in-fact are responsible for the conduct of any and all officers, employees or agents of the provider including any with whom the provider has a contract to provide managerial or administrative functions for the provider or to provide goods, services, or supplies on behalf of the provider. The conduct of these persons or entities may be imputed to the provider or provider-in-fact.

5. A violation under one Medicaid number may be extended to any and all Medicaid Numbers held by the provider or provider-in-fact or which may be obtained by the provider or provider-in-fact.

6. Recoupments or recoveries may be made from any payments or reimbursement made under any and all provider numbers held by or obtained by the provider or provider-in-fact.

7. Any sanctions, including recovery or recoupment, imposed on a provider or provider-in-fact shall remain in effect until its terms have been satisfied. Any person or entity who purchases, merges or otherwise consolidates with a provider or employs or affiliates a provider-in-fact, agent
of the provider or affiliate of a provider who has had sanctions imposed on it under this regulation assumes liability for those sanctions, if the person or entity knew or should have known about the existence of the sanctions, and may be subject to additional sanctions based on the purchase, merger, consolidation, affiliation or employment of the sanctioned provider or provider-in-fact.

8. A provider or provider-in-fact who refers a recipient to another for the purpose of providing a good, service, or supply to a recipient may be held responsible for any or all over-billing by the person to whom the recipient was referred provided the referring provider or person knew or should have known that such over-billing was likely to occur.

9. Providers which are legal entities, i.e., clinics, corporations, HMOs, PPOs, etc., may be held jointly liable for the repayment or recoupment of any person within that legal entity if it can be shown that the entity received any economic benefit related to the overpayment.

10. Withholdings of payments imposed on a provider may be extended to any or all provider numbers held or obtained by that provider or any provider-in-fact of that provider.

B. Attributing, imputing, extension or imposing under this provision shall be done on a case-by-case basis with written reasons for same. The written reasons must demonstrate that the imputing was based on knowledge of the violation and that the person to whom it was imputed received an economic benefit as a result of the violation. The person to whom the violation has been imputed may only be sanctioned up to the amount of the economic benefit received by that individual.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1637 (September 1999), repromulgated LR 29:596 (April 2003).

§4151. Types of Violation

A. Violations can be of four different types: aberrant; abusive; willful; or fraudulent. This Section defines the following four different types of violations.

1. Aberrant Practice: Any practice that is inconsistent with the laws, rules, policies, criteria or practices or the terms in the provider agreement or signed forms related to the provider agreement and are applicable to the Louisiana Medicaid program or one or more of its programs in which the provider is enrolled or was enrolled at the time of the alleged occurrence.

2. Abusive Practice: Any practice of which the provider has been informed in writing by the secretary, director of BHFS, or director of Program is aberrant, and the provider, provider-in-fact, agent of the provider, or an affiliate of the provider continues to engage in that practice after the written notice to discontinue such a practice has been provided to the provider or provider-in-fact.

3. Willful Practice: A deception or misrepresentation made by a person who knew, or should have known, that the deception or misrepresentation was false, untrue, misleading, or wrong or an aberrant or abusive practice which is so pervasive as to indicate that the practice was willful. A willful practice also includes conduct that would be in violation of this state's Medical Assistance Program Integrity Law.

4. Fraudulent Practice: A deception or misrepresentation made by a person who had knowledge that the deception or misrepresentation was false, untrue, or wrong or deliberately failed to take reasonable steps to determine the truthfulness or correctness of information, and the deception or misrepresentation did or could have resulted in payment of one or more claims for which payment should not have been made or payment on one or more claims which would or could be greater than the amount entitled to. This includes any act, or attempted act, that could constitute fraud under either criminal or civil standards under applicable federal or Louisiana law.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1643 (September 1999), repromulgated LR 29:597 (April 2003).

§4153. Elements

A. Each type of violation contains different elements, which must be established.

1. An aberrant practice is a technical or inadvertent violation where the person did not knowingly engage in prohibited conduct. A finding of an aberrant practice does not require proof of knowledge, intent, or overpayment or attempted overpayment.

2. An abusive practice occurs where the person has been informed in writing that the person has engaged in an aberrant practice and the person continues to engage in the practice after such notice but the person has not obtained or attempted to obtain an overpayment. A finding of an abusive practice requires notice of the aberrant practice and its continued existence following that notice, but does not require proof of intent or overpayment or attempted overpayment.

3. A willful practice occurs when the person knew or should have known of the prohibited conduct and the person has obtained or attempted to obtain overpayment. A finding of willful practice requires that the person knew or should have known of the deception or misrepresentation, but does not require proof of intent or overpayment or attempted overpayment.

4. A fraudulent practice occurs when the person had actual knowledge of the prohibited conduct and knowingly obtained or attempted to obtain overpayment. A finding of fraudulent practice requires knowledge, intent and overpayment or attempted overpayment.

B. Providers, providers-in-fact, agents of the provider, affiliates of the provider and other persons may be found to have engaged in the same prohibited conduct but committed different types of violations.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1644 (September 1999), repromulgated LR 29:597 (April 2003).
Subchapter E. Administrative Sanctions, Procedures and Processes
§4161. Sanctions for Prohibited Conduct
A. Any or all of the following sanctions may be imposed for any one or more of the above listed kinds of prohibited conduct, except as provided for in this Chapter 41:

1. issue a warning to a provider or provider-in-fact or other person through written notice or consultation;
2. require that the provider or provider-in-fact, their affiliates, and agents receive education and training in laws, rules, policies, criteria and procedures, including billing, at the provider's expense;
3. require that the provider or provider-in-fact receive prior authorization for any or all goods, services or supplies under the Louisiana Medicaid program or one or more of its programs;
4. require that some or all of the provider's claims be subject to manual review;
5. require a provider or provider-in-fact to post a bond or other security or increase the bond or other security already posted as a condition of continued enrollment in the Louisiana Medicaid program or one or more of its programs;
6. require that a provider terminate its association with a provider-in-fact, agent of the provider, or affiliate as a condition of continued enrollment in the Louisiana Medicaid program or one or more of its programs;
7. prohibit a provider from associating, employing or contracting with a specific person or entity as a condition of continued participation in the Louisiana Medicaid program or one or more of its programs;
8. prohibit a provider, provider-in-fact, agent of the provider, billing agent or affiliate of the provider from performing specified tasks or providing goods, services, or supplies at designated locations or to designated recipients or classes or types of recipients;
9. prohibit a provider, provider-in-fact, or agent from referring recipients to another designated person or purchasing goods, services, or supplies from designated persons;
10. recoupment;
11. recovery;
12. impose judicial interest on any outstanding recovery or recoupment;
13. impose reasonable costs or expenses incurred as the direct result of the investigation or review, including but not limited to the time and expenses incurred by departmental employees or agents and the fiscal intermediary's employee or agent;
14. exclusion from the Louisiana Medicaid program or one or more of its programs;
15. suspension from the Louisiana Medicaid program or one or more of its programs pending the resolution of the departments administrative appeals process;
16. impose a bond or other form of security as a condition of continued participation in the Medical Assistance Program;
17. require the forfeiture of a bond or other security;
18. impose an arrangement to repay;
19. impose monetary penalties not to exceed $10,000 per violation;
20. impose withholding of payments.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1644 (September 1999), repromulgated LR 29:598 (April 2003).

§4163. Scope of Sanctions
A. Sanction(s) imposed can be extended to other persons or entities and to other provider numbers held or obtained by the provider in the following manner:

1. Sanction(s) imposed on a provider or provider-in-fact may be extended to a provider or provider-in-fact.
2. Sanction(s) imposed on an agent of the provider or affiliate of the provider may be imposed on the provider or provider-in-fact if it can be shown that the provider or provider-in-fact knew or should have known about the violation(s) and failed to report the violation(s) to BHSF in writing in a timely manner.
3. Sanction(s) imposed on a provider or provider-in-fact arising out of goods, services, or supplies to a referred recipient may also be imposed on the referring provider if it can be shown that the provider or provider-in-fact knew or should have known about the violation(s) and failed to report the violation(s) to BHSF in writing in a timely manner.
4. Sanction(s) imposed under one provider number may be extended to all provider numbers held by or which may be obtained in the future by the sanctioned provider or provider-in-fact, unless and until the terms and conditions of the sanction(s) have been fully satisfied.
5. Sanction(s) imposed on a person remains in effect unless and until its terms and conditions are fully satisfied. The terms and conditions of the sanction(s) remain in effect in the event of the sale or transfer of ownership of the sanctioned provider.

a. The entity or person who obtains ownership interest in a sanctioned provider assumes liability and responsibility for the sanctions imposed on the purchased provider including, but not limited to, all recoupments or recovery of funds or arrangements to repay that the entity or person knew or should have known about.

b. An entity or person who employs or otherwise affiliates itself with a provider-in-fact who has been sanctioned assumes the liability and responsibility for the sanctions imposed on the provider-in-fact that the entity or person knew or should have known about.

c. Any entity or person who purchases an interest in, merges with or otherwise consolidates with a provider which has been sanctioned assumes the liability and responsibility for the sanction(s) imposed on the provider that the entity or person knew or should have known about.

B. Exclusion from participation in the Louisiana Medicaid program precludes any such person from submitting claims for payment, either personally or through claims submitted by any other person or entity, for any goods, services, or supplies provided by an excluded person or entity, except bona fide emergency services provided during a bona fide medical emergency. Any payments, made to a person or entity which are prohibited by this provision, shall be immediately repaid to the Medical Assistance Program through BHSF by the person or entity which received the payments.
C. No provider shall submit claims for payment to the department or its fiscal intermediary for any goods, services, or supplies provided by a person or entity within that provider who has been excluded from the Medical Assistance Program or one or more of its programs for goods, services, or supplies provided by the excluded person or entity under the programs which it has been excluded from except for goods, services, or supplies provided prior to the exclusion and for bona fide emergency services provided during a bona fide medical emergency. Any payments, made to a person or entity, which are prohibited by this provision, shall be immediately repaid to the Medical Assistance Program through BHSF by the person or entity which received the payments.

D. When the provisions of §4151.B-C are violated, the person or entity which committed the violations may be sanctioned using any and all of the sanctions provided for in this Chapter.

E. Extending of sanctions must be done on a case-by-case basis.

F. The provisions in R.S. 46:437.10 shall apply to all sanctions and withholding of payments imposed pursuant to this Chapter.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1645 (September 1999), repromulgated LR 29:598 (April 2003).

§4165. Imposition of Sanction(s)

A. The decision as to the sanction(s) to be imposed shall be at the discretion of the director of BHSF and director of Program Integrity except as provided for in this provision, unless the sanction is mandatory. In order to impose a sanction, the director of BHSF and the director of Program Integrity must concur. One or more sanctions may be imposed for a single violation. The imposition of one sanction does not preclude the imposition of another sanction for the same or different violations.

B. At the discretion of the director of BHSF and the director of Program Integrity, each occurrence of misconduct may be considered a violation or multiple occurrences of misconduct may be considered a single violation or any combination thereof.

C. The following factors may be considered in determining the sanction(s) to be imposed:

1. seriousness of the violation(s);
2. extent of the violation(s);
3. history of prior violation(s);
4. prior imposition of sanction(s);
5. prior provision of education;
6. willingness to obey program rules;
7. whether a lesser sanction will be sufficient to remedy the problem;
8. actions taken or recommended by peer review groups or licensing boards;
9. cooperation related to reviews or investigations by the department or cooperation with other investigatory agencies; and
10. willingness and ability to repay identified overpayments.

D. Notwithstanding §4165.A, sanctions of judicial interest, costs and expenses may only be imposed upon a finding willful or fraudulent practice or upon a finding that the person’s denial of prohibited conduct was frivolous.

E. Notwithstanding §4165.A, a monetary penalty may be imposed only after a finding that the violation involved a willful or fraudulent practice.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1645 (September 1999), repromulgated LR 29:598 (April 2003).

§4167. Mandatory Sanctions

A. Mandatory Exclusion from the Medical Assistance Program. Notwithstanding any other provision to the contrary, director of BHSF and director of Program Integrity have no discretion and must exclude the provider, provider-in-fact or other person from the Medical Assistance Program if the violation involves one or more of the following:

1. a conviction, guilty plea, or no contest plea to a criminal offense(s) in federal or Louisiana State court-related, either directly or indirectly, to participation in either Medicaid or Medicare;
2. has been excluded from Louisiana Medicaid or Medicare;
3. has failed to meet the terms and conditions of a repayment agreement, settlement or judgment entered into under this state § Medical Assistance Program Integrity Law.

B. In these situations (Paragraphs A.1-3 above), the exclusion from the Medical Assistance Program is automatic and can be longer than, but not shorter in time than, the sentence imposed in criminal court, the exclusion from Medicaid or Medicare or time provided to make payment.

1. The exclusion is retroactive to the time of the conviction, plea, exclusion, the date the repayment agreement was entered by the department or the settlement or judgment entered under this state § Medical Assistance Program Integrity Law.

2. Proof of the conviction, plea, exclusion, failure to meet the terms and conditions of a repayment agreement, or settlement or judgment entered under this state § Medical Assistance Program Integrity Law can be made through certified or true copies of the conviction, plea, exclusion, agreement to repay, settlement, or judgment or via affidavit.

a. If the conviction is overturned, plea set aside, or exclusion or judgment are reversed on appeal, the mandatory exclusion from the Medical Assistance Program shall be removed.

b. The person or entity that is excluded from the Medical Assistance Program under this Subsection B is entitled to an administrative appeal of a mandatory exclusion.

c. The facts and law surrounding the criminal matter, exclusion, repayment agreement or judgment which serves as the basis for the mandatory exclusion from the Medical Assistance Program cannot be collaterally attacked at the administrative appeal.

C. Mandatory Arrangements to Pay, Recoupment or Recovery. If the violation(s) was fraudulent or willful and resulted in an identified overpayment, the secretary, director
of BHSF, and director of Program Integrity has no discretion. The person or entity must have imposed on them an arrangement to repay, recoupment or recovery of the identified overpayment.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1646 (September 1999), repromulgated LR 29:599 (April 2003).

§4169. Effective Date of a Sanction

A. All sanctions, except exclusion, are effective upon the issuing of the notice of the results of the informal hearing. The filing of a timely and adequate notice of administrative appeal does not suspend the imposition of a sanction(s), except that of exclusion. In the case of the imposition of exclusion from the Louisiana Medicaid program or one or more of its programs, the filing of a timely and adequate notice of appeal suspends the exclusion. In the case of an exclusion, the director of BHSF and director of Program Integrity may impose a suspension from the Medical Assistance program or one or more of its programs during the pendency of an administrative appeal. A sanction becomes a final administrative adjudication if no administrative appeal has been filed, and the time for filing an administrative appeal has run. Or in the case of a timely filed notice of administrative appeal, a sanction(s) becomes a final administrative adjudication when the order on appeal has been entered by the secretary. In order for an appeal to be filed timely it must be sent to the department=±Bureau of Appeals within 30 days from the date on the letter informing the person of the results of that person=±informal discussion.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1646 (September 1999), repromulgated LR 29:600 (April 2003).

Subchapter F. Withholding

§4177. Withholding of Payments

A. The director of BHSF and the director of Program Integrity may initiate the withholding of payments to a provider for the purpose of protecting the interest and fiscal integrity of the Louisiana Medicaid program if; during the course of claims review, the director of BSHF and the director of Program Integrity have a reasonable expectation:

1. that an overpayment to a provider may have occurred or may occur;
2. that a provider or provider-in-fact has failed to cooperate or attempted to delay or obstruct an investigation; or
3. has information that fraudulent, willful or abusive practices may have been used; or
4. that willful misrepresentations may have occurred.

B. Basis for Withholding

1. The director of BHSF and the director of Program Integrity may withhold a portion of or all payments or reimbursements to be made to a provider upon receipt of information:

a. that overpayments have been made to a provider;

b. that the provider or provider-in-fact has failed to cooperate or attempted to delay or obstruct an investigation (a request for a delay in a hearing shall not constitute a failure to cooperate or delay or obstruction of an investigation); or

c. that fraudulent, willful or abusive practices may have occurred or that willful misrepresentation has occurred.

2. Payments to that provider may be withheld if the director of BHSF and the director of Program Integrity has been informed in writing by a prosecuting authority that a provider or provider-in-fact:

a. has been formally charged or indicted for crimes; or

b. is being investigated for potential criminal activities which relate to the Louisiana Medicaid Program or one or more of its programs or Medicare.

3. If the director of BHSF and the director of Program Integrity has been informed in writing by any governmental agency or authorized agent of a governmental agency that a provider or a provider-in-fact is being investigated by that governmental agency or its authorized agent for billing practices related to any government funded health care program, payment may be withheld.

4. Withholding of payments may occur without first notifying the provider.

C. Notice of Withholding

1. The provider shall be sent written notice of the withholding of payments within five working days of the actual withholding of the first check that is the subject of the withholding. The notice shall set forth in general terms the reason(s) for the action, but need not disclose any specific information concerning any ongoing investigations nor the source of the allegations. The notice must:

a. state that payments are being withheld;

b. state that the withholding is for a temporary period and cite the circumstances under which the withholding will be terminated;

c. specify to which type of Medicaid claims withholding is effective;

d. inform the provider of its right to submit written documentation for consideration and to whom to submit that documentation.

2. Failure to provide timely notice of the withholding to the provider or provider-in-fact may be grounds for dismissing or overturning the withholding, except in cases involving written notification from outside governmental authorities, abusive practice, willful practices or fraudulent practices.

D. Duration of Withholding

1. All withholding of payment actions under this Chapter will be temporary and will not continue after:

a. the director of BHSF and the director of Program Integrity has determined that insufficient information exists to warrant the withholding of payments;

b. recoupment or recovery of overpayments has been imposed on the provider;

c. the provider or provider-in-fact has posted a bond or other security deemed adequate to cover all past and future projected overpayments by the director of BHSF and the director of Program Integrity;

d. the notice of the results of the informal hearing.

2. In no case shall withholding remain in effect past the issuance of the notice of the results of the informal hearing, unless the withholding is based on written
notification by an outside agency that an active and ongoing criminal investigation is being conducted or that formal criminal charges have been brought. In that case, the withholding may continue for as long as the criminal investigation is active and ongoing or the criminal charges are still pending, unless adequate bond or other security has been posted with BHSF.

E. Amount of the Withholding
1. If the withholding of payment results from projected overpayments which the director of BHSF and the director of Program Integrity determines not to be related to fraudulent, willful or abusive practices, obstruction or delay in investigation or based on written notification from an outside agency, then when determining the amount to be withheld, the ability of the provider to continue operations and the needs of the recipient serviced by the provider shall be taken into consideration by the director of BHSF and the director of Program Integrity. In the event that a recipient cannot receive needed goods, services or supplies from another source, arrangements shall be made to assure that the recipient can receive goods, supplies, and services. The burden is on the provider to demonstrate that absent that provider's ability to provide goods, supplies, and services to that recipient, the recipient could not receive needed goods, supplies, or services. Such showing must be made at the informal hearing.

2. The amount of the withholding shall be determined by the director of BHSF and the director of Program Integrity. The provider should be notified of the amount withheld every 60 days from the date of the issuing of the Notice of Withholding until the withholding is terminated or the results of the informal hearing are issued, whichever comes first.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR. 25:1646 (September 1999), repromulgated LR 29:601 (April 2003).

§4179. Effect of Withholding on the Status of a Provider or Provider-in-Fact with the Medical Assistance Program

A. Withholding of payments does not, in and of itself, affect the status of a provider or provider-in-fact. During the period of withholding, the provider may continue to provide goods, services, or supplies and continue to submit claims for them, unless the provider has been suspended or excluded from participation. Any and all amounts withheld or bonds or other security posted may be used for recovery, recoupment or arrangements to pay.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1647 (September 1999), repromulgated LR 29:601 (April 2003).

Subchapter G. Arrangements to Repay

§4187. Arrangement to Repay

A. Arrangements to repay may be mutually agreed to or imposed as a sanction on a provider, provider-in-fact or other person. Arrangements to repay identified overpayments, interest, monetary penalties or costs and expenses should be made through a lump sum single payment within 60 days of reaching or imposing the arrangement to repay. However, an agreement to repay may contain installment terms and conditions. In such cases, the repayment period cannot extend two years from the date the agreement is reached or imposed, except that a longer period may be established by the secretary or director of BHSF. In such a case the agreement to repay must be signed by the secretary or director of BHSF.

B. All agreements to repay must contain at least:
   1. the amount to be repaid;
   2. the person(s) responsible for making the repayments;
   3. a specific time table for making the repayment;
   4. if installment payments are involved, the date upon which each installment payment is to be made; and
   5. the security posted to assure that the repayments will be made, and if not made, the method through which the security can be seized and converted by Medicaid.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR. 23:1647 (September 1999), repromulgated LR 29:601 (April 2003).

Subchapter H. Corrective Actions

§4195. Corrective Actions Plans

A. The following procedures are established for the purpose of attempting to resolve problems prior to the issuing of a notice of sanction or for resolution during the informal hearing or administrative hearing.

1. Corrective Action Plan-Notification
   a. The director of BHSF and the director of Program Integrity may at any time issue a notice of corrective action to a provider or provider-in-fact, agent of the provider, or affiliate of the provider. The provider, provider-in-fact, agent of the provider, or affiliate of the provider shall either comply with the corrective action plan within 10 working days of receipt of the corrective action plan or request an informal hearing within that time. The purpose of a corrective action plan is to identify potential problem areas and correct them before they become significant discrepancies, deviations or violations. This is an informal process.
      i. The request for an informal hearing must be made in writing.
      ii. If the provider, provider-in-fact, agent of the provider, or affiliate of the provider opts to comply, it must do so in writing, signed by the provider, provider-in-fact, agent of the provider, or affiliate of the provider.
   b. Corrective action plans are also used to resolve matters at or before the informal hearing or administrative appeal process. When so used they serve the same function as a settlement agreement.

2. Corrective Action Plan-Inclusive Criteria. The corrective action plan must be in writing and contain at least the following:
   a. the nature of the discrepancies or violations;
   b. the corrective action(s) that must be taken;
   c. notification of any action required of the provider, provider-in-fact, agent of the provider, billing agent or affiliate of the provider;
d. notification of the right to an informal hearing on any or all of the corrective actions in which the provider, provider-in-fact, agent of the provider, or affiliate of the provider are not willing to comply within 10 working days of the date of receipt of the notice; and
e. the name, address, telephone and facsimile number of the individual to contact in regards to compliance or requesting an informal hearing.

3. Corrective Action Plans-Restrictions. Corrective actions, which may be included in a corrective action plan, are the following:

a. issuing a warning through written notice or consultation;
b. require that the provider, provider-in-fact, agent of the provider, or affiliate receive education and training in the law, rules, policies, criteria and procedures related to the Medical Assistance Program, including billing practices or programmatic requirements and practices. Such education or training may be at the provider or provider-in-fact's expense;
c. require that the provider receive prior authorization for any or all goods, services, or supplies to be rendered;
d. place the provider's claims on manual review status before payment is made;
e. restrict or remove the provider's privilege to submit bills or claims electronically;
f. impose any restrictions deemed appropriate by the director of BHSF and the director of Program Integrity; or
g. any other items mutually agreed to by the provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person and the director of BHSF or the director of Program Integrity, including, but not limited to, one or more of the sanctions listed in this Chapter and an agreement to repay.

4. Only restrictions in Subparagraphs A.3.a-f above can be imposed on a provider, provider-in-fact, agent of the provider, billing agent, or affiliate of the provider without their agreement. Any other items included in a corrective action plan must be mutually agreed to among the parties to the corrective action plan.

5. A corrective action plan is effective 10 days after receipt of the corrective action plan by the provider, provider-in-fact, agent of the provider, or affiliate of the provider.

6. No right to an informal hearing or administrative appeal can arise from a corrective action plan, unless the corrective action plan violates the provisions of this Chapter.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1648 (September 1999), repromulgated LR 29:601 (April 2003).

Subchapter I. Informal Hearing Procedures and Processes

§4203. Informal Hearing

A. A provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person who has received notice of a corrective action(s), notice of sanction or notice of withholding of payment shall be provided with an informal hearing if that person makes a written request for an informal hearing within 15 days of receipt of the corrective action plan or notice. The request for an informal hearing must be made in writing and sent in accordance with the instruction in the corrective action plan or notice. The time and place for the informal hearing will be set out in the notice of setting of the informal hearing.

B. The informal hearing is designed to provide the opportunity:

1. to provide the provider, provider-in-fact, agent of the provider, billing agent, the affiliate of the provider or other person an opportunity to informally review the situation;

2. for BHSF to offer alternatives based on information presented by the provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider, or other person, if any; and

3. for the provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person to evaluate the necessity for seeking an administrative appeal. During the informal hearing, the provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person may be afforded the opportunity to talk with the department's personnel involved in the situation, to review pertinent documents on which the alleged violations are based, to ask questions, to seek clarification, to provide additional information and be represented by counsel or other person. Upon agreement of all parties, an informal discussion may be recorded or transcribed.

C. Notice of the Results of the Informal Hearing. Following the informal hearing, BHSF shall inform the provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person in writing of the results which could range from canceling, modifying, or upholding the any or all of the violations, sanctions or other actions contained in a corrective action plan, notice of sanction or notice of withholding of payments and the provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person right to an administrative appeal. The notice of the results of the informal hearing must be signed by the director of BHSF and the director of Program Integrity.

1. The provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person has the right to request an administrative appeal within 30 days of the mailing of the notice of the results of the informal hearing. At any time prior to the issuance of the written results of the informal hearing, the notice of corrective action or notice of administrative sanction or withholding of payment may be modified.

a. If a finding or reason is dropped from the notice, no additional time will be granted to the provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person to prepare for the informal hearing.

b. If additional reasons or sanctions are added to the notice prior to, during or after the informal hearing, the provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person shall be granted an additional 10 working days to prepare responses to the new reasons or sanctions, unless the 10-day period is waived by the provider, provider-in-fact, agent of the
provider, billing agent, affiliate of the provider or other person.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254, 46:437.4 and 46:437.1-46:440.3 (Medical Assistance Program Integrity Law).

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1648 (September 1999), repromulgated LR 29:602 (April 2003).

**Subchapter J. Administrative Appeals**

§4211. **Administrative Appeal**

A. The provider, provider-in-fact, agent of the provider, billing agent, or affiliate of the provider may seek an administrative appeal from the notice of the results of an informal hearing if the provider, provider-in-fact, agent of the provider, billing agent, or affiliate of the provider has had one or more appealable sanctions imposed upon him or an appealable issue exists related to a corrective action plan imposed in a notice of the results of the informal hearing.

B. The notice of administrative appeal must be adequate as to form and lodged with the Bureau of Appeals within 30 days of the receipt of the notice of the results of the informal hearing. The lodging of a timely and adequate request for an administrative appeal does not affect the imposition of a corrective action plan or a sanction, unless the sanction imposed is exclusion. All sanctions imposed through the notice of the results of the informal hearing are effective upon mailing or FAXing of the notice of the results of the informal hearing to the provider, provider-in-fact, agent of the provider, billing agent, affiliate of the provider or other person, except exclusion from participation in the Medical Assistance Program or one or more of its programs.

C. In the case of an exclusion from participation, if the director of BHSF and the director of Program Integrity determines that allowing that person to participate in the Medicaid Program during the pendency of the administrative appeal process poses a threat to the programmatic or fiscal integrity of the Medicaid Program or poses a potential threat to health, welfare or safety of any recipients, then that person may be suspended from participation in the Medicaid Program during the pendency of the administrative appeal. If the exclusion is mandatory, a threat to Medicaid Program or recipients is presumed. This determination shall be made following the informal hearing.

D. Failure to lodge a timely and adequate request for an administrative appeal will result in the imposition of any and all sanctions in the notice of the results of the informal hearing or the corrective action plan.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254, 46:437.4 and 46:437.1-46:440.3 (Medical Assistance Program Integrity Law).

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1649 (September 1999), repromulgated LR 29:603 (April 2003).

**Subchapter K. Rewards for Fraud and Abuse Information**

§4221. **Tip Rewards**

A. The secretary may approve a reward of 10 percent of the actual monies recovered from a person, with a maximum reward of $2,000 to a person who submits information to the secretary which results in a recovery under this Chapter or the provisions of the Medical Assistance Program Integrity Law.

B. The secretary shall grant rewards only to the extent monies are appropriated for that purpose from the Medical Assistance Programs Fraud Detection Fund. The approval of a reward is solely at the discretion of the secretary. In making a determination of a reward, the secretary shall consider the extent to which the tip information contributed to the investigation and recovery of monies. The person providing the information need not have requested a reward in order to be considered for an award by the secretary.

C. No reward shall be made to any person if:

1. the information was previously known to the department or criminal investigators;

2. a person planned or participated in the action resulting in the investigation;
3. a person who is, or was at the time of the tip, excluded from participation in the Medical Assistance Program or subject to recovery under this Chapter or the Medical Assistance Program Integrity Law;

4. a person who is or was a public employee or public official or person who was or is acting on behalf of the state if the person has or had a duty or obligation to report, investigate, or pursue allegations of wrongdoing or misconduct by health care providers or Medicaid recipients unless that individual has not been employed or had such duties and obligation for a period of two years prior to providing the information.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1650 (September 1999), repromulgated LR 29:604 (April 2003).

Subchapter L. Miscellaneous

§4229. Mailing

A. Mailing refers to the sending of a hard copy via U.S. mail or commercial carrier. Sending via facsimile is also acceptable, so long as a hard copy is mailed. Delivery via hand is also acceptable.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1650 (September 1999), repromulgated LR 29:604 (April 2003).

§4231. Confidentiality

A. All contents of claim reviews and investigations conducted under this Chapter shall remain confidential until a final administrative adjudication is entered. Prior to that, only the parties or their authorized agents and representatives may review the contents of the payment review and investigatory files, unless by law others are specifically authorized to have access to those files. These files may be released to law enforcement agencies, other governmental investigatory agencies, or specific individuals within the department who are authorized by the director of BHSF and the director of Program Integrity to have access to such information.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1650 (September 1999), repromulgated LR 29:604 (April 2003).

§4233. Severability Clause

A. If any provision of this Chapter is declared invalid or unenforceable for any reason by any court of this state or federal court of proper venue and jurisdiction, that provision shall not affect the validity of the entire regulation or other provisions thereof.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1650 (September 1999), repromulgated LR 29:604 (April 2003).

§4235. Effect of Promulgation

A. This regulation, when promulgated, shall supersede any and all other departmental regulations that conflict with the provisions of this Chapter.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1650 (September 1999), repromulgated LR 29:604 (April 2003).

David W. Hood
Secretary
0304#074

RULE

Department of Public Safety and Corrections
Office of Motor Vehicles

Driver's License (LAC 55:III.187)

In accordance with the Administrative Procedure Act, R.S. 49:950 et seq., and pursuant to the authority contained in R.S. 32:408, Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles, amends the existing rules relative to the administration of knowledge and skills test by third parties to applicants for Class "D" and "E" driver's licenses. The amendment changes the insurance coverage requirement for approved third parties to conduct the knowledge and skills test required of an applicant for a Louisiana driver's license.

Title 55
PUBLIC SAFETY
Part III. Motor Vehicles
Chapter 1. Driver's License
Subchapter C. Third Party Knowledge and Skills Testing for Class A@ and A@

§187. Compliance

A. - M. ...

N. Third Party Testers and Third Party Examiners shall maintain a minimum limit of automobile liability insurance coverage of $1,000,000 per occurrence in connection with the skills test. Third Party Testers and Third Party Examiners shall also maintain a minimum general liability policy of $1,000,000 per occurrence. These policies shall provide primary coverage to the state of Louisiana, the department, and the department's employees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:408.


Chris Keaton
Undersecretary
0304#024
§327. Apportioned Plates

A. The permanent metal plate issued pursuant to §325.A shall be renewed annually, but without the issuance of a renewal emblem, sticker, or tab by the Department of Public Safety and Corrections, Office of Motor Vehicles. The department shall issue a renewed certificate of registration or other credential to indicate that the metal plate attached to, and displayed by, the commercial motor vehicle is still valid. The original or a copy of the renewed certificate of registration or other credential shall be kept with the commercial motor vehicle described in the certificate or other credential.

C. - E. ....

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:508(H).


Subchapter C. Tax Exemption for Certain Trucks and Trailers Used 80 Percent of the Time in Interstate Commerce

§383. Exemption from Sales Tax

A. Trucks with a minimum gross weight of 26,000 pounds, trailers, and contract carrier buses used at least 80 percent of the time in interstate commerce may claim a sales and use tax exemption.

B. - D. ....

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:305.50 and R.S. 47:321.


Chris Keaton
Undersecretary

0304#023

RULE

Department of Social Services
Office of Family Support

Food Stamp ProgramC2002 Farm Bill

The Department of Social Services, Office of Family Support, has amended the Louisiana Administrative Code, Title 67, Part III, Subpart 3, Food Stamps. Pursuant to Public Law 107-171, The Food Stamp Reauthorization Act of 2002, the agency is amending §§1932, 1961, and 1983, to comply with mandates issued by the U.S. Department of Agriculture, Food and Nutrition Service. A Declaration of Emergency effecting these changes was signed October 1, 2002, and published in the October issue of the Louisiana Register. Additionally, effective April 1, 2003, P.L. 107-171 mandates restoration of food stamp eligibility to legal immigrants who have lived in the United States as a qualified alien for five years or longer.

The Farm Bill also provides multiple options from which states may choose to apply to their programs. The agency has incorporated several of these options by amending §§1965, 1966, 1980, and 2013 in an effort to create less burdensome

Title 55
PUBLIC SAFETY
Part III. Motor Vehicles
Chapter 3. License Plates
Subchapter A. Types of License Plates

§325. International Registration Plan

A. The Department of Public Safety and Corrections, Office of Motor Vehicles, hereby adopts by reference, the International Registration Plan, hereinafter referred to as the plan, adopted in August 1994 and as revised through October 1, 2001 by the member jurisdictions, and published by International Registration Plan, Inc. The department only adopts the articles and sections contained in the agreement, as well as the exceptions to the plan as reflected in the October 1, 2001 revision and included in Appendix C of the plan. The commentary and governing board decisions included with the adopted plan shall not be part of this Rule, but may be considered by the department in interpreting and implementing the various sections of the plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:511.

Title 67
SOCIAL SERVICES
Part III. Family Support
Subpart 3. Food Stamps

Chapter 19. Certification of Eligible Households
Subchapter B. Application Processing

§1917. Homeless Meal Provider

A. - C. ...

D. Applicant meal providers must apply for approval at the Office of Family Support in their parish. An approval review at the provider's establishment will be conducted by the regional program specialist. After approval has been granted by OFS, the provider must then make application to an FNS field office to receive authorization to accept food stamp benefits.

E. - G. ...

AUTHORITY NOTE: Promulgated in accordance with F.R. 52:7554 et seq., 7 CFR 273.2.


Subchapter D. Citizenship and Alien Status

§1932. Time Limitations for Certain Aliens

A. - A.5. ...

B. The following qualified aliens are eligible for an unlimited period of time:

1. - 3. ...

4. effective October 1, 2002, individuals who are lawfully residing in the United States and are receiving benefits or assistance for blindness or disability as defined in §3(r) of the Food Stamp Act of 1997;

5. - 6. ...

7. effective April 1, 2003, individuals who have been lawful, permanent residents or otherwise qualified aliens for at least five years beginning on the date the immigrant was designated as a qualified alien by the Immigration and Naturalization Service.


Subchapter H. Resource Eligibility Standards

§1949. Exclusions from Resources

A. The following are excluded as a countable resource:

1. - 4. ...

5. effective October 1, 2002, an Individual Development Account (IDA) which is a special account established in a financial institution for specific purposes.

B. ...


Subchapter I. Income and Deductions

§1953. Income Eligibility Standards

A. The income eligibility standards for the Food Stamp Program shall be as follows:

1. - 3. ...

4. The income eligibility limits, as described in this Paragraph, are revised annually to reflect OMB's annual adjustment to the nonfarm poverty guidelines for the 48 states and the District of Columbia, for Alaska, and for Hawaii.


§1961. Adjustment of Standard Deduction

A. Effective October 1, 2002, the standard deduction shall be set at 8.31 percent of the poverty level based on household size of up to six persons with a minimum deduction of $134. The standard deduction will be adjusted in accordance with directives from the United States Department of Agriculture, Food and Nutrition Service.


§1965. Standard Utility Allowance (SUA)

A. - B. ...

C. The full standard utility allowance shall be allowed to all parties who contribute to the utility costs when the household shares a residence and utility costs with other individuals.


§1966. Basic Utility Allowance (BUA)

A. Households which do not incur heating or cooling costs separate and apart from their rent or mortgage use a mandatory single Basic Utility Allowance (BUA). To be eligible, a household must be billed on a regular basis for utility costs. Any household living in a housing unit which has central utility meters and which charges the household for excess utility costs only shall use the BUA. The full basic utility allowance shall be allowed to all parties who contribute to the utility costs when the household shares a residence and utility costs with other individuals.


§1980. Income Exclusions

A. - B. ...

C. Legally obligated child support payments to non-household members are excluded when determining eligibility based on gross income standards.


§1983. Income Deductions and Resource Limits

A. - A.3.a. ...

B. The resource limit for a household is $2,000, and effective October 1, 2002, the resource limit for a household that includes at least one elderly or disabled member is $3,000.

AUTHORITY NOTE: Promulgated in accordance with 7 CFR 273.9 (d)(2) and (d)(6), P.L. 104-193, P.L. 106-387, P.L. 107-171.


Subchapter R. Semi-Annual Reporting

§2013. Semi-Annual Reporting

A. Effective July 1, 2003, all households shall submit a reporting form to the agency on a semi-annual basis with the following exceptions:

1. - 2. ...

3. elderly, disabled households with 24-month certification periods.

B. - H. ...

AUTHORITY NOTE: Promulgated in accordance with 7 CFR 273.12(a), P.L. 107-171.


0304#065

RULE

Department of Transportation and Development Office of Purchasing

Purchasing (LAC 70:XXIII.Chapter 3)

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950, et. seq., given that the Louisiana Department of Transportation and Development hereby promulgates a Rule which replaces Chapter 3 of Part XXIII of Title 70 (formerly Chapter 9 of Part I of Title 70) entitled "Purchasing Rules and Regulations." It is promulgated in accordance with the provisions of R.S. 39:1551-1736 and R.S. 48:204-210.

Title 70

TRANSPORTATION

Part XXIII. Purchasing

Chapter 3. Purchasing Rules and Regulations

§301. Types of Commodities

A. Commodities purchased by the DOTD procurement section fall into two categories, either exempt commodities or non-exempt commodities.

1. Exempt Commodities. Exempt commodities are defined in R.S. 39:1572 as materials and supplies that will become component parts of any road, highway, bridge or appurtenance thereto. These commodities are exempt from central purchasing and regulations of the commissioner of administration, but nevertheless shall be subject to the requirements of the Louisiana Procurement Code and such regulations as may be promulgated by the secretary of the Department of Transportation and Development.

2. Non-Exempt Commodities. Non-Exempt commodities are defined as materials and supplies that will not become component parts of any road, highway, bridge or appurtenance thereto. These commodities are subject to the requirements of the Louisiana Procurement Code and such regulations as may be promulgated by the commissioner of administration and shall be governed by the rules and regulations adopted by the director of state purchasing.


§303. Delegation of Purchasing Authority Set by the Director of State Purchasing

A. R.S. 39:1566 authorizes the director of state purchasing to delegate authority to any governmental body as deemed appropriate within the limitations of state law and the state procurement regulations. The director of state purchasing has set the delegated purchasing authority covering non-exempt commodities for the Department of Transportation and Development. The director of state purchasing has the authority to change or rescind the purchasing authority of the Department of Transportation and Development at any time.

B. In accordance with R.S. 39:1566 and the latest revision to the governor's executive order covering small purchases, the director of state purchasing has also set the delegated purchasing authority covering equipment repairs and/or parts to repair equipment. The director of state purchasing has the authority to change or rescind the purchasing authority of the Department of Transportation and Development which covers equipment repairs and parts to repair equipment at any time.


§305. Delegation of Purchasing Authority Set by the DOTD Procurement Director

A. R.S. 39:1572 authorizes the secretary of the Department of Transportation and Development to
promulgate rules and regulations regarding the purchase of materials and supplies that will become a component part of any road, highway, bridge, or appurtenance thereto. The secretary has authorized the DOTD procurement director to set the delegated purchasing authority covering exempt commodities for each district and section within the Department of Transportation and Development. The DOTD procurement director has the authority to change or rescind the purchasing authority of any district or section at any time.


§307. Non-Competitive Procurement
A. Purchases of less than $500.00 (or the amount set in the latest governor's executive order, whichever is higher) do not require competitive bids.


§309. Requests for Quotations Covering Non-Exempt Commodities
A. Purchases of non-exempt commodities having an estimated cost which exceeds the non-competitive dollar limit but which do not exceed the delegated purchasing authority of the department are referred to as "requests for quotations."

B. All requests for quotations covering non-exempt commodities which exceed the non-competitive dollar limit but do not exceed $2,000.00 (or the dollar limits listed in the latest governor's executive order, whichever is higher) shall be awarded on the basis of the lowest responsive price quotation solicited by telephone, facsimile or other means to at least three bona fide, qualified bidders. Whenever possible, at least one of the bona fide, qualified bidders shall be a certified economically disadvantaged business. All facsimile or written solicitations shall include the bid closing date, time, and all pertinent specifications, including quantities, units of measure, packaging, delivery requirements, terms and conditions, and basis of award.

C. All requests for quotations covering non-exempt commodities having an estimated cost which exceeds $2,000.00 but which do not exceed $10,000.00, (or the dollar limits listed in the latest governor's executive order, whichever is higher) shall be awarded on the basis of the lowest responsive price quotation solicited by facsimile or written solicitation to at least five bona fide, qualified bidders. Whenever possible, at least two of the bona fide, qualified bidders shall be certified economically disadvantaged businesses. Facsimile quotations shall allow for bids to be accepted for a minimum period of five calendar days. Written solicitations shall allow for bids to be accepted for a minimum period of ten calendar days. All facsimile or written solicitations shall include the bid closing date, time, and all pertinent specifications, including quantities, units of measure, packaging, delivery requirements, terms and conditions, and basis of award.

D. All requests for quotations shall be publicly opened and read whenever interested parties are present at the bid opening.

E. Purchases of exempt commodities having an estimated cost which exceeds $10,000.00 (or the latest delegated purchasing authority, whichever is higher) are prepared and forwarded to the Office of State Purchasing for bid solicitation.

F. Requests for quotations for non-exempt commodities may also be referred to as "invitations for bids" throughout this rule.


§311. Requests for Quotations Covering Exempt Commodities
A. Purchases of exempt commodities having an estimated cost which exceeds the non-competitive dollar limit but which do not exceed $25,000.00 (or the latest revision to R.S. 48:205, whichever is higher) shall be awarded on the basis of the lowest responsive price quotation solicited by telephone, facsimile or other means to at least three bona fide, qualified bidders. Whenever possible, at least one of the bona fide, qualified bidders shall be a certified economically disadvantaged business. All facsimile or written solicitations shall include the bid closing date, time, and all pertinent specifications, including quantities, units of measure, packaging, delivery requirements, terms and conditions, and basis of award.

B. All requests for quotations covering exempt commodities which exceed the non-competitive dollar limit but which do not exceed $2,000.00 (or the dollar limits listed in the latest governor's executive order, whichever is higher) shall be awarded on the basis of the lowest responsive price quotation solicited by telephone, facsimile or other means to at least five bona fide, qualified bidders. Whenever possible, at least one of the bona fide, qualified bidders shall be a certified economically disadvantaged business. All facsimile or written solicitations shall include the bid closing date, time, and all pertinent specifications, including quantities, units of measure, packaging, delivery requirements, terms and conditions, and basis of award.

C. All requests for quotations covering exempt commodities having an estimated cost which exceeds $2,000.00 (or the dollar limit listed in the latest governor's executive order, whichever is higher) shall be awarded on the basis of the lowest responsive price quotation solicited by facsimile or written solicitation to at least five bona fide, qualified bidders. Whenever possible, at least two of the bona fide, qualified bidders shall be certified economically disadvantaged businesses. Facsimile quotations shall allow for bids to be accepted for a minimum period of five calendar days. Written solicitations shall allow for bids to be accepted for a minimum period of ten calendar days. All facsimile or written solicitations shall include the bid closing date, time, and all pertinent competitive specifications, including quantities, units of measure, packaging, delivery requirements, terms and conditions, and basis of award.

D. All requests for quotations shall be publicly opened and read whenever interested parties are present at the bid opening.

E. Purchase of exempt commodities having an estimated cost which exceeds $25,000.00 (or the latest revision to R.S. 48:205, whichever is higher) will be processed as sealed bids and shall be advertised in accordance with R.S. 48:205.
§313.  Request for Sealed Bids Covering Exempt Commodities

A.  Purchases of exempt commodities having an estimated cost which exceeds $25,000.00 (or the latest revision to R.S. 48:205, whichever is higher) are referred to as sealed bids.

B.  All sealed bids shall be advertised in the Official Journal of the State. Advertisements shall be published not less than ten days prior to the date set for opening the bids. In the event the purchase pertains to a particular parish, the advertisement shall also be published in a newspaper of general circulation printed in the parish. The published advertisement shall fix the exact place and time for presenting and opening of bids.

C.  For bids over $25,000.00 (or the latest revision to R.S. 48:205, whichever is higher), a minimum of 21 days should be provided unless the DOTD procurement director or designee deems that a shorter time is necessary for a particular procurement. However, in no case shall the bidding time be less than 10 days unless the DOTD procurement director has declared the purchase to be an emergency.

D.  Sealed bids shall be awarded on the basis of the lowest responsive price quotation solicited by written solicitation to at least five bona fide, qualified bidders. Whenever possible, at least two of the bona fide, qualified bidders shall be a certified economically disadvantaged business. All written solicitations shall include the bid closing date, time, and all pertinent specifications, including quantities, units of measure, packaging, delivery requirements, terms and conditions, and basis of award.

E.  The practice of dividing proposed or needed purchases into separate installments for the purpose of evading the bid advertisement requirement is expressly prohibited.

F.  Sealed bids shall be publicly opened on the bid opening day.

G.  Bids will be publicly read whenever interested parties are present.

H.  Sealed bids may also be referred to as invitation for bids throughout this rule.


§317.  Term Contract

A.  A Term contract (also referred to as an Indefinite Quantity Purchase) is a purchase by which a source of supply is established for a specific period of time. Term contracts are usually based on indefinite quantities to be ordered as needed, and no quantities are guaranteed. This type of contract can also be used to specify definite quantities with deliveries extended over the contract period.

B.  Term contracts may contain an option for renewal or extension of the contract; however, this provision must be included in the bid solicitation. When such a contract is awarded by competitive sealed bidding, exercise of the option shall be at the discretion of the department only and shall be with the mutual agreement of the contractor.

C.  A term contract or indefinite quantity purchase may also be referred to as invitation for bids throughout this rule.


§319.  Proprietary Purchase

A.  A proprietary purchase is defined as a purchase that cites brand name, model number, or some other designation that identifies a specific product to be offered exclusive of others.

B.  Because use of a proprietary specification is restrictive, it may be used only when written documents verify and substantiate that only the identified brand name item or items will satisfy the needs of the department.

C.  In order to declare a purchase a proprietary procurement, a "Justification For Sole Source or Proprietary Purchase" document must be submitted to the DOTD procurement director.

D.  The use of a proprietary specification covering a non-exempt commodity requires approval of the DOTD procurement director and also requires the approval of the director of state purchasing if the purchase exceeds the delegated purchasing authority of the Department of Transportation and Development.

E.  The use of a proprietary specification covering an exempt commodity requires approval of the DOTD procurement director.

F.  The DOTD procurement section shall seek to identify sources from which the designated brand name item can be obtained and shall solicit such sources to achieve whatever degree of competition is practicable. If only one source can supply the requirement, the procurement shall be made as a sole source procurement.


§321.  Sole Source Procurement

A.  A sole source procurement is the purchase of a required supply, service, or major repair without competition.
§323. Emergency Purchase of Exempt Commodities

A. In order for the purchase of an exempt commodity to be declared an emergency purchase without solicitation of bids, the emergency must conform to the definition set forth in R.S. 48:207.

B. Purchases which conform to this definition are made in accordance with the Department's Policy and Procedure Memorandum No. 38 which states the internal procedures which must be followed before proceeding with an emergency purchase.

C. Prior to all emergency procurements of exempt commodities, the DOTD procurement director or designee shall approve the procurement if the emergency occurs during normal working hours. Facsimile requests for emergency procurement should be submitted to the DOTD procurement director if time permits, and must contain adequate justification for the emergency.

D. The procurement method used shall be selected so that required supplies, services, or major repair items are procured in time to meet the emergency. Given this constraint, such competition as is practicable should be obtained.

E. Any bid accepted shall be confirmed in writing.

F. The DOTD procurement director shall submit reports of all emergency purchases to the Office of State Purchasing upon request.

G. This report shall cover the preceding fiscal year and shall list the following:

1. contractor's name;
2. amount and type of contract;
3. the supplies services or major repairs procured under the contract;
4. the contract number.


§325. Emergency Procurement of Non-Exempt Commodities

A. The provisions of this Section apply to every non-exempt procurement made under emergency conditions that will not permit other source selection methods to be used.

B. Emergency procurement shall be limited to only those supplies, services, or major repair items necessary to meet the emergency.

C. The Department of Transportation and Development is authorized to make emergency procurement of non-exempt commodities of up to $10,000 (or the delegated purchasing authority, whichever is higher) when an emergency condition arises and the need cannot be met through normal procurement methods.

D. Prior to all such emergency procurement of non-exempt commodities above the delegated purchasing authority, both the DOTD procurement director and the director of state purchasing shall approve the procurement. Facsimile requests for emergency procurement should be submitted to the DOTD procurement director if time permits, and must contain adequate justification for the emergency.

E. The source selection method used shall be selected to insure that the required supplies, services, or major repair items are procured in time to meet the emergency. Given this constraint, such competition as is practicable should be obtained.

F. Any bid accepted shall be confirmed in writing.

G. If emergency conditions exist as a result of an unsuccessful attempt to use competitive sealed bidding, an emergency procurement may be made.


§327. Goods Manufactured or Services Performed by Sheltered Workshops

A. R.S. 39:1595.4 provides in part that a preference shall be given by all governmental bodies in purchasing products and services from state operated or state supported sheltered workshops for persons with severe disabilities.
§329. Purchase of Used or Demonstrator Equipment
A. R.S. 39:1645 authorizes the procurement of any equipment which is used or which has been previously purchased by an individual or corporation.
B. The DOTD procurement director must first determine that the procurement of said equipment is cost effective to the state.
C. After receiving the approval of the DOTD procurement director to proceed, the section or district will obtain a letter from the secretary of the Department of Transportation and Development certifying in writing to the director of state purchasing the following:
1. the price for which the used equipment may be obtained;
2. the plan for maintenance and repair of the equipment;
3. the cost of the equipment;
4. the savings that will accrue to the state because of the purchase of the used equipment;
5. the fact that following the procedures set out in the Louisiana Procurement Code will result in the loss of the opportunity to purchase the equipment.
D. If approved, the used equipment shall be purchased within the price range set by the director of state purchasing.


HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Office of Purchasing, LR 29:610 (April 2003).

§330. Exclusive Statewide Contracts
A. If the Office of State Purchasing has entered into an exclusive statewide competitive contract for non-exempt commodities or services, the Department of Transportation and Development shall use such statewide competitive contracts when procuring such supplies or services unless given written exemption by the director of state purchasing.
B. A lower local price is not justification for exception.
C. After receiving the approval of the DOTD procurement director to proceed, the section or district will obtain a letter from the secretary of the Department of Transportation and Development certifying in writing to the director of state purchasing the following:
1. the price for which the used equipment may be obtained;
2. the plan for maintenance and repair of the equipment;
3. the cost of the equipment;
4. the savings that will accrue to the state because of the purchase of the used equipment;
5. the fact that following the procedures set out in the Louisiana Procurement Code will result in the loss of the opportunity to purchase the equipment.
D. If approved, the used equipment shall be purchased within the price range set by the director of state purchasing.


§331. Exclusive Statewide Contracts
A. If the Office of State Purchasing has entered into an exclusive statewide competitive contract for non-exempt commodities or services, the Department of Transportation and Development shall use such statewide competitive contracts when procuring such supplies or services unless given written exemption by the director of state purchasing.


§332. Non-Exclusive Statewide Contracts
A. If the Office of State Purchasing has entered into a non-exclusive contract for non-exempt commodities or services, the Department of Transportation and Development has the option of either using the contract or seeking competitive bids.
B. Non-Exclusive Contracts may be by-passed if the district or section can obtain the item at a better price or if the delivery time is more acceptable. Approval to by-pass a non-exclusive contract is not required.


§333. Non-Exclusive Statewide Contracts
A. If the Office of State Purchasing has entered into a non-exclusive contract for non-exempt commodities or services, the Department of Transportation and Development has the option of either using the contract or seeking competitive bids.
B. Non-Exclusive Contracts may be by-passed if the district or section can obtain the item at a better price or if the delivery time is more acceptable. Approval to by-pass a non-exclusive contract is not required.


§334. Qualified Products List
A. Qualified products lists have been developed by evaluating brands and models of various manufacturers of an item and listing those determined to be acceptable products. These qualified products lists have been developed by the DOTD Materials and Testing Laboratory when testing or examination of the supplies or major repair items prior to

§335. Brand Name Contracts
A. Brand name contracts are non-exclusive contracts entered into by the Office of State Purchasing. Because these contracts are not competitively bid, they are usually not considered cost effective.
B. The department also discourages the use of brand name products which come in concentrated form.
C. The only exception to the use of brand name contracts is computers and computer equipment which have been mandated by the DOTD Information Technology Director for approved usage. Purchases must be made against brand name contracts for this equipment if the item appears on the Information Technology Approved List.


§336. DOTD Contracts
A. DOTD contracts for exempt commodities are exclusive contracts entered into by the DOTD procurement section. Approval to by-pass a DOTD contract requires written approval from the DOTD procurement director and will only be approved in cases of emergency.
B. DOTD contracts may also be referred to as invitation for bids throughout this rule.


issuance of the solicitation is desirable or necessary in order to best satisfy the needs of the department.

B. When developing a qualified products list, the DOTD Materials and Testing Laboratory shall contact a representative group of potential suppliers soliciting products for testing and examination to determine acceptability for inclusion on a qualified products list. Any potential supplier, even though not solicited, may offer products for consideration.

C. Inclusion on a qualified products list shall be based on results of tests or examinations conducted by the DOTD Materials and Testing Laboratory.


§345. Availability of Funds
A. The continuation of a term contract which extends beyond the fiscal year is contingent upon the appropriation of funds to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of a contract, or if such appropriation is reduced by the veto of the governor or by any means provided in the Appropriations Act or Title 39 of the Louisiana Revised Statutes of 1950 to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.


§347. Bid Documents
A. All invitations for bids issued by the Department of Transportation and Development shall be solicited on the department's bid form and shall contain all pertinent information and shall be full and complete including, but not limited to, the following:
1. purchase description;
2. specifications;
3. special instructions and conditions;
4. instructions for submitting bids;
5. terms and conditions;
6. delivery requirements;
7. packaging;
8. bid evaluation and award criteria.

B. The bid solicitation may incorporate documents by reference, provided that the bid solicitation specifies where such documents can be obtained.

C. If any special conditions are to apply to a particular contract, they shall be included in the bid solicitation.


§349. Specifications
A. A specification is defined as any description of the physical, functional, or performance characteristics of a supply, service, or major repair item.

B. The specification includes, as appropriate, requirements for inspecting, testing, or preparing a supply, service, or item for delivery.

C. Unless the context requires otherwise, the terms "specification" and "purchase description" are used interchangeably throughout this rule.

D. The purpose of a specification is to serve as a basis for obtaining a supply, service, or major repair item adequate and suitable for the needs of the department in a cost effective manner, taking into account, to the extent practicable, the costs of ownership and operation as well as initial acquisition costs.

E. It is the policy of the Department of Transportation and Development that specifications permit maximum practicable competition consistent with this purpose. Specifications shall be drafted with the objective of clearly describing the requirements of the department.

F. All specifications shall be written in such a manner as to describe the requirements to be met, without having the effect of exclusively requiring a proprietary supply, service, or major repair item, or procurement from a sole source, unless no other manner of description will suffice. In that event, a written determination shall be made that it is not practicable to use a less restrictive specification.

G. It is the general policy of the Department of Transportation and Development to procure standard commercial products whenever practicable. In developing specifications, accepted commercial standards shall be used and unique requirements shall be avoided to the extent practicable.

H. Bid specifications may contemplate a fixed escalation or de-escalation in accordance with a recognized escalation index.

I. Specifications and any written determination or other document generated or used in the development of a specification shall be available for public inspection.

J. This Section applies to all persons who may prepare a specification for use by the Department of Transportation and Development, including consultants, architects, engineers, designers, and other draftsmen of specifications used for public contracts.

K. To the extent feasible, a specification may provide alternate descriptions of supplies, services, or major repair items where two or more design, functional, or performance criteria will satisfactorily meet the requirements of the Department of Transportation and Development.

L. Whenever a manufacturer's name, trade name, brand name, catalog number or approved equivalent is used in a solicitation, the use is for the purpose of describing the standard of quality, performance, and characteristics desired and is not intended to limit or restrict competition.


§351. Bid Samples and/or Descriptive Literature
A. Descriptive literature means information available in the ordinary course of business which shows the characteristics, construction, packaging or operation of an item which enables the department to consider whether the item meets its specifications and needs.
B. Bid sample means a sample to be furnished by a bidder to show the characteristics of the item offered in the bid.
C. Bid samples or descriptive literature may be required when it is necessary to evaluate required characteristics of the items bid.
D. If the invitation for bids states that either a sample or descriptive literature must be submitted with bid, the bid will be rejected if bidder fails to comply.
E. When the invitation for bids states that bidders may be required to submit a sample prior to award, the sample must be received by the deadline set at time of request. Failure to submit samples within the time allowed will result in disqualification or non-consideration of bid.
F. Requirements for samples
   1. When required, samples must be submitted free of expense to the department.
   2. Samples shall be marked plainly with name and address of bidder and the purchase requisition number.
   3. The bidder must state if he desires that the sample be returned after evaluation, provided that the sample has not been used or made useless through testing procedures. When requested, samples will be returned at bidder's risk and expense. Unsolicited bid samples will not be evaluated and will not be returned to the bidder.


§353. New Products
A. Unless specifically called for in the invitation for bids, all products for purchase must be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used or irregular product will be considered for purchase unless otherwise specified in the invitation for bids.
B. The manufacturer's standard warranty will apply.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Office of Purchasing, LR 29:613 (April 2003).

§355. Brand Names
A. Unless otherwise specified in the invitation for bids, any manufacturer's name, trade name, brand name, or catalog number used in the solicitation is for the purpose of describing the standard of quality, performance and characteristics desired and is not intended to limit or restrict competition.


§357. Product Acceptability
A. The invitation for bids shall set forth the evaluation criteria to be used in determining product acceptability. The invitation for bids may require the submission of bid samples, descriptive literature, technical data, or other material. It may also provide for Inspection or testing of a product prior to award for such characteristics as quality or workmanship.
B. Examination of the product to determine whether the product conforms with purchase description requirements, such as unit of measure or packaging, shall be performed. If a bidder changes the unit or packaging, the bid for the changed item shall be rejected.
C. The acceptability evaluation is not conducted for the purpose of determining whether one bidder's item is superior to another but only to determine that a bidder's offering is acceptable as set forth in the invitation for bids. Any bidder's offering which does not meet the acceptability requirements shall be rejected.


§359. Estimated Quantities
A. Term contracts and/or indefinite quantity contracts contain no specific quantities given or guaranteed. Only such quantities as required by the department during the contract period will be ordered.
B. Estimated quantities are based on the previous contract usage or estimates. Where usage is not available, a quantity of one indicates a lack of history on the item.
C. The contractor must supply actual quantities ordered, whether the total of such quantities are more or less than the estimated quantities shown on the bid schedule.


§361. Guarantee and Liability
A. The Department of Transportation and Development requires that all contractors submit to the following guarantees.
   1. Guarantee that the supplies delivered are free from defects in design and construction.
   2. Guarantee that the supplies are the manufacturer's standard design in construction and that no changes or substitutions have been made in the items listed in the contract.
   3. Guarantee that the contractor holds and saves the Department of Transportation and Development, its officers, agents and employees harmless from liability of any kind, including cost and expenses on account of any patented or non-patented invention, articles, devices or appliances manufactured or used in the performance of any DOTD contract, including use by the government.
   4. Guarantee to replace free of charge all defective equipment, materials or supplies delivered under the contract. All transportation charges covering return and replacement shall be paid by the contractor.
§363. Pre-Bid Conferences Covering Exempt Commodities

A. Pre-bid conferences may be conducted to explain the procurement requirements. They shall be announced to all prospective bidders known to have received an invitation for bids and shall be advertised in the Official Journal of the State if the estimated cost is over $25,000 (or the latest revision to R.S.48:205, whichever is higher).

B. The conference will be held after an interval following the issuance of invitation for bids in order to allow bidders to become familiar with the invitation, but sufficiently before bid opening to allow consideration of the conference results in preparing their bids.

C. Nothing stated at the pre-bid conference shall change the invitation for bids unless an addendum is issued.

D. If the pre-bid conference requires mandatory attendance, bidders not attending the conference will not be considered for award.


§365. Modifying Written Bid Solicitations

A. Addenda modifying written bid solicitations covering purchases above the non-competitive bid level shall not be issued within three working days prior to the scheduled bid opening date for the opening of bids, excluding Saturdays, Sundays and any other legal holidays.

B. If the necessity arises to issue an addendum modifying an invitation for bids within the three working day period prior to the bid opening date, then the opening of bids shall be extended exactly one week, without the requirement of re-advertising.

C. An addendum shall be sent to all prospective bidders known to have received an invitation for bids.


§367. Cancellation of Invitation for Bids

A. A solicitation may be canceled in whole or in part when the DOTD procurement director determines, in writing, that such action is in the best interest of the department, for reasons including, but not limited to the following:

1. the department no longer requires the supplies, services, or major repairs;
2. proposed amendments to the solicitation would be of such magnitude that a new solicitation is desirable;
3. ambiguous or otherwise inadequate specifications were part of the solicitation;
4. the solicitation did not provide for consideration of all factors of significant cost to the state;
5. prices exceed available funds and it would not be appropriate to adjust quantities to come within available funds;
6. all otherwise acceptable bids received are at unreasonable prices;
7. there is reason to believe that the bids or proposals may not have been independently calculated in open competition, may have been collusive, or may have been submitted in bad faith.

B. When a solicitation is canceled prior to the bid opening, a notice of cancellation shall be sent to all businesses solicited. The notice of cancellation shall:

1. identify the solicitation
2. briefly explain the reason for cancellation
3. where appropriate, explain that an opportunity will be given to compete on any resolicitation or any future procurement of similar supplies, services, or major repairs.

C. The reasons for cancellation shall be made a part of the procurement file and shall be made available for public inspection.

D. If the solicitation is canceled prior to the bid opening, all bids will be returned to the bidders.

E. If the solicitation is canceled after the bid opening, all bids will be retained by the DOTD procurement section.


§369. Modification or Withdrawal of Bids

A. Bids covering requests for quotations may be modified or withdrawn by written, telegraphic or fax notice received at the address designated in the invitation for bids prior to the time set for bid opening, as recorded by date stamp at the DOTD procurement section.

B. Bids covering sealed bids may only be modified if the modification is received in writing prior to the time set for bid opening, as recorded by date stamp at the DOTD procurement section. Telegraphic or fax modifications will not be accepted on a sealed bid.

C. A written request for the withdrawal of a bid or any part thereof will be granted if the request is received prior to the specified time of bid opening. If a bidder withdraws a bid prior to the bid opening, the bid document will be returned to the bidder.

D. All documents relating to the modification or withdrawal of bids shall be made a part of the appropriate procurement file.


§371. Postponed Bid Openings

A. In the event that bids are scheduled to be opened on a day that is a federal holiday, or if the governor, by proclamation, creates an unscheduled holiday, or for any cause that creates a non-working day, bids scheduled to be opened on that day shall be opened on the next working day at the same address and time specified in the invitation for bids.


§373. Receipt, Opening and Recording of Bids
A. Upon receipt, all bids and modified bids will be time-stamped, but not opened. They shall be stored in a secure place until time for bid opening.
B. Bids and modified bids shall be publicly opened and publicly read at the time and place designated in the invitation for bids if prospective bidders attend the bid opening.
C. The names of the bidders and the bid price shall be read aloud or otherwise be made available and shall be recorded.
D. Bidders may attend the bid opening but no information or opinion concerning the ultimate award will be given at the bid opening or during the evaluation process.


§375. Late Bids
A. Formal bids and addenda thereto, received at the address designated in the invitation for bids after the time specified for bid opening will not be considered, whether delayed in the mail or for any other causes whatsoever. In no case will late bids be accepted.


§377. Bid Results
A. Information pertaining to results of bids may be secured by visiting the Department of Transportation and Development during normal working hours, except weekends and holidays.
B. Written tabulations may be obtained by submitting a stamped self-addressed envelope with the bid.
C. Information pertaining to completed files may be secured by visiting the department during normal working hours.


§379. Rejection of Bids
A. All written bids, unless otherwise provided for, must be submitted on, and in accordance with, forms provided. Bids submitted in the following manner will not be accepted.
1. Bid contains no signature indicating an intent to be bound.
2. A typed name without either a printed or written signature will not be accepted.
4. Bids received after the bid opening time.
5. Bids not submitted on the Department of Transportation and Development's bid form indicating an intent not to be bound by the department's special instructions and conditions.
6. Bids which contain special conditions and terms which differ from the department's special instructions and conditions.


§381. Mistakes in Bids
A. Bids may be withdrawn, if such correction or withdrawal does not prejudice other bidders, and such actions may be taken only to the extent permitted under these regulations.
B. A request to withdraw a bid after the bid opening must be made within three business days after bid opening, and must be supported in writing.
C. Requests to withdraw a bid after three business days will be considered by the DOTD procurement director and the bidder may or may not be allowed to withdraw the bid based on the best interest of the Department of Transportation and Development.
D. Minor informalities are matters of form rather than substance which are evident from the bid document, or insignificant mistakes that can be waived or corrected without prejudice to other bidders. The DOTD procurement director may waive such informalities or allow the bidder to correct them depending on which is in the best interest of the state. Examples include, but are not limited to:
1. failure to return the number of signed bids required by the invitation for bids;
2. failure to sign the bid, but only if the unsigned bid is accompanied by other signed material indicating the bidder's intent to be bound;
3. failure to sign or initial a write-over or correction in bid;
4. failure to get certification that a mandatory job-site visit was made;
5. failure to return non-mandatory pages of the bid proposal.
E. If the mistake and the intended bid are clearly evident on the face of the bid document, the bid shall be corrected to the intended bid and may not be withdrawn.
F. Some examples of mistakes that may be clearly evident on the face of the bid document are:
1. typographical errors;
2. errors in extending unit prices;
3. failure to return an addendum provided there is evidence that the addendum was received.
G. When an error is made in extending total prices, the unit bid price will govern.
H. Under no circumstances will a unit bid price be altered or corrected unless the bid price is clearly marked stating the unit of measure used. However, if the invitation for bids states that bids submitted in a different unit of measure will not be considered for award, the bid will be rejected.


§383. Increase or Decrease in Quantities
A. Bidders must quote in the quantity shown on the invitation for bids.
B. Bidders increasing or decreasing quantity due to packaging will not be considered for award.

§385. Alternate Bids  
A. Any bidder quoting an alternate product which does not fully comply with the specifications contained in the invitation for bids must state in what respect the product deviates.

B. Failure to note exceptions on the bid form will be considered an indication that the product meets the specifications contained in the invitation for bids.

C. Bidders quoting an equivalent brand or model should submit with the bid information such as illustrations, descriptive literature and/or technical data sufficient for the Department of Transportation and Development to evaluate quality, suitability and compliance with the specifications.

D. Failure to submit descriptive information may cause bid to be rejected.

E. Any change made to a manufacturer's published specification submitted for a product should include verification by the manufacturer.


§387. All or None Bids Covering Non-Exempt Commodities  
A. Bidders may limit a bid on acceptance of the whole bid, whereupon the department shall not thereafter reject part of such bid and award on the remainder.

B. An award shall be made to the "all or none" bid only if it is the overall low bid on all items, or on those items bid.

C. The overall low bid shall be that bid whose total bid, including all items bid, is the lowest dollar amount; be it an individual bid or a computation of all low bids on individual items of those bids that are not conditioned "all or none".

D. When multiple items are contained on any solicitation and the department chooses to make a group award in order to save the department the cost of issuing another purchase order, an award may be made to a vendor already receiving a purchase order if the total bid for said item is $1,000 or less.

E. Bidders quoting "all or none" will not be considered for award if the invitation for bids specifically states that all or none bids will not be considered for award. The only exception to this is if the bidder is the low bidder on all items.


§389. All or None Bids Covering Exempt Commodities  
A. Bidders may limit a bid on acceptance of the whole bid, whereupon the department shall not thereafter reject part of such bid and award on the remainder.

B. When multiple items are contained on any solicitation and the department chooses to make a group award in order to save the department the cost of issuing another purchase order, an award may be made to a vendor already receiving a purchase order if the total bid for said item is $1,000 or less, and the total difference between the low bidder and the bidder receiving the award is $100 or less.

C. The decision to award on the basis of all of none or on individual items will be determined by the DOTD procurement director taking into consideration the best interest of the Department of Transportation and Development.


§391. Preferences  
A. Preference in awarding contracts will be given for all types of products produced, manufactured, assembled, grown, or harvested in Louisiana in accordance with the Louisiana Procurement Code.

B. Preferences will not be considered in the award of service contracts.


§393. Bid Prices  
A. All bid prices shall remain firm for the contractual period.

B. Unit prices must not exceed four digits to the right of the decimal point. Unit prices submitted beyond four digits will be rounded off to the nearest fourth digit.

C. All bid prices quoted shall include all costs incidental to any license or patent that may be held by any company. The bidder agrees to hold the Department of Transportation and Development harmless from any claims, suits, costs or penalties for infringement or use of licensed or patented products.

D. Bid prices, unless otherwise specified, must be net including transportation and handling charges fully prepaid to destination. Bids containing C.O.D. requirements will not be considered for award.


§395. Bids Binding  
A. Unless otherwise specified, all invitations for bid shall be binding for a minimum of 30 calendar days. Nevertheless, if the lowest responsive and responsible bidder is willing to keep his price firm in excess of 30 days, the department may award to this bidder after this period has expired, or after the period specified in the bid has expired.


§397. Taxes  
A. Pursuant to Act 1029 of the 1991 Regular Session of the Louisiana Legislature, the state and any of its agencies, boards or commissions are exempt from the Louisiana State Sales and Use Taxes.

B. Vendors are responsible for including any other applicable taxes in the bid price.
§399. Rejection of Bids
A. The Department of Transportation and Development reserves the right to reject any or all bids in whole or in part, waive any informalities, and to award by items, parts of items, or by any group of items specified and/or waive any informalities.


§400. Bid Evaluation and Award
A. Contracts are awarded to the lowest responsible and responsive bidder whose bid meets the requirements and criteria set forth in the invitation for bids.

B. No bid shall be evaluated for any requirements or criteria that are not disclosed in the invitation for bids.


§401. Determination of Lowest Bidder
A. Following determination of product acceptability, bids will be evaluated to determine which bidder offers the lowest cost to the Department of Transportation and Development in accordance with the evaluation criteria set forth in the invitation for bids.

B. Only objectively measurable criteria which are set forth in the invitation for bids shall be applied in determining the lowest bidder. Evaluation factors shall treat all bids equitably.

C. A contract shall not be awarded to a bidder submitting a higher quality item than that required by the invitation for bids unless the bid is also the lowest bid meeting specifications. There shall be no negotiation with any bidder.


§402. Standards of Responsibility
A. A responsible bidder is a company or person who has the capability in all respects to perform fully the contract requirements, and which has the integrity and reliability which will assure good faith performance.

B. Capability, as used in this rule, means capability at the time of award of the contract, unless otherwise specified in the invitation for bids.

C. Factors to be considered in determining whether the standard of responsibility has been met include, but are not limited to, whether a prospective contractor has the appropriate financial, material, equipment, facility, and personnel resources and expertise, or the ability to obtain them, necessary to indicate capability of meeting all contractual requirements.

D. The prospective contractor shall supply information requested concerning the responsibility of such contractor.

E. If such contractor fails to supply the requested information, the DOTD procurement director shall base the determination of responsibility upon any available information or may find the prospective contractor non-responsive.

F. Before awarding a contract, the procurement officer must be satisfied that the prospective contractor is responsible.


§403. Signatory Authority
A. By signing a bid form, the bidder certifies that the bid is made without collusion or fraud.

B. In accordance with R.S.39:1594, the person signing the bid must be:
   1. a current corporate officer, partnership member or other individual specifically authorized to submit a bid as reflected in the appropriate records on file with the secretary of state; or
   2. an individual authorized to bind the vendor as reflected by an accompanying corporation resolution, certificate or affidavit; or
§413. Documentation of Award

A. Following award, all files shall contain documentation including, but not limited to, the following:
   1. a list of all solicited bidders;
   2. a list of all bids received;
   3. the bid tabulation; and
   4. the basis of award.

B. In the event that the low bidder was by-passed and the award was made to a higher bidder, the file shall contain documentation that states the reason for the rejection of the lower bid.

C. If no bid was solicited from a certified economically disadvantaged business, the file shall contain an explanation of why such a bid was not solicited.

§415. Insurance Requirements

A. Any contractor performing any service on any premises of the Department of Transportation and Development must furnish proof of:
   1. public liability insurance;
   2. property damage insurance;
   3. workmen's compensation insurance; and
   4. automobile public liability insurance, if applicable before work can commence.

B. The certificates of insurance, issued by a company licensed to do business in the state of Louisiana, must be furnished within ten days after notification of award.

C. The contractor shall not suspend, void, cancel or reduce the coverage or limits of any of the required insurance while the contract is in effect. In the event of any such occurrence, the DOTD procurement director must be immediately notified and acceptable alternate coverage must be furnished.

§417. Workman's Compensation Insurance

A. If applicable, contractors and subcontractors shall secure and maintain workman's compensation insurance for all of their employees employed at the site of a project.

B. In case any class of employees is engaged in hazardous work as defined by the Workman's Compensation Statute, the contractor and subcontractor shall provide employer's liability insurance for the protection of their employees not otherwise protected.
percent of its capital and surplus, such capital and surplus being the amount by which the company's assets exceed its liabilities as reflected by the most recent financial statements filed by the company with the Louisiana Department of Insurance.

E. The requirement of a performance bond cannot be waived. The conditions of the performance bond shall provide that failure to meet delivery requirements and specifications shall constitute a forfeiture of said bond to the extent of loss suffered by the department or shall constitute a forfeiture of said bond to the extent required to enable the Department of Transportation and Development to meet the requirements of the contract hereof.


§425. Deliveries

A. Any extension of time on delivery or project completion time must be requested in writing by the vendor and accepted or rejected in writing by the DOTD procurement director.

B. Such extension is applicable only to the particular item or shipment affected.

C. No delivery charges shall be added to invoices except when express delivery is requested by the DOTD procurement director and is substituted on an order for less expensive methods specified in the contract. In such cases, when requested by the DOTD procurement director, the difference between freight or mail and express charges may be added to the invoice.

D. The Department of Transportation and Development reserves the right to weigh shipments if deemed appropriate.

E. Deliveries shall be subject to reweighing on official scales designated by the department.

F. Payments shall be made on the basis of net weight of materials delivered.


§427. Invoices

A. Upon each delivery and its acceptance by the department, the contractor shall bill the department by means of an invoice and such invoice shall make reference to the purchase order number on which delivery was made.

B. At the time of delivery, the contractor is to make a delivery ticket on his own form showing:

1. complete description;
2. the exact quantity delivered;
3. price;
4. extension; and
5. purchase order number.

C. Invoices shall be submitted by the contractor in triplicate directly to the address shown on the purchase order.

D. Invoice price must agree with contract price.


§429. Payment

A. After receipt and acceptance of order and receipt of valid invoice, payment will be made by the Department of Transportation and Development within the discount period or within thirty calendar days from receipt of correct invoice.

B. If contractor proposes a discount, the discount period will start from receipt of correct invoice.


§431. Default of Contractor

A. Failure to deliver within the time specified in the invitation for bids will constitute a default and may cause cancellation of the contract.

B. If the contractor is considered to be in default, the Department of Transportation and Development reserves the right to purchase any or all products or services covered by the contract on the open market and to charge the contractor with costs in excess of the contract price.

C. Until such assessed charges have been paid, no subsequent bid from the defaulting contractor will be considered.


§433. Assignments

A. No contract or purchase order or proceeds thereof may be assigned, sublet or transferred without a written request from the contractor.

B. Contractors are required to submit an "assignment of proceeds of contract" document and an "assignment of contract" document to the DOTD procurement director.

C. If the contract covers an exempt commodity, the assignment must be approved by the DOTD procurement director.

D. If the contract covers a non-exempt commodity, the assignment must be approved by the director of state purchasing and the commissioner of administration.


§435. Reduction in Contract Price

A. The Department of Transportation and Development cannot accept a reduction in price on any non-exempt commodity contract unless the price reduction is offered to all state agencies using the contract.

B. The Department of Transportation and Development reserves the right to accept a reduction in price on any exempt commodity contract if it is considered in the best interest of the department.

C. Inspection of Facilities Contracts entered into by the Department of Transportation and Development may provide that the state may inspect supplies and services at the contractor's or subcontractor's facility and perform tests to determine whether they conform to solicitation requirements, or after award, to contract requirements, and are therefore acceptable.
D. Such inspections and tests shall be conducted in accordance with the terms of the solicitation and contract and shall be performed so as not to unduly delay the work of the contractor or subcontractor.

E. No inspector may change any provision of the specifications or the contract without written authorization of the DOTD procurement director. The presence or absence of an inspector shall not relieve the contractor or subcontractor from any requirements of the contract.

F. When an inspection is made in the plant or place of business of a contractor or subcontractor, such contractor or subcontractor shall provide without charge all reasonable facilities and assistance for the safety and convenience of the person performing the inspection or testing.

A. Before exercising any option for renewal, the DOTD procurement director shall consult with the contractor or subcontractor.

B. After reasonable notice to the party involved, the appropriate chief procurement officer shall have authority to suspend or debar a party for cause from consideration for award of contracts where there is probable cause for such action.

C. The DOTD procurement director serves as the hearing officer for non-exempt commodities. The appropriate chief procurement officer shall have authority to debar or suspend a party for cause from consideration for award of contracts where there is probable cause for such action.

D. Suspension or debarment shall be in accordance with the terms of the contract, whereupon all obligations of both parties to the contract shall cease.

E. Formal hearings will be conducted pursuant to the provisions of Title 49, Chapter 13 of the Louisiana Revised Statutes.
F. Within fourteen days after the date of mailing of the notice referred to in Subsection B, the chief procurement officer will issue a written decision stating the reasons for the action taken and informing the party, aggrieved person or interested person of the right to administrative review and thereafter judicial review, where applicable.

G. A copy of the decision or order shall be mailed or otherwise furnished to all interested parties.

H. Appeals from a suspension or debarment decision must be filed with the commissioner of administration within fourteen days of the receipt of the decision.

I. The commissioner shall decide within fourteen days whether, or to the extent to which, the debarment or suspension was in accordance with the Constitution, Statutes, Regulations, and the best interest of the state, and was fair.

J. The decision of the commissioner of administration on the appeal shall be final and conclusive unless:
   1. the decision is fraudulent; or
   2. the debarred or suspended party has timely appealed to the court in accordance with R.S. 39:1691(B).

K. The filing of the petition in the Nineteenth Judicial District Court shall not stay the decision of the commissioner of administration.


§447. Protest of Bid Solicitation or Award

A. In accordance with R.S. 39:1671, any person who is aggrieved in connection with the solicitation, award, or issuance of written notice of intent to award may protest to the chief procurement officer.

B. The chief procurement officer for exempt commodities is the DOTD procurement director and the chief procurement officer for non-exempt commodities is the director of state purchasing.

C. Protests with respect to a solicitation shall be submitted in writing at least two days prior to the opening of bids.

D. In the event of protest, the chief procurement officer will suspend the bid opening until a decision on the protest has been determined.

E. Protests with respect to the award of a contract or the issuance of written notice of intent to award a contract shall be submitted in writing within fourteen days after contract award.

F. In the event of protest, the chief procurement officer will issue a stay until a decision on the protest has been determined.

G. Within fourteen days of receipt of protest, the chief procurement officer shall issue a written decision stating the reasons for the action taken and informing the party, aggrieved person, or interested person of the right to administrative review and thereafter judicial review where applicable.

H. An aggrieved person or an interested person must appeal to the commissioner of administration within seven days of receipt of the decision of the chief procurement officer.

I. The commissioner of administration shall decide within fourteen days whether the solicitation or award or intent to award was in accordance with the constitution, statutes, regulations and the terms and conditions of the solicitation.

J. The decision of the commissioner of administration on the appeal shall be final and conclusive unless:
   1. the decision is fraudulent; or
   2. the person adversely affected by the decision of the commissioner of administration has timely appealed to the court in accordance with R.S. 39:1691.

K. The Nineteenth Judicial District Court shall have exclusive venue over an action between the state and a bidder or contractor, prospective or actual, to determine whether a solicitation or award of a contract is in accordance with the constitution, statutes, regulations, and the terms and conditions of the solicitation.


Kam K. Movassaghi, Ph.D., P.E.
Secretary
NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 1566CGuidelines for Pupil Progression (LAC 28:XXXIX.1301)

In accordance with the Administrative Procedure Act, R.S. 49:950 et seq., notice is hereby given that the State Board of Elementary and Secondary Education approved for advertisement an amendment to Bulletin 1566, Guidelines for Pupil Progression, referenced in LAC 28:1.907.A. The State Board of Elementary and Secondary Education (SBSE) at its February 2003 meeting approved a change to the High Stakes Testing Policy which is incorporated into Bulletin 1566, Guidelines for Pupil Progression. The proposed Rule change eliminates the previously allowed one-year deferment from testing in the LEAP 21 for Limited English Proficient (LEP) students. The action is necessary to bring Louisiana's High Stakes Testing Policy in line with the federal No Child Left Behind legislation.

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Bulletin 1566CGuidelines for Pupil Progression

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

It is estimated that approximately 300 students will be affected by this Rule change. The average cost to test a student is $50 (for scoring and reporting). Therefore, it is estimated that there will be an additional state cost of $15,000.

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

There is no 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)

School Systems personnel, Limited English Proficient (LEP) students, and the general public will be affected by the policies in Bulletin 1566 because of better accountability and a more informed public.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There should be no effect on competition and employment.

NOTICE OF INTENT

Department of Environmental Quality
Office of Environmental Assessment
Environmental Planning Division

De Minimis Concentration of Regulated Substances (LAC 33:XI.101)(UT010)

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 Underground Storage Tanks regulations, LAC 33:XI.101 (Log #UT010).

The proposed Rule will clarify the existing regulation in a way that is consistent with the department's and the Environmental Protection Agency's long-standing
interpretation and application of that regulation. The ambiguity of the term, *de minimis* concentration, has affected department enforcement actions directed at substandard USTs that have been in temporary closure for more than 12 months and that have not been upgraded or permanently closed according to department regulations. The basis and rationale for this Rule are to provide clarification to the UST regulations when referring to *de minimis* concentrations of a regulated substance.

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 XI. Underground Storage Tanks  
Chapter 1. Program Applicability and Definitions  
§101. Applicability  

A. …  

B. Exclusions. The following UST systems are excluded from the requirements of these regulations. The owner or operator must provide documentation for any exclusion claimed.  

1. Any UST system holding hazardous wastes listed or identified in the Louisiana Department of Environmental Quality's Hazardous Waste Regulations or a mixture of such hazardous waste and other regulated substances is excluded from the requirements of these regulations.  

2. Any wastewater treatment tank system that is part of a wastewater treatment facility regulated under Section 402 or 307(b) of the Clean Water Act is excluded from the requirements of these regulations.  

3. Equipment or machinery that contains regulated substances for operational purposes such as hydraulic lift tanks and electrical equipment tanks is excluded from the requirements of these regulations.  

4. Any UST system whose capacity is 110 gallons or less is excluded from the requirements of these regulations.  

5. Any UST system that has never contained more than a *de minimis* concentration of regulated substances is excluded from the requirements of these regulations.  

6. Any emergency spill or overflow containment UST system that is expeditiously emptied after use is excluded from the requirements of these regulations.  

C. - C.2.b. …  

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 16:614 (July 1990), amended LR 17:658 (July 1991), LR 18:727 (July 1992), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 29:  

A public hearing will be held on May 27, 2003, at 1:30 p.m. in the Mayan Ketcham Building, Room 326, 7290 Bluebonnet Boulevard, Baton Rouge, LA 70810. Interested persons are invited to attend and submit oral comments on the proposed amendments. Attendees should report directly to the hearing location for DEQ visitor registration, instead of to the security desk in the DEQ Headquarters building. Should individuals with a disability need an accommodation in order to participate, contact Lynn Wilbanks at the address given below or at (225) 765-0399.

All interested persons are invited to submit written comments on the proposed regulation. Persons commenting should reference this proposed regulation by UT010. Such comments must be received no later than June 3, 2003, at 4:30 p.m., and should be sent to Lynn Wilbanks, Regulation Development Section, Box 4314, Baton Rouge, LA 70821-4314 or to fax (225) 765-0389 or by e-mail to lynnw@deq.state.la.us. Copies of this proposed regulation can be purchased by contacting the DEQ Records Management Section at (225) 765-0843. Check or money order is required in advance for each copy of UT010.

This proposed regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.:  

7290 Bluebonnet Boulevard, Fourth Floor, Baton Rouge, LA 70810; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 201 Evans Road, Building 4, Suite 420, New Orleans, LA 70123; 111 New Center Drive, Lafayette, LA 70508; 104 Lococo Drive, Raceland, LA 70394 or on the Internet at http://www.deq.state.la.us/planning/regs/index.htm.

James H. Brent, Ph.D.  
Assistant Secretary  

FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES  
RULE TITLE: *De Minimis* Concentration of Regulated Substances  

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

No implementation costs or savings to state or local governmental units are expected as result of this Rule.

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

There should be no effect on revenue collections of state or local governmental units as a result of implementation of this Rule.

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

The proposed Rule will have little effect on costs or benefits to regulated persons or groups. However, a small but undetermined number of additional regulated UST owners and operators may incur the cost of closure as a result of the clarification of the regulations. It is not possible at this time to estimate the additional cost, if any, which may result.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)  

Competition and employment are not expected to be affected as a result of the implementation of this Rule.

Robert P. Hannah  
Deputy Secretary  
0304#070  

Robert E. Hosse  
General Government Section Director  
Legislative Fiscal Office
NOTICE OF INTENT

Department of Environmental Quality
Office of Environmental Assessment
Environmental Planning Division

Public Notification of Contamination
(LAC 33:1.101, 103, 105, 107, and 109)(OS042)

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 adopt the Office of the Secretary regulations, LAC 33:1.101, 103, 105, 107, and 109 (Log #OS042).

This Rule will establish procedures for notifying persons who are likely to be adversely affected by a release. The proposed Rule applies to releases that exceed the applicable federal or state health and safety standard and that pose a risk of adverse human health effects. This action is required to comply with Executive Order No. MJF 2001-46, which required that all agencies affected by the Order adopt Rules to notify persons who may be exposed to environmental contamination. The basis and rationale for this Rule are to comply with the Governor's Executive Order.

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 1. Public Notification of Contamination
§101. Purpose
A. The purpose of this Chapter is to establish procedures for notifying those members of the public whom the department determines are likely to be adversely affected by a release that poses a significant risk of adverse health effects. This Chapter is in addition to any other requirements to provide notice, and nothing in this Chapter shall be construed to relieve the department or any other person from any other requirement set forth in Louisiana Administrative Code, Title 33. Furthermore, nothing in this Chapter shall prevent the responsible party, or the department, from providing additional means for public information and participation consistent with the provisions of this Chapter or any other Chapter of the Louisiana Administrative Code, Title 33.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

§105. Effective Date
A. These regulations shall become effective on [upon promulgation – date to be inserted]. These regulations are only applicable to releases that occur on or after [insert effective date of regulations].

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

§107. Definitions
Administrative Authority C the secretary of the Department of Environmental Quality or his designee or the appropriate assistant secretary or his designee.

Applicable Federal or State Health and Safety Standard C those health and/or safety standards promulgated under federal or state health or safety laws or other universally accepted health or safety standards that the department, based on its knowledge and expertise, reasonably determines are applicable to a particular release and release site.

Corrective Action C activities conducted to protect human health and the environment.

Department C the Department of Environmental Quality.

Off-Site Carea beyond the property boundary of the release site.

Person C any individual, municipality, public or private corporation, partnership, firm, the State of Louisiana, political subdivisions of the State of Louisiana, the United States government, and any agent or subdivision thereof or any other juridical person, which shall include, but not be limited to, trusts, joint stock companies, associations, commissions, and interstate bodies.

Release C the accidental or intentional spilling, leaking, pumping, pouring, emitting, escaping, leaching, or dumping of hazardous substances or other pollutants into or on any land, air, water, or groundwater. A release shall not include a federal or state permitted release or other release authorized by the department.

Release Site Carea within the property boundary of the site where the release has occurred.

Responsible Party C any person required by law or regulation to undertake corrective action at a site.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

§109. Notification Requirements
A. The department shall provide notification to the public for sites within the department's regulatory jurisdiction, as reasonably determined by the department to be appropriate in accordance with the considerations identified in this Chapter.

B. The department shall issue notice of a release that poses a significant risk of adverse health effects to persons whom the department reasonably determines are likely to be adversely affected by the release. 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.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.
C. The department may prioritize sites for provision of notice, as appropriate, according to the factors identified in this Section, although notice should in all events be given as soon as reasonably practicable.

D. The following chart provides the content and time frame for providing notification.

<table>
<thead>
<tr>
<th>Public Notice Number</th>
<th>Triggering Event</th>
<th>When to Provide Public Notice</th>
<th>Contents of Public Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>When the department becomes aware of information and determines that a release is likely to have off-site impacts that exceed the applicable federal or state health and safety standard and pose a significant risk of adverse health effects</td>
<td>When an emergency or exigent circumstance exists, notice shall be given as soon as practicable under the circumstances by using any reasonable means or, otherwise, within 30 days of the triggering event</td>
<td>1. Physical address of the release site. 2. Description of the contaminant. 3. Corrective action efforts. 4. Name, phone number, and address of contact person for both the responsible party and the department. 5. Other information the department determines is necessary to protect human health and the environment.</td>
</tr>
<tr>
<td>2</td>
<td>When the department confirms off-site impact that exceeds the applicable federal or state health and safety standard and the department determines that the off-site impact poses a significant risk of adverse health effects</td>
<td>When an emergency or exigent circumstance exists, notice shall be given as soon as practicable under the circumstances by using any reasonable means or, otherwise, within 30 days of the triggering event</td>
<td>1. Physical address of the release site. 2. Description of the contaminant. 3. Corrective action efforts. 4. Any potential adverse health effects. 5. Name, phone number, and address of contact person for both the responsible party and the department. 6. Other information the department determines is necessary to protect human health and the environment.</td>
</tr>
</tbody>
</table>

E. Procedure for Providing Notice to the Public
1. The public notice required by this Chapter must be:
   a. communicated in plain language;
   b. printed and formatted in a manner that promotes the purpose of the notice when the notice is printed or posted;
   c. free of language that nullifies the purpose of the notice;
   d. displayed in a conspicuous way when printed or posted; and
   e. sized 3 inches x 5 inches, at a minimum, in newspapers, parish journals, etc., when published in such publications.
2. The public notice shall be provided by means reasonably calculated to reach those members of the public directly affected by the release, as determined by the department, and may include, but not be limited to:
   a. public notice in local newspapers;
   b. block advertisements;
   c. public service announcements;
   d. direct mailings;
   e. personal contacts;
   f. press releases;
   g. press conferences; and
   h. posting on the department's website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.
HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Environmental Assessment, Environmental Planning Division, LR 29:

A public hearing will be held on May 27, 2003, at 1:30 p.m. in the Maynard Ketcham Building, Room 326, 7290 Bluebonnet Boulevard, Baton Rouge, LA 70810. Interested persons are invited to attend and submit oral comments on the proposed amendments. Attendees should report directly to the hearing location for DEQ visitor registration, instead of to the security desk in the DEQ Headquarters building. Should individuals with a disability need an accommodation in order to participate, contact Lynn Wilbanks at the address given below or at (225) 765-0399.

All interested persons are invited to submit written comments on the proposed regulation. Persons commenting should reference this proposed regulation by OS042. Such comments must be received no later than June 3, 2003, at 4:30 p.m., and should be sent to Lynn Wilbanks, Regulation Development Section, Box 4314, Baton Rouge, LA 70821-4314 or to fax (225) 765-0389 or by e-mail to lynnw@deq.state.la.us. Copies of this proposed regulation can be purchased by contacting the DEQ Records Management Section at (225) 765-0843. Check or money order is required in advance for each copy of OS042.

This proposed regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 7290 Bluebonnet Boulevard, Fourth Floor, Baton Rouge, LA 70810; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 201 Evans Road, Building 4, Suite 420, New Orleans, LA 70123; 111 New Center Drive, Lafayette, LA 70508; 104 Lococo Drive, Raceland, LA 70394 or on the Internet at http://www.deq.state.la.us/ planning/regs/index.htm.

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Public Notification of Contamination

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)
The department currently performs this service under existing funding. The proposed Rule will formalize the process.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENT UNITS (Summary)
No effect on revenue is anticipated.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
This Rule could affect underground storage tank owners, all types of industrial plants, sewer treatment facilities,
transportation companies, etc., in that the responsible party could see a slight increase in workload to respond to information requests from the public regarding the release/cleanup efforts.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT

(Summary)

This Rule should not impact competition or employment in the public or private sector.

James H. Brent, Ph.D.  Robert E. Hosse
Assistant Secretary  General Government Section Director
0304/#069  Legislative Fiscal Office

NOTICE OF INTENT

Office of the Governor
Board of Examiners of Certified Shorthand Reporters

Examinations

(LAC 46:XXI.301 and 309)

In accordance with R.S. 37:2554 and the Administrative Procedure Act, R.S. 49:950 et seq., notice is hereby given that the Louisiana Board of Examiners of Certified Shorthand Reporters, proposes to amend the Rules relative to the examination grading procedure.

The proposed Rule changes have no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XXI. Certified Shorthand Reporters

Chapter 3. Examinations

§301. Applications for Examinations

A. Examinations shall be held at such times and places as the board may designate.

B. Applications must be received by the board at least 30 days prior to the examination date.

C. Applicant must furnish a diploma, official transcript or certificate from a licensed court reporting school that he has passed a qualifying test consisting of five minutes of two-voice Q&A at 225 wpm with 95 percent accuracy within one year prior to application to the board for examination; or a CSR certificate from another state issued with a minimum requirement of 225 wpm; or participate in an equivalent qualifying test administered by the board on a date designated by the board. An application fee of $25 shall be paid to the board by the applicant participating in a qualifying test administered by the board, which fee shall be refundable to the applicant upon completion of the qualifying test. An applicant who fails to timely appear for the qualifying examination by the board shall be deemed to have abandoned the application and shall forfeit the application fee for said qualifying test. Proof of passing said qualifying test must accompany the application for examination.

1. After passing any segment, the applicant must sit without exception for each examination thereafter administered by the board until all three segments have been passed.

2. Should the applicant fail to take any segments, applicant must either:

   a. take a qualifying examination given by the board; or

   b. appear before the board with an explanation for not taking the exam, the validity of which explanation will be determined by the board in its sole discretion.

3. If the applicant fails to appear for any examination administered by the board and does not thereafter either:

   a. pass a qualifying test administered by the board; or

   b. present to the board a valid reason for failing to appear for the examination, then the passed segments of the skills test will expire before the date of the next examination following the examination for which the applicant failed to appear, and applicant will be required to pass all three segments.

4. If applicant does not pass all three segments of the skills examination within a three-year period, beginning the last day of the month in which any segment was first passed, applicant will be required to pass a qualifying examination administered by the board. If applicant fails the qualifying examination, the passed segments will expire.

D. Applicants who have been found to be qualified for the examination shall be notified in writing of the time and place of their assigned examination.

E. An applicant who fails to timely appear for examination after being notified of eligibility shall be deemed to have abandoned the application and shall forfeit the application fee. In order again to become eligible for an examination, such person shall file a new application and otherwise comply in all respects with the provisions of the Act and these regulations in the same manner as required of an original applicant.

F. An applicant who commences but does not finish the examination or who otherwise fails such examination shall not be eligible for any future examination except upon complying in all respects with the provisions of the Act and these regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2554.

HISTORICAL NOTE: Promulgated by the Department of Commerce, Board of Examiners of Certified Shorthand Reporters, LR 14:530 (August 1988), amended by the Department of Economic Development, Board of Examiners of Certified Shorthand Reporters, LR 15:530 (October 1989), LR 17:530 (August 1989), amended by the Office of the Governor, Board of Examiners of Certified Shorthand Reporters LR 29:

§309. Grading of Examination

A. Each candidate's examination will be graded on the basis of his ability to accurately transcribe his notes, the time occupied in the transcription, his knowledge of court reporting procedure, and its related terminology, spelling, and punctuation, and the general style of the transcript.

B. Seventy-five percent accuracy is required on the written knowledge test with a maximum of 25 errors.

C. The maximum number of errors allowed to pass the dictated and transcribed portions of the skills test is 57 errors on the Q&A portion; 50 errors on the jury charge portion; and 45 errors on the literary portion.
D. If the examinee passes the written knowledge portion of the test but fails the dictated and transcribed portions; he will be exempt from taking the written knowledge portion of all subsequent tests.

E. If an examinee passes any segments of the skills test, the examinee is exempt from retaking those segments under the following conditions.

1. After passing any segment, the applicant must sit without exception for each examination thereafter administered by the board until all three segments have been passed.

2. Should the applicant fail to take any segments, applicant must either:
   a. take a qualifying examination given by the board; or
   b. appear before the board with an explanation for not taking the exam, the validity of which explanation will be determined by the board in its sole discretion.

3. If the applicant fails to appear for any examination administered by the board and does not thereafter either:
   a. pass a qualifying test administered by the board; or
   b. present to the board a valid reason for failing to appear for the examination, then the passed segments of the skills test will expire before the date of the next examination following the examination for which the applicant failed to appear, and applicant will be required to pass all three segments.

4. If applicant does not pass all three segments of the skills examination within a three-year period, beginning the last day of the month in which any segment was first passed, applicant will be required to pass a qualifying examination administered by the board. If applicant fails the qualifying examination, the passed segments will expire.

F. For the purpose of grading stenotype tests, errors will be assessed in accordance with the guidelines accepted by the National Court Reporters Association. For the purpose of grading stenomask tests, errors will be assessed in accordance with guidelines accepted by the National Verbatim Reporters Association.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2554.


Interested persons may submit written comments to Tonya Cupp, Louisiana Board of Examiners of Certified Shorthand Reports, PSR, P.O. Box 3257, Baton Rouge, LA 70821, through the close of business on May 9, 2003.

Merrell Long
Examination Committee Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Examinations

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

The proposed Rule will not result in any implementation costs (or savings) to the state or local governmental units other than those one-time costs directly associated with the publication of this Rule.

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

There is no estimated effect on revenue collections of local governmental units associated with this proposed Rule.

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

There are no costs to directly affected persons. However, the benefit to applicants would be two opportunities to take the test without retaking portions already passed and therefore increase their possible rate of employment.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The only estimated effect on employment is that a greater number of students may pass the test, therefore making more employees available.

Merrell Long
Chairman
0304#066

NOTICE OF INTENT
Department of Health and Hospitals
Board of Dentistry

Requirements for Applicants for Licensure by Credentials; Laser CRequirements, Procedures, and Approval of Training (LAC 46:XXXIII.306, and 1301-1303)

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), notice is hereby given that the Department of Health and Hospitals, Board of Dentistry intends to amend LAC 46:XXXIII.306, 1301-1303. No preamble has been prepared.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXXIII. Dental Health Profession
Chapter 3. Dentists
§306. Requirements of Applicants for Licensure by Credentials

A. - E. …

F. A teacher at the Louisiana State University School of Dentistry who has been teaching within the LSU system for a period of not less than 20 years, who has otherwise demonstrated his ability to practice within the specialty of
dentistry in which he or she has been teaching, may be awarded a license by credentials provided he/she has never had any disciplinary problems with any state dental board or dental university; has never been convicted of a felony, despite having never been licensed in another state; and his/her specialty is limited to pathology, public health, or dental radiology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:768.


Chapter 13. Dental Laser and Air Abrasion Utilization

§1301. Requirements
A. A laser capable of the removal of hard or soft tissue may be employed in the treatment of a dental patient only by a licensed dentist.

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 19:334 (March 1993), amended LR 29:

§1302. Procedures
A. American National Standards Institute standards for laser safety must be followed.

B. Use of the laser must be in accordance with scientifically accepted treatment.

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 19:334 (March 1993), amended LR 29:

§1303. Approval of Training
A. Prior to commencing use of the laser for dental purposes, a dentist must obtain appropriate training for the laser being utilized.

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 19:334 (March 1993), amended LR 29:

Interested persons may submit written comments on these proposed Rule changes to C. Barry Ogden, Executive Director, Louisiana State Board of Dentistry, One Canal Place, Suite 2680, 365 Canal Street, New Orleans, LA 70130. Written comments must be submitted to and received by the board within 60 days of this Notice. A request pursuant to R.S. 49:953(A)(2) for oral presentation, argument, or public hearing must be made in writing and received by the board within 20 days of the date of this Notice.

C. Barry Ogden
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Requirements for Applicants for Licensure by Credentials; Laser Requirements, Procedures, and Approval of Training

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

A cost of $500 is estimated to implement these Rule changes. Notification of these Rule changes will be included in a mass mailing to all licensees. It is anticipated that these Rule changes will be sent to licensees during the summer of 2003.

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

There will be no effect on revenue collections by the Louisiana State Board of Dentistry or any other state or local governmental unit.

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

There will be no estimated 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.

NOTICE OF INTENT

Department of Health and Hospitals
Board of Examiners of Psychologists

Applicable Ethical Standard
(LAC 46:LXIII.1703)

Notice is hereby given in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Board of Examiners of Psychologists intends to repeal §1703.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LXIII. Psychologists

Chapter 17. Specialty Titles

§1703. Applicable Ethical Standard

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:602 (October 1980), repealed LR 29:

Inquiries concerning the proposed amendments may be directed in writing to Brenda C. Ward, Executive Director, Board of Examiners of Psychologists, 8280 YMCA Plaza Drive, Building 8-B, Baton Rouge, LA 70810.
Interested persons may submit data, views, arguments, information or comments on the proposed Rules, in writing, to the Board of Examiners of Psychologists. Written comments must be submitted to and received by the board within 20 days from the date of this Notice.

Brenda C. Ward
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

RULE TITLE: Applicable Ethical Standard

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO
STATE OR LOCAL GOVERNMENT UNITS (Summary)
The only cost anticipated to state or local governmental units to implement this Rule is the $27 cost of publishing it in the Louisiana Register. The LSBEP publishes a newsletter which is distributed to all Louisiana licensed psychologists. This new Rule will be published in the next edition of that newsletter. No adjustment is necessary in the workload or printing of this Rule in that publication.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
This proposed Rule does not affect the collection of revenues of state or local governmental units in any way.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
No persons or non-governmental groups will be affected in any way by this proposed Rule.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
There is no competition related to this proposed Rule, nor does this proposed Rule create any impact on employment.

Brenda C. Ward
Executive Director
H. Gordon Monk
Staff Director
0304/021
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Wholesale Drug Distributors

License Procedure
(LAC 46:XCI.103, 301, 303, 309, 311, 313, and 503)

The Louisiana Board of Wholesale Drug Distributors proposes to amend LAC 46:XCI.103, 301, 303, 309, 311, 313, and 503 in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and R.S. 37:3467 et seq. of the Louisiana Board of Wholesale Drug Distributors revised statutes. These proposed Rule amendments will help define the requirements for wholesale distribution and will further assist the board in its ability to license, inspect wholesale drug distribution facilities in the state of Louisiana, and regulate licensees in the promotion of the public welfare. The proposed Rule amendments have no known impact on family formation, stability, and autonomy as described in R.S. 49:972. The proposed amendments to the Rule are set forth below.

Title 46
PROFESSIONAL AND OCCUPATION STANDARDS
Part XCI. Wholesale Drug Distributors
Chapter 1. General Provisions
§103. Definitions
A. As used in this regulation, unless the context otherwise requires:

Legend DrugC
a. 

b. The product label of a legend drug is required to contain the statement "Rx Only" or "CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT A PRESCRIPTION."

c. 

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3461-3482.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Wholesale Drug Distributors, LR 18:381 (April 1992), amended LR 29:

Chapter 3. Wholesale Distributors
§301. Licensing Requirements
A. - B.3. ...
4. All licenses being reinstated must pay a reinstatement fee of $200 plus the renewal fee of $200.
C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3461-3482.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Wholesale Drug Distributors, LR 18:382 (April 1992), amended LR 29:

§303. Required Information
A. - C. ...
D. Licenses are not transferable for change of location of the facility licensed or change of ownership. A new license application and required license fee must be submitted for location changes or change of ownership of a currently licensed facility.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3461-3482.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Wholesale Drug Distributors, LR 18:382 (April 1992), amended LR 29:

§309. Storage and Handling Requirements
A. The following are required for the storage and handling of prescription drugs, and for the establishment and maintenance of prescription drug distribution records by wholesale drug distributors and their officers, agents, representatives, and employees.
1. - 2.a.iii. ...

b. All facilities, with the exception of those facilities distributing medical gases only, shall be equipped with a monitored alarm system to detect entry after hours.

c. Medical gas distributors shall store medical gases under lock and key if all medical gases are stored inside a board-approved storage facility that is not equipped with a monitored alarm system to detect entry after hours.

d. Medical gas distributors that store medical gases on an open dock shall be equipped with a monitored alarm system to detect entry after hours.
e. All facilities shall be equipped with a security system that will provide suitable protection against theft and diversion and provide protection against theft or diversion that is facilitated or hidden by tampering with computers and electronic records.

3. ... 
   a. If no storage requirements are established for a prescription drug, the drug may be held at room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

   b. Appropriate manual, electromechanical, or electronic temperature recording equipment, devices, and logs shall be utilized to document proper storage of prescription drugs.

   3.c. - 5.d. ...
   AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3461-3482.
   HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Wholesale Drug Distributors, LR 18:382 (April 1992), amended LR 29:

§311. Drug Distribution Recordkeeping

A. Wholesale drug distributors shall establish and maintain perpetual inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs. These records shall include the following information:

   1. - 3. ...

   B. Inventories and records shall be made available for inspection and photocopying by any official authorized by the Louisiana Board of Wholesale Drug Distributors for a period of three years following disposition of the drugs.

   C. ...

   D. Copies of licenses for customers who are authorized by law or regulation to procure or possess federal legend drugs shall be maintained for all customers that are shipped or sold federal legend drugs. If customer licenses are maintained off site, a list of customer names, addresses, license numbers, and license expiration dates shall be maintained for all customers that are shipped or sold federal legend drugs.

   E. Medical gas distributors are not required to maintain a perpetual inventory on oxygen, but are required to maintain perpetual inventories on all other medical gases.

   F. Wholesales domiciled in Louisiana must verify that their suppliers of legend drugs are licensed by the Louisiana Board of Wholesale Drug Distributors to ship or sell in or into Louisiana; and are responsible for notifying the board of any unlicensed wholesalers.

   AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3461-3482.
   HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Wholesale Drug Distributors, LR 18:383 (April 1992), amended LR 29:

§313. Policy and Procedures

A. Wholesale drug distributors shall establish, maintain, and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory, and distribution of prescription drugs, including policies and procedures for identifying, recording, and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. Wholesale drug distributors shall include in their written policies and procedures the following.

1. - 3. ...

4. A procedure to ensure that any outdated prescription drugs shall be segregated from other drugs and either returned to the manufacturer or destroyed. This procedure shall provide for written documentation of the disposition of outdated prescription drugs. This documentation shall be maintained for three years after disposition of the outdated drugs.

5. A procedure to validate customer licenses, to review excessive or suspicious purchases, to inspect all incoming and outgoing shipments, and to monitor and record the temperature of product storage.

   AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3461-3482.
   HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Wholesale Drug Distributors, LR 18:384 (April 1992), amended LR 29:

Chapter 5. Powers and Functions of the Board

§503. Board Domicile; Meetings

A. The board shall be domiciled in Baton Rouge, Louisiana. The regular meetings of the board shall be held at least two times a year in accordance with applicable law and at any other time the board deems necessary, at a time and place designed by the chairman. Special meetings may be called by the chairman upon giving at least 72 hours notice, sent by registered or certified mail to the post office address of each member of the board and to any persons who have previously indicated that they have business before the board.

   AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3461-3482.
   HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Wholesale Drug Distributors, LR 18:385 (April 1992); amended LR 29:

   Interested parties may submit written comments to John Liggio, Executive Director, Louisiana Board of Wholesale Drug Distributors, 12046 Justice Avenue, Suite C, Baton Rouge, LA 70816. Comments will be accepted through the close of business on May 21, 2003. If it becomes necessary to convene a public hearing to receive comments in accordance with the Administrative Procedure Act, the hearing will be held on May 28, 2003, at 11 a.m. at the office of the Louisiana Board of Wholesale Drug Distributors, 12046 Justice Avenue, Suite C, Baton Rouge, LA.

John Liggio
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

RULE TITLE: License Procedure

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

   There will be no costs or savings to state or local government units, except for those associated with publishing the Rule amendment (estimated at $100 in FY 2003). Licensees will be informed of this Rule change in a board 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 there will be no increase in fees resulting form the amendment.
III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

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

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

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

John Liggio    H. Gordon Monk
Executive Director    Staff Director
0304/030

NOTICE OF INTENT

Department of Health and Hospitals
Office of the Secretary

Capital Area Human Services District
(LAC 48:1.Chapter 27)

Under the authority of R.S. 46:2661 et seq. as enacted by Act 54 of the first Extraordinary Session of 1999, the Department of Health and Hospitals proposes to adopt the following Rule.

Title 48
PUBLIC HEALTH-GENERAL
Part I. General Administration
Subpart 1. General

Chapter 27. Capital Area Human Services District
§2701. Introduction
A. This agreement is entered into by and between Department of Health and Hospitals, hereinafter referred to as DHH, and Capital Area Human Services District, hereinafter referred to as CAHSD, in compliance with R.S. 46:2661 through 46:2666 as well as any subsequent legislation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2661.

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

§2709. Services to be Delivered
A. In order to provide a broad spectrum of coordinated public services to consumers of the Office of Mental Health, hereinafter referred to as OMH, the Office for Citizens with Developmental Disabilities, hereinafter referred to as OCDD, the Office for Addictive Disorders hereinafter referred to as OAD, the Office of Public Health, hereinafter referred to as OPH and for the District Administration, CAHSD will assume programmatic, administrative and fiscal responsibilities for including, but not limited to, the following:

1. OCDD community services;
2. mental health services consistent with the State Mental Health Plan, as required under the annual Mental Health Block Grant Plan;
3. outpatient treatment (non-intensive) COAD;
4. community-based services COAD;
5. intensive outpatient treatment/day treatment COAD;
6. non-medical/social detoxification COAD;
7. primary prevention COAD;
8. adult inpatient treatment services COAD;
9. transition to recovery homes (when funds and placements are available);
10. residential board and care (when funds and placements are available) COAD.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2661.

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

§2711. Responsibilities of Each Party
A. CAHSD accepts the following responsibilities:

1. to perform the functions which provide community-based services and continuity of care for the diagnosis, prevention, detection, treatment, rehabilitation and follow-up care of mental and emotional illness;
2. to be responsible for community-based programs and functions relating to the care, diagnosis, eligibility determination, training, treatment, and case management of developmentally disabled and autistic persons as defined by the MRDD law, and to follow the rules or policies governing admissions to OCDD Developmental Centers;
3. to be responsible for the delivery and supervision of OCDD transition services and case management, where appropriate, and provide supports to person waiting for Waiver Services when an individual transitions to the community;
4. to provide for the gradual assumption of community-based public health services which will be determined to be feasible through consultation with the Office of Public Health;
5. to provide services related to the care, diagnosis, training, treatment, and education of, and primary prevention of addiction. The criteria for admission and treatment must be parallel to OAD state operated programs;
6. to maintain services in community-based mental health, developmental disabilities, and substance abuse at least at the same level as the state maintains similar programs;
7. to ensure that the quality of services delivered is equal to or higher than the quality of services previously delivered by the state;
8. to perform human resources functions necessary for the operation of CAHSD;
9. to be responsible for the provision of any function/service, reporting or monitoring, mandated by the Block Grant Plan of each respective program office;
10. to provide systems management and services data/reports in a format, and content, and frequency content as that required of all regions by each DHH program office. Specific content of required information sets will be negotiated and issued annually through program office directives;
11. to utilize ARAMIS, MIS, Mental Health's SPOE, CMIS and any other required DHH/program office systems to meet state and federal reporting requirements. CAHSD will use the OCDD Individual Tracking System and/or other designated MIS system. OCDD will allow CAHSD to electronically upload and download information at prescribed intervals. No information will be uploaded by OCDD without prior notification of CAHSD;
12. to make available human resource staffing data for on-site review;
13. to maintain and support Single Point of Entry (SPOE) state standard;
14. to provide for successful delivery of services to persons discharged from state facilities into CAHSD service area by collaborative discharge planning;
15. to provide in-kind or hard match resources as required for acceptance of federal grant or entitlement funds utilized for services in CAHSD as appropriately and collaboratively applied for consistent with other regions in the state;
16. to make available a list of all social and professional services available to children and adults through contractual agreement with local providers. The list shall include names of contractors, dollar figures and brief description of services;
17. to work with OAD to assure that all requirements and set asides of the Substance Abuse Block Grant are adhered to in the delivery of services;
18. to develop and utilize a five-year strategic plan as required by Act 1465;
19. to monitor the quality of supports delivered to developmentally disabled individuals in state funded supported living arrangements;
20. to report to OMH on a monthly basis data consistent with that reported in DHH operated regions in order to assure statewide data integrity and comparability across all 64 parishes. The format for reporting this information must comply with OMH data transmission requirements as specified by the assistant secretary for OMH;
21. to continue to make available through all CAHSD sites, materials available from OPH, based on availability of current funding from state and federal resources. Availability of materials shall also be based on the incidence rate of HIV in Region II and throughout the state;
22. to comply with OAD movement toward research-proven best practices and adhere to the established standard of care.

B. DHH retains/accepts the following responsibilities:
1. operation and management of any inpatient facility under the jurisdiction of DHH except that CAHSD shall have the authority and responsibility for determination of eligibility for receipt of such inpatient services (OMH's SPOE function) which were determined at the regional level prior to the initiation of this agreement;
2. operation, management and performance of functions and services for environmental health;
3. operation, management and performance of functions related to the Louisiana Vital Records Registry and the collection of vital statistics;
4. operation, management and performance of functions and services related to laboratory analysis in the area of personal and environmental health;
5. operation, management and performance of functions and services related to education provided by or authorized by any state or local educational agency;
6. monitoring this service agreement, assuring corrective action through coordination with CAHSD and reporting failures to comply to the Governor's Office;
7. operation, management and performance of functions for pre-admission screening and resident review process for Nursing Home Reform;
8. sharing with CAHSD information regarding but not limited to program data, statistical data, and planning documents that pertain to the CAHSD. Statewide information provided on a regional basis to providers, consumers and advocates shall either include accurate data for CAHSD, as confirmed by CAHSD, or shall include a statement that information for Region II (CAHSD) is available on request. This is necessary to make community stakeholders aware that CAHSD is participating in the submission of the same data reports as are required of the other regions;
9. communicating to CAHSD Executive Director any planned amendments to current law establishing CAHSD, or new legislation that is primarily directed to impacting CAHSD funding or administration or programs, prior to submission to the Governor's Office or to a legislative author;
10. reporting of statewide performance or comparisons, which are circulated outside of the DHH Program Offices, which include data submitted directly by CAHSD, or which are generated from data transmission programs in which CAHSD participates will be provided to CAHSD;
11. providing fair and equal access to all DHH facilities and to all appropriately referred citizens residing in the parishes served by CAHSD;
12. inviting the CAHSD Community Services Regional Manager (CSRMs) to OCDD meetings that include the CSRMs of the eight regions under OCDD administration, when discussions or presentations impact citizens and/or administration of duties within CAHSD;
13. meeting with CAHSD to discuss and plan for any necessary upgrades in hardware, software or other devices necessary for the electronic submission of data which is required of CAHSD;
14. including CAHSD's Executive Director in discussions that specifically relate to changes in CAHSD programming or financing, prior to final decision-making;
15. planning, managing and delivering services funded under this agreement as required in order to be consistent with the priorities, policies and strategic plans of DHH, its program offices, and related local initiatives. DHH shall include CAHSD as appropriate in the development of these plans and priorities and notify the executive director within at least the same time period as other regional managers;

16. determining if community-based mental health, developmental disabilities, addictive disorders, and public health services are delivered at least at the same level by CAHSD as the state provides for similar programs in other areas. Performance indicators shall be established and will be consistent with those collected in other regions. Such indicators will measure extensiveness of services, accessibility of services, availability of services and, most importantly, quality of services. CAHSD will not be required to meet performance indicators which are not mandated for state-operated programs in these service areas;

17. any requests by program offices for new and expanded regional funds requested statewide will include the appropriate proportionate amount of funding for CAHSD.

C. Joint Responsibilities

1. CAHSD shall work closely with OCDD in transitioning individuals from all Developmental Centers to the district and will be responsible for the case management oversight, when appropriate, of the service providers to ensure that their recipients receive appropriate services and outcomes as designated in the Comprehensive Plan of Care.

2. CAHSD will work with OAD to assure that the key performance indicators sent to the Division of Administration (DOA) are the same for CAHSD and OAD.

3. CAHSD will work with OAD to assure that there is a clear audit trail for linking alcohol and drug abuse funding and staffing to alcohol and drug abuse services.

4. CAHSD will collaborate with Region II OPH managers when appropriate to assist clients in accessing community-based services and ensure continuity of care for education, prevention, detection, treatment, rehabilitation and follow up care related to personal health.

5. CAHSD shall notify the DHH Bureau of Legal Services and relative program offices in a timely manner to assure proper representation in all judicial commitments and court events involving placement in DHH programs. CAHSD shall also provide program staff as representatives to assist DHH in all judicial commitments and court events involving placement in DHH programs. DHH will provide legal support and representation in judicial commitments to the department.

6. Budget requests for new and expanded programs or requests for additional funding for existing programs will be discussed between CAHSD Executive Director and appropriate program office personnel in a timely manner to avoid incongruous requests for new funding prior to submission to DOA.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2661.

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

§2713. Reallocation of Resources/Staff and Financial Agreements

A. For FY 02/03, DHH agrees to transfer financial resources in accordance with the Memorandum of Understanding (MOU) to the direction and management of CAHSD. The financial resources will be adjusted based upon the final appropriation for CAHSD.

B. CAHSD will submit to DHH an annual budget request for funding of the cost for providing the services and programs for which CAHSD is responsible. The format for such request shall be consistent with that required by the DOA and DHH. The request shall conform with the time frame established by DHH. The CAHSD Executive Director will submit new and expanded program requests to the Office of the Secretary prior to submission to DOA.

C. CAHSD shall operate within its budget allocation and report budget expenditures to DHH.

D. Revisions of the budget may be made upon written consent between CAHSD and DHH and, as appropriate, through the Legislative Budget Committee's BA-7 process. In the event any additional funding is appropriated and received by DHH that affects any budget categories for the direction, operation, and management of the programs of mental health, mental retardation/developmental disabilities, addictive disorders services, and public health, and related activities for any other such DHH entities or regions, CAHSD will receive additional funds on the same basis as other program offices. In the event of a budget reduction, CAHSD will receive a proportionate reduction in its budget.

E. CAHSD shall bill DHH agencies for services they provide in a timely manner.

F. CAHSD shall not bill any DHH agency more than is shown in Attachment 1 of the MOU.

G. CAHSD shall assume all financial assets and/or liabilities associated with the programs transferred.

H. CAHSD shall be responsible for repayment of any funds received which are determined ineligible and subsequently disallowed.

I. DHH shall continue to provide to CAHSD certain support services from the Office of the Secretary and from the Office of Management and Finance which are available to the regional program offices of OCDD, OMH, OAD, and OPH. The services CAHSD will continue to receive, at the level provided to other regions are: Communications and Inquiry; Internal Audit; Fiscal Management; Information Services; Facility Management; Lease Management; and Research and Development.

J. Any increases from OAD must comply with the resource allocation law and CAHSD will participate in cost benefit analysis and outcome.

K. CAHSD will comply with the resource allocation formula and adjustments in the funding for CAHSD may be made according to this formula.

L. If the implementation of the area structure changes the means of financing in a way that would negatively impact total funds received by CAHSD for mental health services, OMH will structurally guarantee the ability to bill for/collect funds for the services provided, or fund the district in the amount the total CAHSD/OMH portion of its budget will not be decreased from what would be allocated or collected by the other regions.

M. Funding for all medications needed by OMH forensic clients, (except those originally residing within the CAHSD region) who are released from the hospital into forensic community-based beds within CAHSD, shall be provided to CAHSD through this MOU. Funds will be based on average cost for annual number of clients, and OMH Forensic and
CAHSD staff shall coordinate the verification of clients served and the cost of medications provided.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2661.

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

§2715. Joint Training and Meetings
A. CAHSD, through its staff, will participate in DHH and other programmatic trainings, meetings and other activities as agreed upon by CAHSD and DHH. In a reciprocal manner, CAHSD will provide meetings, training sessions, and other activities that will be available for participation by DHH staff as mutually agreed upon by CAHSD and DHH. All program office meetings (trainings, information dissemination, policy development, etc.) discussing/presenting information with statewide implications shall include CAHSD staff.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2661.

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

§2717. Special Provisions
A. CAHSD agrees to abide by all applicable Federal, State, and Parish laws regarding nondiscrimination in service delivery and/or employment of individuals because of race, color, religion, sex, age, national origin, handicap, political beliefs, disabled veteran, veteran status or any other non-merit factor.
B. CAHSD shall maintain a property control system of all movable property in the possession of CAHSD that was formally under the control of DHH, and of all additional property acquired.
C. For purposes of purchasing, travel reimbursement, and securing of social service/professional contracts, CAHSD shall utilize established written bid/RFP policies and procedures. Such policies and procedures shall be developed in adherence to applicable statutory and administrative requirements. CAHSD shall provide informational copies of such policies and procedures to DHH as requested.
D. CAHSD shall abide by all court rulings and orders that affect DHH and impact entities under CAHSD’s control, and shall make reports to DHH’s Bureau of Protective Services of all applicable cases of alleged abuse, neglect, exploitation or extortion of individuals in need of protection in a format prescribed by DHH.
E. In the event of a departmental budget reduction in state general funds, or federal funds equivalent, CAHSD shall share in that reduction consistent with other DHH agencies. If reductions occur through Executive Order, DOA, or legislative action in the appropriation schedule 09, and CAHSD is included in these reductions, then these same reductions shall not be reassessed to CAHSD by DHH agencies.
F. CAHSD shall have membership on the Region II Planning Group and the Statewide Planning Group for the HIV/AIDS Prevention Program. CAHSD shall be a voting member of the Region II Planning Group (RPG). CAHSD shall be a non-voting member of the Statewide Planning Group (SPG) unless the CAHSD member is also elected by the Region II RPG as its official delegate to the SPG. In such case, the CAHSD representative shall vote as the representative of the Region II RPG.

G. CAHSD can obtain a copy of all requests for funding, solicitation of offers, notices of funding availability and other such comparable documents sent out by OPH relative to community-based HIV Prevention and Treatment Services for Region II as well as any such notices received by OPH and not chosen for application by them.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2661.

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

§2719. Renewal/Termination
A. This agreement will cover the period of time from July 1, 2002 to June 30, 2003.
B. This agreement will be revised on an annual basis, as required by law, and will be promulgated through the Administrative Procedure Act. The annual agreement shall be published in the state register each year in order for significant changes to be considered in the budget process for the ensuing fiscal year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2661.

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

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature the impact of this proposed Rule on the family has been considered. This proposed Rule has no known impact on family functioning, family formation, stability or autonomy as described in R.S. 49:972. Interested persons may submit written comments thru May 20, 2003 to John A. LaCour, DHH, Office of the Secretary, P.O. Box 629, Baton Rouge, LA 70821-0629. He is responsible for responding to inquiries regarding this proposed Rule.

David W. Hood
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT

FOR ADMINISTRATIVE RULES

RULE TITLE: Capital Area Human Services District

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

Administrative cost associated with the Capital Area Human Services District (CAHSD) will be paid by the Department of Health and Hospitals (DHH) for FY 02-03 in accordance with the annual service agreement. Estimated cost of printing the Notice of Intent and the Rule is $920.00.

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.

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

There is no estimated cost and/or economic benefits to directly affected persons to non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment.

David W. Hood
Secretary

H. Gordon Monk
Staff Director

Legislative Fiscal Office
NOTICE OF INTENT
Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Outpatient Hospital Laboratory Services
(LAC 50:XIX.4333)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to amend LAC 50:XIX.4333 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 adopted a Rule in April of 1997 that established a uniform reimbursement methodology for all laboratory services subject to the Medicare Fee Schedule regardless of the setting in which the services are performed, outpatient hospital or a non-hospital setting. Outpatient hospital laboratory services are reimbursed at the same reimbursement rate as laboratory services performed in non-hospital setting (Louisiana Register, Volume 23, Number 4).

Act 13 of the 2002 Regular Session of the Louisiana Legislature allocated additional funds to the Department of Health and Hospitals for the enhancement of the reimbursement rates paid to hospitals for outpatient services. In compliance with Act 13, the bureau increased the reimbursement rates for outpatient hospital laboratory services (Louisiana Register, Volume 28, Number 9). The bureau now proposes to continue the provisions of the September 16, 2002 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. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S. 49:942.

Title 50
PUBLIC HEALTH MEDICAL ASSISTANCE
Part XIX. Other Services
Subpart 3. Laboratory and X-Ray
Chapter 43. Billing and Reimbursement
Subchapter B. Reimbursement
§4333. Outpatient Hospital Laboratory Services
Reimbursement
A. Hospitals are reimbursed for outpatient laboratory services as follows.
1. The reimbursement rates paid to outpatient hospitals for laboratory services subject to the Medicare Fee Schedule shall be increased by 10 percent of the rate on file as of September 15, 2002.

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 28:1026 (May 2002), amended LR 29:

Implementation of this proposed Rule shall be contingent upon the certification of matching funds by non-state public hospitals (except small rural hospitals as defined in R.S. 40:1300.143) or the completion of cooperative endeavor agreements to make public agency transfer to the department as set forth in the Appropriations Act of the 2002 Regular Session of the Louisiana Legislature and the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

 Interested persons may submit written comments to Ben A. Bearden at Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Tuesday, May 27, 2003 at 9:30 a.m. in the Wade O. Martin, Jr. Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views, or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

RULE TITLE: Outpatient Hospital Laboratory Services

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)
It is anticipated that the implementation of this proposed Rule will increase state program costs by approximately $436,561 for SFY 2002-03, $567,849 for SFY 2003-04 and $584,884 for SFY 2004-05. It is anticipated that $216 ($108 SGF and $108 FED) will be expended in SFY 2002-2003 for state 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 $1,070,745 for SFY 2002-03, $1,392,955 for SFY 2003-04 and $1,434,744 for SFY 2004-2005.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
It is anticipated that the implementation of this proposed Rule will not have estimable costs and/or economic benefits for Medicaid recipients. However, it will have an economic benefit for hospitals as it is estimated that implementation of this proposed Rule will increase payments (by approximately 10%) to hospitals providing outpatient laboratory services by $1,507,090 for SFY 2002-03, $1,960,803 for SFY 2003-04 and $2,019,628 for SFY 2004-05.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
This Rule has no known effect on competition and employment.

Ben A. Bearden
Director
0304#056

H. Gordon Monk
Staff Director
Legislative Fiscal Office

635 Louisiana Register Vol. 29, No. 04 April 20, 2003
NOTICE OF INTENT
Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Outpatient Hospital Rehabilitation Services
Reimbursement Increase

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

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule in June of 1997 that established a uniform reimbursement methodology for all rehabilitation services regardless of the setting in which the services are performed, outpatient hospital or a free-standing rehabilitation center (Louisiana Register, Volume 23, Number 6). Rehabilitation services include physical therapy, occupational therapy, and speech/hearing and language therapy.

Act 13 of the 2002 Regular Session of the Louisiana Legislature allocated funds to the Department of Health and Hospitals to increase the reimbursement paid for physical therapy, occupational therapy, and speech/language and hearing therapy services provided to children under 3 years of age. As the result of the allocation of additional funds, the Bureau increased the reimbursement rates for rehabilitation services provided to children age birth through 3 years old (Louisiana Register, Volume 28, Number 7).

Act 13 also allocated additional funds to the department for enhancement of the reimbursement rates paid to hospitals for outpatient services. In compliance with Act 13, the bureau increased the reimbursement rates for outpatient hospital rehabilitation services (Louisiana Register, Volume 28, Number 9). The bureau now proposes to continue the provisions of the September 16, 2002 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. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S. 49:972.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the June 20, 1997 Rule and increases the reimbursement rates for outpatient hospital rehabilitation services rendered to Medicaid recipients age 3 and older. This rate increase is not applicable to rehabilitation services rendered to recipients up to the age of 3 as the reimbursement rate increase for those services were addressed in the July 6, 2002 Emergency Rule. The new reimbursement rates will be as follows.

This increase in outpatient hospital rehabilitation reimbursement rates is not applicable to home health rehabilitation services. Home health rehabilitation services will continue to be reimbursed at the rate paid for outpatient hospital rehabilitation services as of September 15, 2002, except for those services that were addressed in the July 6, 2002 Rule.

Implementation of this proposed Rule shall be contingent upon the certification of matching funds by non-state public hospitals (except small rural hospitals as defined in R.S. 40:1300.143) or the completion of cooperative endeavor agreements to make public agency transfer to the department as set forth in the Appropriations Act of the 2002 Regular Session of the Louisiana Legislature and the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Ben A. Bearden at the Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Tuesday, May 27, 2003 at 9:30 am in the Wade O. Martin, Jr. Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views, or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary
FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Outpatient Hospital Reimbursement Increase

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

It is anticipated that the implementation of this proposed Rule will increase state program costs by approximately $195,005 for SFY 2002-03, $253,537 for SFY 2003-04 and $261,143 for SFY 2004-05. It is anticipated that $270 ($135 SGF and $135 FED) will be expended in SFY 2002-2003 for the state's administrative expense for promulgation of this proposed Rule and the final Rule.

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

It is anticipated that the implementation of this proposed Rule will increase federal revenue collections by approximately $478,160 for SFY 2002-03, $621,935 for SFY 2003-04 and $640,593 for SFY 2004-2005.

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

It is anticipated that the implementation of this proposed Rule will not have estimable costs and/or economic benefits for Medicaid recipients. However, it will have an economic benefit for hospitals as it is estimated that implementation of this proposed Rule will increase payments (by approximately 15 percent) to hospitals providing outpatient rehabilitation services by $672,895 for SFY 2002-03, $875,472 for SFY 2003-04 and $901,736 for SFY 2004-05.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This Rule has no known effect on competition and employment.

Ben A. Bearden
Director 0304#057

H. Gordon Monk
Staff Director Legislative Fiscal Office

NOTICE OF INTENT

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

Outpatient Hospital Services Clinic Services

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This 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 adopted a Rule in January of 1996 which established a uniform reimbursement methodology for outpatient hospital services (Louisiana Register, Volume 22, Number 1). The January 1996 Rule was subsequently amended to revise the reimbursement methodology for specified outpatient surgical procedures and the interim reimbursement for all other outpatient hospital services (Louisiana Register, Volume 26, Number 12). The interim reimbursement rate for all outpatient hospital services, except for designated outpatient surgical procedures, is a hospital specific cost to charge ratio calculation based on filed cost reports for the period ending in state fiscal year 1997.

Act 13 of the 2002 Regular Session of the Louisiana Legislature allocated additional funds to the Department of Health and Hospitals for enhancement of the reimbursement rates paid to hospitals for outpatient services. In compliance with Act 13, the bureau increased the reimbursement rates for outpatient hospital clinic services (Louisiana Register, Volume 28, Number 10). The bureau now proposes to continue the provisions contained in October 21, 2002 Emergency Rule.

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

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the December 20, 2000 Rule and increases the reimbursement rates for outpatient hospital clinic services. Hospitals must use the revenue codes and Physicians=Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) specified by the Department when billing for services. The revenue codes and new reimbursement rates will be as follows.

<table>
<thead>
<tr>
<th>Hospital Revenue Code</th>
<th>Description</th>
<th>Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>510</td>
<td>General Internal Medicine Clinic</td>
<td>$33.00</td>
</tr>
<tr>
<td>514</td>
<td>OB-Gyn Clinic</td>
<td>$33.00</td>
</tr>
<tr>
<td>515</td>
<td>Pediatric Clinic</td>
<td>$38.00</td>
</tr>
<tr>
<td>517</td>
<td>Family Practice Clinic</td>
<td>$57.00</td>
</tr>
<tr>
<td>519</td>
<td>Specialty Clinic</td>
<td>$33.00</td>
</tr>
<tr>
<td>517</td>
<td>Family Practice Clinic</td>
<td>$33.00</td>
</tr>
</tbody>
</table>

Implementation of this proposed Rule shall be contingent upon the certification of matching funds by non-state public hospitals (except small rural hospitals as defined in R.S. 40:1300.143) or the completion of cooperative endeavor agreements to make public agency transfer to the department as set forth in the Appropriations Act of the 2002 Regular Session of the Louisiana Legislature and the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Ben A. Bearden at the: Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Tuesday, May 27, 2003 at 9:30 am in the Wade O. Martin, Jr. Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, LA. At that time all interested persons will be...
afforded an opportunity to submit data, views, or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Outpatient Hospital Services

Clinic Services

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

It is anticipated that the implementation of this proposed Rule will increase state program costs by approximately $195,005 for SFY 2002-03, $253,537 for SFY 2003-04 and $261,143 for SFY 2004-05. It is anticipated that $270 ($135 SGF and $135 FED) will be expended in SFY 2002-2003 for the state's administrative expense for promulgation of this proposed Rule and the final Rule.

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

It is anticipated that the implementation of this proposed Rule will increase federal revenue collections by approximately $478,160 for SFY 2002-03, $621,935 for SFY 2003-04 and $640,593 for SFY 2004-2005.

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

It is anticipated that the implementation of this proposed Rule will not have estimable costs and/or economic benefits for Medicaid recipients. However, it will have an economic benefit for hospitals as it is estimated that implementation of this proposed Rule will increase payments (by approximately 15 percent) to hospitals providing outpatient rehabilitation services by $672,895 for SFY 2002-03, $875,472 for SFY 2003-04 and $901,736 for SFY 2004-05.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This Rule has no known effect on competition and employment.

Ben A Bearden                      H Gordon Monk
Director                           Staff Director
0304/0654                          Legislative Fiscal Office

NOTICE OF INTENT

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

Personal Assistant Services
Employment Support
(LAC 50:XV.Chapter 141)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to adopt LAC 50:XV. Chapter 141 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 adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 106-170) became law on December 17, 1999. In Section 2(b) of P.L. 106-170, the Congress states that this legislation has the following four basic purposes:

1. to provide health care and employment preparation and placement services to individuals with disabilities that will enable those individuals to reduce their dependency on cash benefit programs;
2. to encourage states to adopt the option of allowing individuals with disabilities to purchase Medicaid coverage that is necessary to enable such individuals to maintain employment;
3. to provide individuals with disabilities the option of maintaining Medicare coverage while working; and
4. to establish a "Ticket to Work and Self-Sufficiency Program" that allows Social Security disability beneficiaries and blind or disabled Supplemental Security Income beneficiaries to seek the employment services, vocational rehabilitation services and other support services needed to obtain, regain or maintain employment and reduce their dependence on cash benefit programs (Federal Register, Volume 66, Number 249).

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services proposes to implement a Personal Assistant Services Program as an optional service under the Medicaid State Plan to provide personal assistant services to support the employment efforts of Medicaid recipients with disabilities who are age 18 through 64 years old. Disabled is defined as meeting the eligibility criteria established by the Social Security Administration for disability benefits.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that implementation of this proposed Rule will have a positive impact on family functioning, stability, and autonomy as described in R.S. 49:972 as it will provide access to personal assistant services to support the employment efforts of Medicaid recipients with disabilities who are trying to enhance their independence.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following provisions governing the coverage of Personal Assistant Services as an optional service under the Medicaid State Plan to support the employment efforts of recipients with disabilities who are age 18 through 64 years old. Disabled is defined as meeting the eligibility criteria established by the Social Security Administration for disability benefits.

Title 50
PUBLIC HEALTH MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 11. Personal Assistant Services

Chapter 141. Employment Support

§14101. General Provisions
A. The purpose of personal assistant services is to enable an individual to obtain, regain and/or maintain employment. The mission of Medicaid funded personal assistant services is to enhance the individual's independence and thereby reduce their dependency on cash assistance. The intent of this service program is to supplement the family and/or community supports that are available to assist the recipient in securing or maintaining employment in the community.
This service program is not intended to be a substitute for available family and/or community supports. Personal assistant services must be prescribed by a physician or psychiatrist and provided in accordance with an approved service plan and supporting documentation. In addition, personal assistant services must be coordinated with the other Medicaid services being provided to the recipient and will be considered in conjunction with those other services. Personal assistant services will be provided in a manner consistent with the basic principles of consumer direction as set forth in §14107.

B. The responsibility of employers to provide assistance to disabled employees under the Americans with Disabilities Act includes job-related functions, and are not primarily for the personal benefit of the individual with a disability. Personal assistant services provided under this Chapter will not supplant the employer's responsibilities.

C. An assessment shall be performed for every recipient who requests personal assistant services. This assessment shall be utilized to identify the recipient's needs and preferences as related to obtaining and maintaining employment, the availability of family and community supports and to develop the service plan. The Minimum Data Set-Home Care (MDS-HC) System will be used as the basic assessment tool. However, other assessment tools may be utilized as a supplement to the MDS-HC to address the needs of special groups within the target population.

D. Prior Authorization. Personal assistant services must be prior authorized. Requests for prior authorization must be submitted to the Bureau of Health Services Financing or its designee and include a copy of the assessment form and the service plan. Any other pertinent documents that substantiate the recipient's request for services may also be submitted. These documents will be reviewed to determine whether the recipient meets the criteria for personal assistant services and the necessity for the number of service hours requested.

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:

§14105. Recipient Qualifications

A. Personal assistant services to support employment shall be available to recipients with disabilities who are age 18 through 64 years old. Disabled is defined as meeting the eligibility criteria established by the Social Security Administration for disability benefits. The recipient must require assistance with at least two activities of daily living and be able to participate in his/her care and self-direct the services provided by the personal assistant independently or through a responsible representative. Responsible representative is defined as the person designated by the recipient to act on his/her behalf in the process of accessing personal care assistant 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 29:

§14107. Recipient Rights

A. Recipients who receive services under Employment Support Personal Assistant Services Program have the right to actively participate in the development of their service plan and the decision-making process regarding service delivery. Recipients also have the right to freedom of choice in the selection of a provider of personal assistant services and to participate in the following activities:

1. interviewing and selecting the personal assistant who will be providing services;
2. developing the work schedule for their personal assistant;
3. training the individual personal assistant in the specific skills necessary to maintain the recipient's independent functioning while safely maintaining him/her in various settings;
4. developing an emergency component in the service plan that includes a list of personal assistant staff who can serve as back-up when unforeseen circumstances prevent the regularly scheduled personal assistant from providing services;
5. signing off on payroll logs and other documentation to verify staff work hours and to authorize payment;
6. evaluating the personal assistant's job performance; and
7. transferring or discharging the personal assistant assigned to provide their services;
8. an informal resolution process to address their complaints and/or concerns regarding personal assistant services; and
9. a formal resolution process to address those situations where the informal resolution process fails to resolve their complaint.

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:

§14109. Standards for Participation
A. In order to participate as a Personal Assistant Services provider in the Medicaid Program, an agency:
1. must comply with:
   a. state licensing regulations;
   b. Medicaid provider enrollment requirements;
   c. the standards of care set forth by the Louisiana Board of Nursing; and
   d. the policy and procedures contained in the Personal Assistant Services provider manual;
2. must possess a current, valid license for the Client Services Providers, Personal Care Attendant Services Module issued by the Department of Social Services, Bureau of Licensing.
B. In addition, a Medicaid enrolled agency must:
1. either demonstrate experience in successfully providing direct care services to the target population or demonstrate the ability to successfully provide direct care services to the target population;
2. employ a sufficient number of personal assistant and supervisory staff to ensure adequate coverage in the event that a assistant's illness or an emergency prevents him/her from reporting for work;
3. ensure that a criminal background check and drug testing is conducted for all direct care staff prior to an offer of employment being made;
4. ensure that the direct care staff is qualified to provide personal assistant services. Assure that all new staff satisfactorily completes an orientation and training program in the first 30 days of employment;

NOTE: A legally responsible relative is prohibited from being the paid personal assistant for a family member. Legally responsible relative is defined as a recipient's spouse or a parent of a minor child.

5. ensure that an employee has a current, valid driver's license and automobile liability insurance if transportation is furnished. The provider agency must accept the liability for their employee transporting a recipient;
6. assure that all agency staff is employed in accordance with Internal Revenue Service (IRS) and Department of Labor regulations. The subcontracting of individual personal care staff and/or supervisors is prohibited;
7. implement and maintain an internal quality assurance plan to monitor recipient satisfaction with services on an ongoing basis;
8. document and maintain recipient records in accordance with federal and state regulations governing confidentiality and licensing requirements;
9. have written policies and procedures that recognize and reflect the recipient's right to participate in the activities set forth in §14107;
10. have a written policy for an informal resolution process to address recipient complaints and/or concerns regarding personal assistant services; and
11. have a written policy for a formal resolution process to address those situations where the informal resolution process fails to resolve the recipient's complaint.

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:

§14111. (Reserved)

§14113. Place of Service
A. Personal assistant services may be provided in the recipient's home or in another location outside of the recipient's home if the provision of these services allows the recipient to participate in activities to obtain or maintain employment. The recipient's home is defined as the recipient's place of residence including his/her own house or apartment, a boarding house, or the house or apartment of a family member or unpaid primary care-giver. A hospital, an institution for mental disease, a nursing facility, or an intermediate care facility for the mentally retarded, are not considered to be the recipient's home.

B. The provision of services outside of the recipient's home does not include trips outside of the borders of the state. However, consideration will be given when the recipient lives in an area adjacent to the state's border and it is customary for residents of that area to seek medical and other services in the neighboring state or when the recipient is required to travel out of state for employment related business.

C. Personal assistant services shall not be provided in the personal assistant's home. However, consideration will be given if it can be satisfactorily assured that:
1. the selection of the place of service is consistent with the recipient's choice;
2. the recipient's health and safety can be maintained when services are provided in the personal assistant's home; and
3. the services do not substitute for otherwise available family and/or community supports.

D. Place(s) of service must be documented in the service plan and progress notes.

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:

§14115. Service Limitations
A. Personal assistant services shall be limited to up to 56 hours per week. Authorization of service hours shall be considered on a case-by-case basis as substantiated by the recipient's service plan and supporting documentation. An extension of the weekly service limit may be requested and will be considered on the basis of medical necessity.

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:
§14117. Reimbursement Methodology
A. Reimbursement for personal assistant services shall be a prospective flat rate for each approved unit of service that is provided to the recipient. One quarter hour is the standard unit of service for personal assistant services. Reimbursement shall not be paid for the provision of less than one quarter hour of 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 29:

- Implementation of the provisions of this proposed Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.
- Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Tuesday, May 27, 2003 at 9:30 a.m. in the Wade O. Martin Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Personal Assistant Services Employment Support

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)
It is anticipated that the implementation of this proposed Rule will increase state fund expenditures $2,619,441 for SFY 2003-04, $2,698,024 for SFY 2004-05 and $2,778,965 for SFY 2005-2006. It is anticipated that $756 ($378 SGF and $378 FED) will be expended for the state's administrative expense for promulgation of this proposed Rule and the final Rule in SFY 2002-03.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENT UNITS (Summary)
It is anticipated that the implementation of this proposed Rule will increase federal revenue collections by $6,584,497 for SFY 2003-04, $6,782,032 for SFY 2004-05, and $6,985,493 for SFY 2005-2006. $378 is included in SFY 2002-03 for the federal administrative expenses for promulgation of this proposed Rule and the final Rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
This proposed Rule will implement a Personal Assistant Services Program (State response to the federal "Ticket to Work Initiative") as an optional service under the Medicaid State Plan to provide personal care services to Medicaid recipients (approximately 800) with disabilities, between the ages of 18 and 64 years old. Implementation of this proposed Rule will increase expenditures by approximately $9,203,938 for SFY 2003-04, $9,480,056 for SFY 2004-05, and $9,764,458 for SFY 2005-2006.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
There is no known effect on competition. It is anticipated that this proposed Rule will provide Social Security disability beneficiaries and blind or disabled Supplemental Security Income beneficiaries with expanded access to employment services, vocational rehabilitation services or other support services.

Ben A Bearden
Director
0304#053

NOTICE OF INTENT
Department of Social Services
Office of Family Support

Child Care Assistance Program
Proof of Social Security Numbers as an Eligibility Requirement (LAC 67:III.5103)

The Department of Social Services, Office of Family Support, proposes to amend the Louisiana Administrative Code, Title 67, Part III, Subpart 12, Child Care Assistance Program.

Pursuant to clarification found in transmittal ACYF-PI-CC-00-04 from the U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, regarding disclosure of Social Security numbers as part of the eligibility process for child care, the agency proposes to amend §5103, Conditions of Eligibility, by eliminating the requirement that low-income families provide proof of social security numbers for all household members as a condition of eligibility for child care assistance.

Title 67
SOCIAL SERVICES
Part III. Family Support
Subpart 12. Child Care Assistance
Chapter 51. Child Care Assistance
Subchapter B. Child Care Assistance Program
§5103. Conditions of Eligibility
A. - A.1....
B. Low-income families not receiving FITAP cash assistance, including former FITAP recipients who are given priority consideration, must meet the following eligibility criteria.
1. - 6. ...
7. The family requests child care services, provides the information and verification necessary for determining eligibility and benefit amount, and meets appropriate application requirements established by the State. Required verification includes birth verification for all children in need of care, proof of all countable household income, and proof of the hours of all employment/education/training.
C. - D. ...


Family Impact Statement

1. What effect will this Rule have on the stability of the family? Implementation of this Rule should have a positive impact on family stability, as fewer cases may be denied benefits because of the inability to provide proof of Social Security numbers.

2. What effect will this have on the authority and rights of persons regarding the education and supervision of their children? The 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 have on the functioning of the family? This Rule should have no effect on the functioning of the family.

4. What effect will this have on family earnings and family budget? This Rule could positively impact the family's budget as those families previously denied child care assistance for failure to provide proof of Social Security numbers may now be eligible for assistance with child care costs.

5. What effect will this have on the behavior and personal responsibility of children? This Rule should 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 May 29, 2003, to Ann S. Williamson, Assistant Secretary, Office of Family Support, Post Office Box 94065, Baton Rouge, LA, 70804-9065. She is responsible for responding to inquiries regarding this proposed Rule.

A public hearing on the proposed Rule will be held on May 29, 2003, at the Department of Social Services, A.Z. Young Building, Second Floor Auditorium, 755 Third Street, 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).

Gwendolyn P. Hamilton
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Child Care Assistance Program
Proof of Social Security Numbers as an Eligibility Requirement

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

The estimated costs of amending §5103 to remove the requirement of proof of Social Security numbers for all household members will have minimal to no impact on costs other than the cost of publishing rulemaking and printing policy and forms revisions which are estimated to be $5,180.

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

There is 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)

The proposed Rule results in no costs to any persons or non-governmental groups and no economic benefit to nongovernmental groups. A minimal number of low-income families (less than one percent) may benefit from the removal of the eligibility criterion resulting in their eligibility for child care assistance.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed actions will have no impact on competition and employment.

Ann S. Williamson
Assistant Secretary
0304#063

NOTICE OF INTENT

Department of Social Services
Office of Family Support

Support Enforcement Recovery Action
(LAC 67:III.2516)

The Department of Social Services, Office of Family Support, Support Enforcement Services proposes to amend the Louisiana Administrative Code, Title 67, Part III, Subpart 4, Support Enforcement Services (SES), the Support Enforcement Program.

Pursuant to R.S. 46:233.1.C the agency intends to amend the procedure for recovery of erroneous child support payments. The proposed amendment will allow SES to automatically withhold up to 10 percent from an individual's future child support payments to recover loss from erroneous payments; however, the withholding is initiated only after the individual is provided notification and allowed 30 days to arrange for repayment. The proposed procedure will expedite the recovery process for overpayments.

Title 67
SOCIAL SERVICES
Part III. Family Support

Subpart 4. Support Enforcement Services
Chapter 25. Support Enforcement
Subchapter D. Collection and Distribution of Support Payments

§2516. Recovery of Erroneous Child Support Payments

A. Upon notification that an erroneous payment has been made, SES will automatically withhold up to 10 percent from each future child support payment to recover this loss when the individual has given consent to the automatic recovery during the application process. If the individual disagrees with an automatic recovery during the application process, upon notification from SES the individual will be allowed 30 days to arrange for repayment prior to SES initiating action to recover the loss by withholding up to 10 percent of each future support payment.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 23:1327 (October 1997), amended LR 29:

Family Impact Statement

1. What effect will this Rule have on the stability of the family? The proposed Rule could minimally affect the stability of the family since the state will reduce child support payments by 10 percent to compensate for prior overpayments.

2. What effect will this have on the authority and rights of persons regarding the education and supervision of their children? The proposed Rule will not affect 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 not affect the functioning of the family.

4. What effect will this have on family earnings and family budget? The proposed Rule could impact the family's budget by reducing future support payments by 10 percent to compensate for prior overpayment.

5. What effect will this have on the behavior and personal responsibility of children? This Rule will not affect the behavior or 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 May 29, 2003, to Ann S. Williamson, Assistant Secretary, Office of Family Support, P.O. Box 94065, Baton Rouge, LA, 70804-9065. She is responsible for responding to inquiries regarding this proposed Rule.

A public hearing on the proposed Rule will be held on May 29, 2003, at the Department of Social Services, A.Z. Young Building, Second Floor Auditorium, 755 Third Street, 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).

Gwendolyn Hamilton
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Support Enforcement/CRecovery Action

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

The immediate cost of implementing this Rule is estimated to be $1,360 for the cost of publishing the Rule and printing policy, forms and forms instructions.

There are no savings to state or local governmental units.

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

Support Enforcement Services' revenue collections are obtained through application fees, state share of Family Independence Temporary Assistance Program (FITAP) collections, and incentives from the federal government. This Rule will have no effect on revenue collections as the agency will reduce support by 10 percent to compensate for prior overpayments.

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

The custodial parent will be affected minimally since the state will temporarily reduce child support payments by 10 percent to compensate for prior overpayments. There are no anticipated costs to nongovernmental agencies and no economic benefits to any persons or nongovernmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed Rule will have no impact on competition and employment.

Ann S. Williamson
Assistant Secretary
0304#062

H. Gordon Monk
Staff Director
Legislative Fiscal Office
### Administrative Code Update

**CUMULATIVE: JANUARY – MARCH 2003**

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| 32        | III.101       | Amended      | Mar. 340       |            |           |                |              |                |            |
|           |               | Amended      | Mar. 342       |            |           |                |              |                |            |
|           |               | Amended      | Mar. 339       |            |           |                |              |                |            |
|           |               | Amended      | Mar. 343       |            |           |                |              |                |            |
|           |               | Amended      | Mar. 341       |            |           |                |              |                |            |
|           |               | Amended      | Mar. 336       |            |           |                |              |                |            |
|           |               | Amended      | Mar. 338       |            |           |                |              |                |            |
|           |               | Amended      | Mar. 334       |            |           |                |              |                |            |
|           |               | Amended      | Mar. 338       |            |           |                |              |                |            |
|           |               | Amended      | Mar. 337       |            |           |                |              |                |            |

| 33        | I.4501, 4719  | Amended      | Mar. 311       |            |           |                |              |                |            |
|           | I.3003        | Amended      | Mar. 316       |            |           |                |              |                |            |
|           | V.105, 109, 321, 529, 535, 537 | Amended | Mar. 317       |            |           |                |              |                |            |
|           | V.2001, 2219  | Amended      | Mar. 317       |            |           |                |              |                |            |
|           | V.2603, 3001, 3105 | Amended | Mar. 317       |            |           |                |              |                |            |
|           | V.3115, 4513, 4901, 4903 | Amended | Mar. 317       |            |           |                |              |                |            |
|           | VII. Chapters 151-169 | Repealed | Mar. 312       |            |           |                |              |                |            |
|           | XV.503, 573, 575, 577, 578, 579 | Amended | Jan. 33        |            |           |                |              |                |            |
|           | XV.590        | Amended      | Jan. 33        |            |           |                |              |                |            |

| 35        | III.5737      | Adopted      | Jan. 36        |            |           |                |              |                |            |
|           | III.5738      | Repromulgated| Jan. 36        |            |           |                |              |                |            |

| 37        | III.109, 111, 303, 507, 509, 511 | Amended | Mar. 344       |            |           |                |              |                |            |
|           | III.515, 517, 701, 705, 711      | Amended | Mar. 344       |            |           |                |              |                |            |
|           | III.519       | Repealed     | Mar. 344       |            |           |                |              |                |            |
|           | III.715, 901, 1101                | Amended | Mar. 344       |            |           |                |              |                |            |
|           | III.1401, 1403, 1405              | Adopted | Mar. 344       |            |           |                |              |                |            |
|           | III.1501, 1503, 1505, 1507       | Amended | Mar. 344       |            |           |                |              |                |            |
|           | XI.901        | Amended      | Jan. 41        |            |           |                |              |                |            |
|           | XI.2501       | Adopted      | Jan. 41        |            |           |                |              |                |            |

| 42        | VII.1701, 2101, 2325               | Amended | Mar. 362       |            |           |                |              |                |            |
|           | IX.2101, 4103                        | Amended | Mar. 362       |            |           |                |              |                |            |
Potpourri

POTPOURRI
Department of Agriculture and Forestry
Horticulture Commission

Annual Quarantine Listing © 2003

In accordance with LAC 7:XV.107 and 109, we are hereby publishing the annual quarantine.

Sweetpotato Weevil
(Cylas formicarius elegantulus Sum)
(a) In the United States: the states of Alabama, California, Florida, Georgia, Mississippi, North Carolina, South Carolina, Texas and any other state found to have the sweetpotato weevil.
(b) In the state of Louisiana:

Pink Bollworm
(Pectinophora gossypiella Saunders)
Pink bollworm quarantined areas are divided into generally infested and/or suppressive areas as described by USDA-PPQ.

Arizona
   (1) Generally infested area: the entire state.

California
   (1) Generally infested area: The entire counties of: Imperial, Inyo, Los Angeles, Orange, Riverside, San Bernardino, and San Diego.
   (2) Suppressive area: The entire counties of: Fresno, Kern, Kings, Madera, Merced, San Benito, and Tulare.

Nevada
   (1) Generally infested area: The entire counties of Clark and Nye.
   (2) Suppressive area: None.

New Mexico
   (1) Generally infested area: The entire state.

Texas
   (1) Generally infested area: The entire state.

Phytophagous Snails
The states of Arizona and California.

Sugar cane Pests and Diseases
All states outside of Louisiana.

Lethal Yellowing
The states of Florida and Texas.

Tristeza, Xyloporosis, Psorosis, Exocortis.
All citrus growing areas of the United States.

Burrowing Nematode
(Radopholus similis)
The states of Florida and Hawaii and the Commonwealth of Puerto Rico.

Oak Wilt
(Ceratocystis fagacearum)
Arkansas

Illinois
   (1) Entire state.

Indiana
   (1) Entire state.

Iowa
   (1) Entire state.

Kansas

Kentucky

Maryland
   (1) Infected Counties: Allegany, Frederick, Garrett, and Washington.

Michigan

Minnesota
   (1) Infected counties: Anoka, Aitkin, Blue Earth, Carver, Cass, Chicago, Crow Wing, Dakota, Dodge, Fillmore, Freeborn, Goodhue, Hennepin, Houston, Le Sueur, McLeod, Mille Lacs, Morrison, Mower, Nicollet, Olmsted, Ramsey, Rice, Scott, Sherburne, Sibley, Steele, Wabasha, Waseca, Washington, Winona, and Wright.
Missouri
(1) Entire state.

Nebraska
(1) Infected counties: Cass, Douglas, Nemaha, Otoe, Richardson, and Sarpy.

North Carolina
(1) Infected counties: Buncombe, Burke, Haywood, Jackson, Lenoir, Macon, Madison, and Swain.

Ohio
(1) Entire state.

Oklahoma
(1) Infected counties: Adair, Cherokee, Craig, Delaware, Haskell, Latimer, LeFlore, Mayes, McCurtain, McIntosh, Ottawa, Pittsburg, Rogers, Sequoyah, and Wagoner.

Pennsylvania

South Carolina
(1) Infected counties: Chesterfield, Kershaw, Lancaster, Lee, and Richland.

Tennessee

Texas
(1) Infected counties: Bandera, Bastrop, Bexar, Blanco, Bast, Burnett, Dallas, Erath, Fayette, Gillespie, Hamilton, Kendall, Kerr, Lampasas, Lavaca, McLennan, Midland, Tarrant, Travis, Williamson.

Virginia

West Virginia
(1) Infected counties: all counties except Tucker and Webster.

Wisconsin

Phony Peach

Alabama
(1) Entire state.

Arkansas

Florida
(1) Entire state.

Georgia
(1) Entire state.

Kentucky
(1) County of McCracken.

Louisiana
(1) Parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Jackson, Lincoln, Morehouse, Natchitoches, Ouachita, Red River and Union.

Mississippi
(1) Entire state.

Missouri
(1) County of Dunklin.

North Carolina
(1) Counties of Anson, Cumberland, Gaston, Hoke, Polk and Rutherford.

South Carolina
(1) Counties of Aiken, Allendale, Bamberg, Barnwell, Cherokee, Chesterfield, Edgefield, Greenville, Lancaster, Laurens, Lexington, Marlboro, Orangeburg, Richland, Saluda, Spartanburg, Sumter, and York.

Tennessee
(1) Counties of Chester, Crockett, Dyer, Fayette, Hardman, Hardin, Lake, Lauderdale, McNairy, Madison, and Weakley.

Texas
(1) Counties of Anderson, Bexar, Brazos, Cherokee, Freestone, Limestone, McLennan, Milan, Rusk, San Augustine, Smith, and Upshur.

Citrus Canker

(1) Any areas designated as quarantined under the Federal Citrus Canker quarantine 7 CFR 301.75 et seq.

Pine Shoot Beetle

[***Tomicus piniperda (L.)***]

Illinois

Indiana

Maine
(1) Counties of Franklin and Oxford.

Maryland
(1) Counties of Allegany, Frederick, Garrett and Washington.
Michigan

New Hampshire

New York

Ohio

Pennsylvania

Vermont
(1) The entire state.

West Virginia
(1) Counties of Grant, Green, Kenova and Rock.

Any other areas designated as quarantined under the Federal Pine Shoot Beetle quarantine 7 CFR 301.50 et seq.

Bob Odom
Commissioner

0304#015

POTPOURRI
Office of the Governor
Division of Administration
Office of Community Development

Availability of Proposed FY 2004 Consolidated Annual Action Plan

As set forth in 24CFR Part 91, the U.S. Department of Housing and Urban Development (HUD) requires state agencies which administer certain HUD programs to incorporate their planning and application requirements into one master plan called the Consolidated Plan. In Louisiana, the four state agencies participating in this consolidated planning process and the HUD funded program administered by each agency include the Division of Administration/Office of Community Development (Small Cities Community Development Block Grant Program), the Louisiana Housing Finance Agency (HOME Investment Partnerships Program), the Department of Social Services/Office of Community Services (Emergency Shelter Grants Program), and the Department of Health and Hospitals/HIV/AIDS Program (Housing Opportunities for Persons with AIDS Program).

A consolidated plan was prepared which outlines the state's overall housing and community development needs and a strategy for meeting those needs for federal fiscal years 2000-2004 and includes a one year action plan for the distribution of FY 2000 federal funds received for the four aforementioned HUD programs. An annual update or action plan for the distribution of funds must be prepared and publicized for each of the subsequent four program years.

The proposed FY 2004 Consolidated Annual Action Plan which identifies the proposed method of distribution of FY 2004 funds under the four HUD programs, will be available for review beginning April 21, 2003, at the Office of Community Development, Claiborne Building, Suite 7-270, 1201 North Third Street in Baton Rouge. Copies of the proposed annual action plan will also be available for review at the Louisiana Housing Finance Agency at 2415 Quail Drive in Baton Rouge, at the Department of Social Services/Office of Community Services at 333 Laurel Street, Room 821, in Baton Rouge, and at the Department of Health and Hospitals/HIV/AIDS Program Office at 234 Loyola Avenue, Fifth Floor, in New Orleans.

A limited number of the proposed plans will be available for distribution and may be requested in writing or by telephone from any of the four agencies participating in the consolidated planning process. The proposed plan will also be available for viewing and copying on the internet (www.doa.state.la.us/cdbg/cdbg.htm) on or before April 21, 2003.

The following presents a summary of the proposed FY 2004 Consolidated Annual Action Plan.

The state's anticipated federal allocation for the FY 2004 Louisiana Community Development Block Grant (LCDBG) Program is approximately $33,067,000 (subject to federal allocation). The Office of Community Development is proposing to establish the following five program areas for the distribution of these funds.
1. HousingCS$2.45 million will be set aside to provide safe and sanitary living conditions through housing rehabilitation or reconstructed housing for low/moderate income persons.

2. Public FacilitiesCApproximately $23 million will be allocated for water and wastewater systems, streets, and multi-purpose community centers.

3. Economic DevelopmentCS$3.5 million will be allocated to provide loans to businesses for job creation or retention projects and/or to provide grants to local governing bodies for infrastructure improvements which will facilitate the location of a particular business.

4. Demonstrated NeedsCS$2.5 million will be set aside to alleviate critical/urgent needs involving improvements to existing water, wastewater, and gas systems.

5. LaStepC$500,000 will be set aside to fund one or more water and/or wastewater projects which may utilize LCDBG funds for materials, engineering, and administrative costs in conjunction with local resources (human, material, and/or financial). The remainder of the LCDBG funds will be utilized for the state's cost of providing program administration and technical assistance services.

The Louisiana Housing Finance Agency, as the administrator of the state's HOME Program, expects to receive an estimated allocation of approximately $16,248,000 in FY 2004 funds. These funds are intended for use in support of the following affordable housing categories:

1. $2.4 million (or 15 percent of the HOME project allocation) will be set aside for the exclusive use of state-designated community housing development organizations in developing home ownership and rental housing;

2. $2.5 million will be reserved to provide mortgage financing, down payment and closing cost assistance for first time home buyers. These funds are to be used in combination with state mortgage revenue bonds which provide below market rate mortgage financing;

3. $3.7 million will be reserved for other programs;

4. $5 million will be available for primary or secondary financing to for-profit and non-profit developers of multi-family rental housing in HOME non-entitlement areas;

5. $1 million will be available for funding the SHARE Grant Program to provide monies for the rehabilitation of substandard housing owned and occupied by very low income families. The balance of the grant is to be used by the Agency in support of the administration of the various HOME supported programs.

The state's estimated federal allocation for the FY 2004 Emergency Shelter Grants Program (ESGP) is $1,593,000. ESGP funding is dedicated for the rehabilitation, renovation, or conversion of buildings for use as emergency shelters for the homeless, for payment of certain operating costs and social services expenses in connection with emergency shelters for the homeless and for homeless prevention services. The Louisiana Department of Social Services, administrative agency for the Emergency Shelter Grants Program, proposes to distribute the state's funding allocation to eligible units of general local government which may make all or part of the grant amounts available to private non-profit organizations for use in eligible activities. Eligible applicants are defined as governmental bodies for all parish jurisdictions and those city jurisdictions with a minimum population of 10,000. The Department of Social Services shall continue use of a geographic allocation formula (based on factors for low income population) to ensure that each region of the state is allotted a specified minimum of Emergency Shelter Grant assistance. Within each region, grant distribution will be conducted through a competitive grant award process. Among other evaluation criteria, this selection process will consider the extent to which proposed activities will address local needs to "compete the development of a comprehensive system of services which will provide a continuum of care to assist homeless persons to achieve independent living".

The Louisiana Department of Health and Hospitals (DHH), Office of Public Health (OPH), HIV/AIDS Program (HAP) proposes to allocate the FY 2004 Housing Opportunities for Persons With AIDS (HOPWA) grant funds (approximately $997,000) through a 65/35 funding split between community based organizations providing short-term rent, mortgage and utility assistance and residential facilities providing on-site housing and housing services. Each year the state receives housing assistance funds through HOPWA to be disbursed in Regions III through IX. Funding for Regions I and II, the greater New Orleans and Baton Rouge metro areas, is administered through separate grants awarded directly to the municipalities of New Orleans and Baton Rouge.

Currently there are nine community based organizations (CBOs) throughout the state that provide short-term rent, mortgage and utility assistance to low income persons living with HIV/AIDS. These funds are specifically utilized to prevent homelessness or to provide homeless individuals with a safe transitional housing option. Eligible individuals may access HOPWA for short-term housing assistance payments a maximum of five times in a 52-week period. Approximately $624,396 (65 percent of the total FY 2004 HOPWA award) will be allocated to the agencies that score highly on applications submitted in response to the Ryan White Title II Solicitation of Proposals released by the HIV/AIDS Program in October, 2003. These grant funds will be disbursed to Regions II through IX, with a very limited allocation going to Region II for individuals living in parishes in the Region II catchment area but outside the designated Baton Rouge HOPWA municipal boundaries.

The other source of assistance available through HOPWA is the funds allocated to the regional residential facilities. The HIV/AIDS Program currently funds residential facilities in five of the seven funded regions (regions VI and IX do not have such facilities) and those five sites will receive approximately $336,213 (35 percent of the FY 2004 HOPWA allocation). Although these facilities are sole source providers of this service, these funds will be allocated through a competitive statewide HIV/AIDS Residential Facility Solicitation of Application process. These HOPWA funds will be designated for renovation, rehabilitation, acquisition, conversion, lease and repair of facilities, or for the purchase of capital equipment. There is no limit to the number of days an eligible individual may stay at one of these residential facilities.

Written comments on the proposed consolidated annual action plan may be submitted beginning April 21, 2003, and must be received no later than May 21, 2003. Comments may be mailed to the Office of Community Development,
P.O. Box 94095, Baton Rouge, LA 70804-9095 or sent via facsimile to (225) 342-1947.

Mark C. Drennen
Commissioner

POTPOURRI
Office of the Governor
Division of Administration
Office of Community Development

Public Hearing
CFY 2002 Consolidated Annual
Performance and Evaluation Report

As set forth in 24 CFR Part 91, the U.S. Department of Housing and Urban Development (HUD) requires state agencies which administer certain HUD programs to incorporate their planning and application requirements into one master plan called the Consolidated Plan. In Louisiana the four state agencies participating in this consolidated planning process and the HUD-funded program administered by each agency include the Division of Administration/Office of Community Development (Small Cities Community Development Block Grant Program), the Louisiana Housing Finance Agency (HOME Investment Partnerships Program), the Department of Social Services/Office of Community Services (Emergency Shelter Grants Program), and the Department of Health and Hospitals/HIV/AIDS Program (Housing Opportunities for Persons with AIDS Program). A summary of the four programs follows.

The Small Cities Community Development Block Grant Program provides financial assistance to parishes of less than 100,000 and municipalities with a population of less than 50,000 in their efforts to provide a suitable living environment, decent housing, essential community facilities, and expanded economic opportunities. Eligible activities include community infrastructure systems such as water, sewer, and street improvements, community centers, housing rehabilitation, and economic development assistance in the form of grants and loans. Projects funded under this program must principally benefit persons of low and moderate income.

The objectives of the Home Investment Partnerships Program are: to expand the supply of decent and affordable housing for low and very low income persons, to stabilize the existing deteriorating owner occupied and rental housing stock through rehabilitation, to provide financial and technical assistance to recipients/subrecipients, and to extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations, in the production and operation of affordable housing.

The purpose of the Emergency Shelter Grants Program is to help local governments and community organizations to improve and expand shelter facilities serving homeless individuals and families, to meet the cost of operating homeless shelters, to provide essential services, and to perform homeless prevention activities.

The Housing Opportunities for Persons with AIDS Program provides localities with the resources and incentives to devise and implement long-term comprehensive strategies for meeting the housing needs of persons with acquired immuno-deficiency syndrome (AIDS) or related diseases and their families.

The four agencies implementing these programs are preparing their consolidated annual performance and evaluation report for the FY 2002 program year which ended March 31, 2003. The purpose of that document is to report on the progress the state has made in addressing the goals and objectives identified in its Consolidated Plan for FY 2000-FY 2004 and FY 2002 Consolidated Annual Action Plan.

The state will hold a public hearing to receive comments on the state's performance during the FY 2002 program year. Copies of the consolidated annual performance and evaluation report will be available for review and each agency will present a summary of its accomplishments as identified in the performance report. For those persons who are unable to attend the public hearings, copies of the performance report will be available for review beginning May 6, 2003, at the Office of Community Development, Claiborne Building, Suite 7-270, 1201 North Third Street in Baton Rouge, at the Louisiana Housing Finance Agency at 2415 Quail Drive in Baton Rouge, at the Department of Social Services/Office of Community Services at 333 Laurel Street, Room 821 in Baton Rouge, and at the Department of Health and Hospitals/HIV/AIDS Program Office at 234 Loyola Avenue, Fifth Floor in New Orleans. Written comments on the performance report may be submitted beginning May 6, 2003, and will be accepted until May 21, 2003. Comments may be mailed to the Office of Community Development, Post Office Box 94095, Baton Rouge, LA 70804-9095 or faxed to (225) 342-1947.

The public hearing will be held on May 6, 2003, at 1:30 p.m. in the meeting room of the West Baton Rouge Parish Library, 830 North Alexander Avenue, Port Allen, Louisiana. This facility is accessible to persons with physical disabilities. Non-English speaking persons and persons with other disabilities requiring special accommodations should contact the Office of Community Development at (225) 342-7412 or TDD (225) 342-7422 or at the mailing address or fax number in the preceding paragraph at least five working days prior to the hearing.

Mark C. Drennen
Commissioner

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.
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January 1, 2003-March 31, 2003. There were 44 claims paid $137,656.40 were receive d for paym ent during the period seq., notic e is gi ven t hat 45 cl aims in t he am ount of

In accordance with the provisions of R.S. 56:700.1 et. seq., notice is given that 45 claims in the amount of $137,656.40 were received for payment during the period January 1, 2003-March 31, 2003. There were 44 claims paid and 1 claim denied. Loran Coordinates of reported underwater obstructions are:

26864 46970 Cameron
27620 46966 Iberia
27622 46917 St Mary
27935 46844 Lafourche
27936 46855 Terrebonne
27987 46835 Terrebonne
28360 46829 Lafourche
28522 46854 Jefferson
28556 46881 Jefferson
28573 46898 Jefferson
28703 46864 Jefferson

2903.312 8920.996 Plaquemines
2904.670 8906.560 Plaquemines
2907.730 9015.840 Lafourche
2911.458 9005.353 Terrebonne
2912.091 9054.594 Terrebonne
2915.560 8955.585 Jefferson
2915.600 9020.037 Lafourche
2918.508 9001.101 Jefferson
2919.927 8957.140 Jefferson
2920.761 8958.465 Jefferson
2921.767 9048.135 Terrebonne
2923.067 9039.566 Terrebonne
2924.178 9002.579 Jefferson
2924.614 9002.783 Jefferson
2925.513 9032.842 Terrebonne
2931.062 8946.186 Plaquemines
2931.470 9007.587 Jefferson
2936.244 8946.563 Plaquemines
2938.341 9010.369 Jefferson
2941.299 8923.347 St Bernard
2942.610 8922.790 St Bernard
2946.956 9152.883 Iberia
2947.128 8927.265 St Bernard
2948.048 9155.640 Vermilion
2948.798 9155.640 Vermilion
2949.933 8924.613 St Bernard
2950.303 8932.876 St Bernard
2950.451 8715.932 St Bernard
2958.785 8936.354 St Bernard
2958.785 8936.354 St Bernard
3003.060 8946.600 Orleans
3003.980 9001.040 Orleans

A list of claimants and amounts paid can be obtained from Verlie Wins, Administrator, Fishermen’s Gear Compensation Fund, P.O. Box 44277, Baton Rouge, LA 70804 or you can call (225) 342-0122.

Jack C. Caldwell
Secretary

0304#034
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ERCE Emergency Rule
RC Rule
NC Notice of Intent
CRC Committee Report
GRG Governor’s Report
LCL Legislation
PC Potpourri

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