CONTENTS June 2013

I. EXECUTIVE ORDERS

BJ 13-08 Regulatory Review of Permits Related to Bayou Corne Sinkhole 1376
BJ 13-09 Bond Allocation—Louisiana Public Facilities Authority 1377

II. EMERGENCY RULES

Agriculture and Forestry

Office of the Commissioner—Fees (LAC 7:XXI.1507) 1378

Children and Family Services

Economic Stability Section, Use of TANF Benefits (LAC 67:III.1259 and 5351) 1378

Health and Hospitals

Board of Pharmacy—Compounding for Prescriber Use (LAC 46:LIII.2535) 1379
Bureau of Health Services Financing—Coordinated Care Network (LAC 50:I.3103-3109, 3303, and 3307) 1380
Disproportionate Share Hospital Payments—Public-Private Partnerships (LAC 50:V.Chapter 29) 1382
Early and Periodic Screening, Diagnosis and Treatment—School-Based Nursing Services (LAC 50:XV.Chapter 95) 1383
Hospice Services (LAC 50:XV.Chapters 3301, 3501, 3503, 3505, 3701, 3703, 3901, 4101, 4303, 4305, and 4309) 1386
Inpatient Hospital Services—Major Teaching Hospitals—Qualifying Criteria (LAC 50:V.1301-1309) 1389
Inpatient Hospital Services—Public-Private Partnerships—Supplemental Payments (LAC 50:V.Chapter 17) 1391
Inpatient Hospital Services—Repeal of Public-Private Partnerships—Reimbursement Methodology 1392
Intermediate Care Facilities for Persons with Developmental Disabilities—Reimbursement Rate Reduction (LAC 50:VII.32903) 1392
Medical Transportation Program—Emergency Ambulance Services—Supplemental Payments (LAC 50:XXVII.327 and 355) 1393
Nursing Facilities—Reimbursement Methodology—Low Income and Needy Care Collaboration (LAC 50:II.20025) 1395
Nursing Facilities—Reimbursement Methodology—Private Room Conversions (LAC 50:II.20010) 1396
Nursing Facilities—Reimbursement Rate Reduction—After State Fiscal Year 2013 (LAC 50:II.20005) 1397
Nursing Facilities—Reimbursement Rate Reduction—Before State Fiscal Year 2013 (LAC 50:II.20005) 1398
Outpatient Hospital Services—Public-Private Partnerships—Supplemental Payments (LAC 50:V.Chapter 67) 1398
Personal Care Services—Long Term—Reimbursement Rate Reduction (LAC 50:XV.12917) 1399
Pharmacy Benefits Management Program—Methods of Payment (LAC 50:XXIX.105 and Chapter 9) 1400
Professional Services Program—Anesthesia Services—Reimbursement Rate Reduction (LAC 50:IX.15133 and 15135) 1403
Professional Services Program—Family Planning Services—Reimbursement Rate Reduction (LAC 50:IX.15143) 1404
Professional Services Program—Immunizations—Reimbursement Methodology (LAC 50:IX.8305 and 8505) 1405
Professional Services Program—Physicians Services—Reimbursement Methodology (LAC 50:IX.15113) 1406
Professional Services Program—Reimbursement Methodology—Supplemental Payments (LAC 50:IX.15151 and 15153) 1407
Prosthetics and Orthotics—Reimbursement Rate Reduction (LAC 50:XVII.501) 1409
Substance Abuse Services—Reimbursement Rate Reduction (LAC 50:XXXIII.14701) 1410
Targeted Case Management—Reimbursement Rate Reduction (LAC 50:XV.10701) 1410
Licensed Professional Counselors Board of Examiners—Practice of Mental Health Counseling for Serious Mental Illnesses (LAC 46:LX.505) 1411
Office of Aging and Adult Services—Personal Care Services—Long Term—Reimbursement Rate Reduction (LAC 50:XV.12917) 1399
Office of Behavioral Health—Substance Abuse Services—Reimbursement Rate Reduction (LAC 50:XXXIII.14701) 1410

Wildlife and Fisheries

Wildlife and Fisheries Commission—Red Snapper Recreational Season Modification 1412

This public document was published at a total cost of $3,000. Five hundred copies of this public document were published in this monthly printing at a cost of $3,000. The total cost of all printings of this document including reprints is $3,000. This document was published by Moran Printing, Inc. 5425 Florida Boulevard, Baton Rouge, LA 70806, as a service to the state agencies in keeping them cognizant of the new rules and regulations under the authority of R.S. 49:950-971 and R.S. 49:981-999. This material was printed in accordance with standards for printing by state agencies established pursuant to R.S. 43:31. Printing of this material was purchased in accordance with the provisions of Title 43 of the Louisiana Revised Statutes.

The Office of the State Register provides auxiliary aids for the *Louisiana Register* for visually impaired individuals. By appointment, oral presentation of the *Register* is available at the Office of the State Register, or an audiocassette tape of requested sections of the *Register* can be provided for the cost incurred by the Office of the State Register in producing such a tape. For more information contact the Office of the State Register.

III. RULES

Agriculture and Forestry
Office of Agricultural and Environmental Sciences, Structural Pest Control Commission—Termite Control Trench and Treat (LAC 7:XXV.141) 1413
Children and Family Services
Economic Stability—Drug Screening, Energy Assistance, and Substance Abuse Treatment Programs (LAC 67:III.1249, 1290, 1291, and 5563) 1413
Civil Service
Board of Ethics—Investigation and Hearing Procedures (LAC 52:I.Chapters 7-8 and 10-11) 1415
Economic Development
Office of Business Development—Competitive Projects Tax Exemption Program (LAC 13:I.Chapter 47) 1419
Education
Board of Elementary and Secondary Education—Bulletin 111—The Louisiana School, District, and State Accountability System (LAC 28:LXXXIII.301, 409, and 521) 1421
Bulletin 118—Statewide Assessment Standards and Practices (LAC 28:CXI.1127, 1129, 1711, 1713, 1715, 1717, and 3501) 1422
Bulletin 126—Charter Schools (LAC 28:CXXXIX. 503, 505, 507, 509, 511, 513, 515, 517, 518, 523, 901, 1101, 1105, 1303, 1503, 2501, and 2709) 1431
Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators (LAC 28:LXXIX.Chapters 1-33) 1438
Bulletin 746—Louisiana Standards for State Certification of School Personnel (LAC 28:CXXXI.233, 235, 237, 240, 243, 348, 405, 409, 605, 607, 609, 629, 630, 631, 633, 648, 659, 703, 705, 707, 721, and 723) 1459
Environmental Quality
Office of the Secretary, Legal Division—Lead Notification (LAC 33:III.2801, 2803, 2807, 2811, 2813, 2815, 2817, 2819 and 2821)(AQ336) 1466
Health and Hospitals
Bureau of Health Services Financing—Facility Need Review—Exception Criteria for Bed Approvals (LAC 48:I.12533 and 12535) 1469
Inpatient Hospital Services—Non-Rural, Non-State Public Hospitals—Reimbursement Methodology (LAC 50:V.963) 1470
Nursing Facilities—Standards for Payment—Level of Care Determinations (LAC 50:II.10154 and 10156) 1471
Outpatient Hospital Services—Non-Rural, Non-State Public Hospitals—Supplemental Payments (LAC 50:V.5315, 5515, 5717, 5915 and 6117) 1472
Office of Aging and Adult Services—Nursing Facilities—Standards for Payment—Level of Care Determinations (LAC 50:II.10154 and 10156) 1471
Natural Resources
Office of Coastal Management—Mitigation Bank Review Procedures (LAC 43:I.700 and 724) 1474
Public Safety and Corrections
Office of the State Fire Marshal—Code Enforcement and Building Safety—Fire Protection (LAC 55:V.103 and 303) 1478
Transportation and Development
Professional Engineering and Land Surveying Board—Compiled As-Built Record Drawings and Continuing Professional Development Credit for Thesis Directors (LAC 46:LXI.2701, 3111, and 3113) 1481
Treasury
Board of Trustees of the Municipal Police Employees' Retirement System—Internal Revenue Code Provisions (LAC 58:XVIII.Chapter 1) 1482

IV. NOTICES OF INTENT

Agriculture and Forestry
Office of the Commissioner—Fees (LAC 7:XXI.1507) 1490
Children and Family Services
Child Support Enforcement Section—Support Enforcement Services (LAC 67:III.2305) 1491
Education
Board of Elementary and Secondary Education—Bulletin 105—Louisiana Content Standards for Programs Serving Four-Year Old Children (LAC 28:LXXVII.Chapters 1-9) 1492
Bulletin 111—The Louisiana School, District, and State Accountability System (LAC 28:LXXXIII.301, 303, 413, 515, 613, and 1301) 1497
Bulletin 118—Statewide Assessment Standards and Practices—Performance Standards (LAC 28:CXI.1813) 1500
Bulletin 136—The Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years (LAC 28:CLIX.Chapters 1-11) 1502
Bulletin 1179—Driver Education, Traffic Safety, and Administrative Guide for Louisiana Schools (LAC 28:XXXI.Chapters 1-15) 1539
Bulletin 1934—Starting Points Preschool Regulations (LAC 28:XXI.Chapters 1, 3 and 5) 1542

Environmental Quality
Office of the Secretary, Legal Division—Carbamate Treatment Standards (LAC 33:V.2299) (HW113ft) 1544
Removal of Saccharin from Hazardous Waste List (LAC 33:V.2267, 2299, 3105, 4901, and 4903) (HW112ft) 1551
Governor
Division of Administration, Office of Facility Planning and Control—Building Code (LAC 34:III.131) 1553
Real Estate Commission—Buyer Broker Compensation; Written Disclosure and Acknowledgment (LAC 46:LXVII.3503) 1554
Health and Hospitals
Board of Wholesale Drug Distributors—Requirements, Qualifications, and Recordkeeping (LAC 46:XCI.301, 305, and 311) 1555
Bureau of Health Services Financing—Home- and Community-Based Services Waivers—Adult Day Health Care (LAC 50:XXI.2101, 2103, 2105, 2107, 2301, 2305, 2501, 2503, 2701, 2703, and 2901) 1557
Home- and Community-Based Services Waivers—Children's Choice—Policy Clarifications and Self-Direction Service Initiative (LAC 50:XXI.Chapters 111-123) 1560
Home- and Community-Based Services Waivers—Support Coordination Standards for Participation (LAC 50:XXI.Chapter 5) 1569
Outpatient Hospital Services—Diabetes Self-Management Training (LAC 50:V.Chapter 63) 1578
Personal Care Services—Long-Term—Policy Clarifications and Service Limit Reduction (LAC 50:XV.12901-12915) 1580
Professional Services Program—Diabetes Self-Management Training (LAC 50:IX.Chapter 7 and 15103) 1584
Prosthetics and Orthotics—Reimbursement Rate Reduction (LAC 50:XVII.501) 1586
Psychiatric Residential Treatment Facilities—Licensing Standards (LAC 48:I.9003, 9009, 9077, 9093, and 9097) 1587
Office for Citizens with Developmental Disabilities—Home and Community-Based Services Waivers Children's Choice—Policy Clarifications and Self-Direction Service Initiative (LAC 50:XXI.Chapters 111-123) 1560
Office of Aging and Adult Services—Home- and Community-Based Services Waivers—Adult Day Health Care (LAC 50:XXI.2101, 2103, 2105, 2107, 2301, 2305, 2501, 2503, 2701, 2703, and 2901) 1557
Home- and Community-Based Services Waivers—Support Coordination Standards for Participation (LAC 50:XXI.Chapter 5) 1569
Personal Care Services—Long-Term—Policy Clarifications and Service Limit Reduction (LAC 50:XV.12901-12915) 1580
Natural Resources
Office of Conservation—Records (LAC 43:XIX.107) 1589
Public Safety and Corrections
Office of Motor Vehicles—CDL Driver's Licenses—Third Party Testers (LAC 55:III.117) 1590
International Registration Plan (LAC 55:III.325) 1591
Uniform Construction Code Council—Uniform Construction Code (LAC 55:VI.301) 1592
Transportation and Development
Office of Engineering—Automatic License Plate Camera Devices (LAC 70:II.527) 1597
Wildlife and Fisheries
Wildlife and Fisheries Commission—Traversing Louisiana Territorial—Waters by Mississippi Residents (LAC 76:VII.375) 1598
Workforce Commission
Office of Workers' Compensation—Medical Guidelines (LAC 40:I:2001-2011, 2015-2023, 2103, 2119, 2203, 2217, 2303, and 2317) 1600

V. POTPOURRI
Governor
Real Estate Appraiser Board—Public Hearing—Substantive Changes to Proposed Rule—Real Estate (LAC 46:LXVII.30302, 30401, 30501, 30900, and 31101) 1646
Health and Hospitals
Office of Public Health, Bureau of Family Health—Maternal and Child (MCH) Block Grant Application 1646
Insurance
Office of Health Insurance—Annual HIPAA Assessment Rate 1646
Natural Resources
Office of Conservation—Electric Well Logs (LAC 43:XIX.107) 1648
Legal Notice—Docket No. ENV 2013-L02 1648
Orphaned Oilfield Sites 1648
Office of the Secretary, Fishermen's Gear Compensation Fund—Underwater Obstructions Latitude/Longitude Coordinates 1649

VI. INDEX 1650

Executive Orders

EXECUTIVE ORDER BJ 13-082

Regulatory Review of Permits
Related to Bayou Corne Sinkhole

WHEREAS, pursuant to the Louisiana Homeland Security and Emergency Assistance and Disaster Act, R.S. 29:721, et seq., a state of emergency was declared through Proclamation No. 82 BJ 2012 (Threat of Subsidence and Subsurface Instability) due to the rapid development of a sinkhole, several acres in size, which threatened and continues to threaten nearby residents in the vicinity of Bayou Corne, in Assumption Parish; and

WHEREAS, the Louisiana Homeland Security and Emergency Assistance and Disaster Act, R.S. 29:721, et seq., confers upon the Governor of the State of Louisiana emergency powers to deal with emergencies and disasters, including those caused by fire, flood, earthquake or other natural or manmade causes, to ensure that preparations of this state will be adequate to deal with such emergencies or disasters, and to

WHEREAS, the Louisiana preserve the lives and property of the citizens of the State of Louisiana; and Homeland Security and Emergency Assistance and Disaster Act, R.S. 29:721, et seq., also confers upon the Governor of the State of Louisiana the authority to issue executive orders, proclamations, and issue, amend, or rescind regulations in order to meet the dangers to the state and people presented by emergencies or disasters; and

WHEREAS, the Department of Natural Resources, Office of Conservation, maintains statutory jurisdiction and authority to regulate the exploration and conservation of oil, gas, and other minerals pursuant to R.S. 30:1, et seq., and administrative rules promulgated pursuant thereto, through means including the issuance, review, and revocation of permitted activities; and

WHEREAS, when a permitted activity poses a threat or creates harm to the environmental quality of the State, the Department of Natural Resources, Office of Conservation is aided by additional state and federal agencies charged with the protection, response, and recovery of the State's environmental quality; and

WHEREAS, pursuant to the mineral conservation laws of Louisiana, R.S. 30:1, et seq., a declaration of emergency was issued on August 3, 2012 by the Department of Natural Resources, Office of Conservation, ordering Texas Brine Company, LLC ("Texas Brine") to undertake all necessary and appropriate actions to protect against damage to the environment and prevent threats to public safety associated with its operation of a salt dome facility in the vicinity of Section 40, Township 12 South, Range 13 East, in Assumption Parish; and

WHEREAS, over the following months, it became necessary for the Department of Natural Resources, Office of Conservation, to issue a multitude of additional emergency declarations, directives, compliance orders, and penalties to compel Texas Brine to effectuate the express purpose of the August 3, 2013 emergency declaration – *protect against damage to the environment and prevent threats to public safety*; and

WHEREAS, on March 14, 2013, Texas Brine officials met with State and local officials and pledged to extend settlement offers over the following several weeks, including buyouts, to residents forced to evacuate their homes as a result of the threat posed by the sinkhole at Bayou Corne, and further agreed to reimburse local and state officials for the response costs associated with this incident; and

WHEREAS, as of this date, Texas Brine has missed multiple deadlines to extend these settlement offers and no such buyouts have occurred, calling into question the willingness of Texas Brine to fulfill its pledge to the residents of Bayou Corne and others impacted by its operations, the company's financial ability to meet the obligations created by its salt dome operations in Assumption Parish, and the adequacy of its insurance coverage for its operations in Assumption Parish and elsewhere at any of its other permitted sites in the State of Louisiana; and

NOW THEREFORE, I, Bobby Jindal, Governor of the State of Louisiana, by virtue of the authority vested by the Constitution and the laws of the State of Louisiana, do hereby order and direct as follows:

SECTION 1: The Commissioner of Conservation shall conduct a complete review of the permits issued to Texas Brine in connection with its operations of salt cavern wells in the vicinity of Section 40, Township 12 South, Range 13 East, in Assumption Parish, as well as all permits issued to Texas Brine throughout the State, in order to determine if Texas Brine's current financial condition indicates that such permit(s) should be modified, revoked and reissued, or terminated.

SECTION 2: All departments, commissions, boards, offices, entities, agencies, and officers of the State of Louisiana, or any political subdivision thereof with any regulatory program implicated by the emergency situation near Bayou Corne in Assumption Parish, shall review to determine whether Texas Brine remains capable of meeting its regulatory obligations. At a minimum, this review shall include the following potential regulatory requirements in light of current conditions at the sinkhole:

A. The Louisiana Hazardous Waste Management Program;

B. NPDES Program under the Clean Water Act;

C. Underground Injection Control (UIC) Program;

D. Exploration and Production Waste Management Program;

E. Dredge or fill permits under Section 404 of the Clean Water Act; and

F. Other relevant environmental permitting and regulatory requirements, including, but not limited to any state permits issued under the Louisiana Coastal Resources Program or the Louisiana Natural and Scenic Streams System;

SECTION 3: In light of Texas Brine's inability to meet its previous commitments, the Commissioner of Conservation shall conduct a review of the ongoing financial ability of Texas Brine to meet the financial obligations resulting from its salt dome operations in Assumption Parish and elsewhere at any of its other permitted sites in the State of Louisiana, as well as the adequacy of its insurance coverage for the company's operations in Assumption Parish and elsewhere at any of its other permitted sites in the State of Louisiana.

SECTION 4: All departments, commissions, boards, offices, entities, agencies, and officers of the State of Louisiana, or any political subdivision thereof, are authorized and directed to cooperate in the implementation of the provisions of this Order.

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

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, on this 20th day of May, 2013.

Bobby Jindal
Governor

ATTEST BY
THE GOVERNOR
J. Thomas Schedler
Secretary of State
1306#082

EXECUTIVE ORDER BJ 13-09

Bond Allocation—Louisiana Public Facilities Authority

WHEREAS, pursuant to the Tax Reform Act of 1986 and Act 51 of the 1986 Regular Session of the Louisiana Legislature, Executive Order No. BJ 2008-47 was issued to establish:

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

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

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

WHEREAS, The Louisiana Public Facilities Authority has applied for an allocation of the 2013 Ceiling to be used in connection with the financing by Louisiana Pellets, Inc. of the acquisition, construction, improvement, and expansion of certain solid waste disposal facilities consisting of an approximately, 393,000 square-foot facility on approximately 334 acres of land to be used for a wood pellets production plant, the primary purpose of which is the processing of wood waste to manufacture biomass wood pellets (the "Project") to be located in the Parish of LaSalle, State of Louisiana, within the boundaries of the Issuer; and

NOW THEREFORE, I, BOBBY JINDAL, Governor of the State of Louisiana, by virtue of the authority vested by the Constitution and the laws of the State of Louisiana, do hereby order and direct as follows:

SECTION 1: The bond issue, as described in this Section, shall be and is hereby granted an allocation from the 2013 Ceiling in the amount shown.

Amount of Allocation	Name of Issuer	Name of Project
$25,000,000	Louisiana Public Facilities Authority	Louisiana Pellets, Inc.

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

SECTION 3: The allocation granted herein shall be valid and in full force and effect through December 31, 2013, provided that such bonds are delivered to the initial purchasers thereof on or before September 3, 2013.

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

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

IN WITNESS WHEREOF, I have set my hand officially and caused to be affixed the Great Seal of Louisiana, at the Capitol, in the city of Baton Rouge, on this 6th day of June, 2013.

Bobby Jindal
Governor

ATTEST BY
THE GOVERNOR
J. Thomas Schedler
Secretary of State
1306#083

Emergency Rules

DECLARATION OF EMERGENCY

Department of Agriculture and Forestry
Office of the Commissioner

Fees (LAC 7:XXI.1507)

In accordance with the Administrative Procedure Act (APA), R.S. 49:950 et seq., and the enabling statutes, R.S. 3:3101 and R.S. 3:3107, the commissioner of agriculture and forestry is exercising the emergency provisions of the APA to increase the regulatory fee charged to alternative livestock farms from $50 to $250.

Currently, the Department of Agriculture and Forestry issues licenses and renewal of licenses to farm-raised alternative livestock farms for $50 per license or license renewal. This fee defrays the cost of inspecting the farms and the alternative livestock on the farms, administering alternative livestock related programs and enforcement of laws and regulations governing alternative livestock. The regulatory fee being collected is insufficient to cover the cost of regulating the alternative livestock industry and providing services to the industry and the department does not have budgeted funds from other sources that can be used to continue to subsidize these costs. Without a fee increase the department will have to substantially curtail or cut enforcement and services. Curtailment of enforcement creates a risk, which is not now present, of importation into this state of white-tailed deer or other cervidae that are diseased or may have been exposed to disease. This risk would place both the farm-raised cervidae population and wild population of white-tailed deer at risk and jeopardize both the alternative livestock industry and the wild white-tailed deer hunting industry. Utilizing the emergency adoption provisions of the APA is necessary to insure that these programs will have adequate funding for the rest of the fiscal year and beyond.

Permanent adoption of the fee increase under the APA will occur. However, this process takes up to six months to complete and would cause budgetary deficits that are not allowed by law and which would trigger substantial cuts to services and enforcement. Such cuts would, for the reasons stated above, create an imminent peril to the alternative livestock and white-tailed deer populations of this state, the industries associated with the animals, and ultimately to the health and welfare of Louisiana citizens.

This Emergency Rule is effective immediately upon signing and will remain in effect for 120 days from May 15, 2013 or until the permanent Rule becomes effective, whichever occurs first.

Title 7
AGRICULTURE AND ANIMALS
Part XXI. Diseases of Animals

§1507. Fees

A. Farm-Raising License Fees

1. The fee for a new farm-raising license shall be $250.

2. The farm-raising license renewal fee shall be $250.

B. - C.4. ….

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3101 and R.S. 3:3107.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of the Commissioner, LR 24:282 (February 1998), amended LR 24:1672 (September 1998), LR 39:

Mike Strain, DVM
Commissioner

1306#001

DECLARATION OF EMERGENCY

Department of Children and Family Services
Economic Stability Section

Use of TANF Benefits (LAC 67:III.1259 and 5351)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B), the Department of Children and Family Services (DCFS) proposes to adopt LAC 67:III, Subpart 2, Family Independence Temporary Assistance Program (FITAP), Chapter 12, Subchapter B, Section 1259 and Subpart 13, Kinship Care Subsidy Program (KCSP), Chapter 53, Subchapter B, Section 5351. This declaration is necessary to extend the original Emergency Rule since it is effective for a maximum of 120 days and will expire before the final Rule takes effect. This Emergency Rule extension is effective on June 28, 2013 and will remain in effect until the final Rule becomes effective.

Sections 1259, Use of FITAP Benefits and 5351, Use of KCSP Benefits adopt provisions necessary to prevent cash assistance provided under the FITAP and KCSP programs from being used in any electronic benefit transfer (EBT) transaction in a liquor store, gambling casino or gaming establishment, or any retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment purposes, or at any retailer for the purchase of an alcoholic beverage, a tobacco product, or a lottery ticket. Penalties are defined for recipients who are determined to violate these provisions.

Adoption is pursuant to Act 13 of the 2012 Regular Session of the Louisiana Legislature which authorizes DCFS to promulgate emergency rules to facilitate the expenditure of Temporary Assistance for Needy Families (TANF) funds. This action is aimed at preventing TANF transactions at specified locations and for certain types of purchases determined to be inconsistent with the purpose of TANF, which is financial assistance to help pay for the family's ongoing basic needs, such as food, shelter, and clothing. This rule is necessary to comply with the Middle Class Tax Relief and Job Creation Act of 2012, section 4004 (Pub. L. 112–96). Failure to adopt these provisions could result in noncompliance with federal regulations and the imposition of penalties.

Title 67
SOCIAL SERVICES
Part III. Economic Stability
Subpart 2. Family Independence Temporary Assistance Program
Chapter 12. Application, Eligibility, and Furnishing Assistance
Subchapter B. Conditions of Eligibility
§1259. Use of FITAP Benefits

A. FITAP benefits shall not be used in any electronic benefit transfer transaction in:

1. any liquor store;
2. any gambling casino or gaming establishment; or
3. any retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment purposes.

B. FITAP benefits shall not be used in any electronic benefit transfer transaction at any retailer for the purchase of:

1. an alcoholic beverage as defined in R.S. 14.93.10(3);
2. a tobacco product as defined in R.S. 14.91.6(B); or
3. a lottery ticket as defined in R.S. 47:9002(2).

C. For purposes of this Section, the following definitions and provisions apply.

1. The term *liquor store* is defined as any retail establishment that sells exclusively or primarily intoxicating liquor. It does not include a grocery store that sells both intoxicating liquor and groceries, including staple foods.
2. The terms *gambling casino* and *gaming establishment* do not include a grocery store that sells groceries, including staple foods, and that also offers, or is located within the same building or complex as casino, gambling, or gaming activities, or any other establishment that offers casino, gambling, or gaming activities incidental to the principal purpose of the business.
3. The term *electronic benefit transfer transaction* means the use of a credit or debit card service, automated teller machine, point-of-sale terminal, or access to an online system for the withdrawal of funds or the processing of a payment for merchandise or a service.

D. The FITAP case of a FITAP recipient who is determined to have violated the provisions of this Section shall be closed for the following time periods:

1. 12 months for the first offense;
2. 24 months for the second offense; and
3. permanently for the third offense.

AUTHORITY NOTE: Promulgated in accordance with P.L. 112–96.

HISTORICAL NOTE: Promulgated by the Department of Children and Family Services, Economic Stability Section, LR 39:

Subpart 13. Kinship Care Subsidy Program (KCSP)
Chapter 53. Application, Eligibility, and Furnishing Assistance
Subchapter B. Conditions of Eligibility
§5351. Use of KCSP Benefits

A. KCSP benefits shall not be used in any electronic benefit transfer transaction in:

1. any liquor store;
2. any gambling casino or gaming establishment; or
3. any retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment purposes.

B. KCSP benefits shall not be used in any electronic benefit transfer transaction at any retailer for the purchase of:

1. an alcoholic beverage as defined in R.S. 14.93.10(3);
2. a tobacco product as defined in R.S. 14.91.6(B); or
3. a lottery ticket as defined in R.S. 47:9002(2).

C. For purposes of this Section, the following definitions and provisions apply:

1. The term *liquor store* is defined as any retail establishment that sells exclusively or primarily intoxicating liquor. It does not include a grocery store that sells both intoxicating liquor and groceries, including staple foods.
2. The terms *gambling casino* and *gaming establishment* do not include a grocery store that sells groceries, including staple foods, and that also offers, or is located within the same building or complex as casino, gambling, or gaming activities, or any other establishment that offers casino, gambling, or gaming activities incidental to the principal purpose of the business.
3. The term *electronic benefit transfer transaction* means the use of a credit or debit card service, automated teller machine, point-of-sale terminal, or access to an online system for the withdrawal of funds or the processing of a payment for merchandise or a service.

D. The KCSP case of a KCSP recipient who is determined to have violated the provisions of this Section shall be closed for the following time periods:

1. 12 months for the first offense;
2. 24 months for the second offense; and
3. permanently for the third offense.

AUTHORITY NOTE: Promulgated in accordance with P.L. 112–96.

HISTORICAL NOTE: Promulgated by the Department of Children and Family Services, Economic Stability Section , LR 39:

Suzy Sonnier
Secretary

1306#028

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Board of Pharmacy

Compounding for Prescriber Use (LAC 46:LIII.2535)

The Louisiana Board of Pharmacy is exercising the emergency provisions of the Administrative Procedure Act, specifically at R.S. 49:953(B), to amend certain portions of its rules permitting pharmacists to compound medications intended for administration by practitioners without the necessity of a patient-specific prescription.

The board has taken note of the recent tragedies associated with fungal meningitis traced to a compounding pharmacy in Massachusetts. Further, the board has learned there are other similar types of pharmacies operating across the country that are licensed to do business in Louisiana. Some of these pharmacies specialize in the large-scale preparation of drug products as opposed to compounding medications pursuant to patient-specific prescriptions.

The preparation of drug products intended for use in the general population in the United States is governed by

federal laws and rules administered by the federal Food and Drug Administration (FDA). Drug manufacturers are credentialed and regulated by that federal agency, and their manufacturing activities are required to comply with a set of quality and safety standards generally known as current good manufacturing practices (cGMP). There are provisions within the federal laws and rules that permit state licensed pharmacies to prepare drug products in response to patient specific prescriptions. Louisiana-licensed pharmacies engaged in the compounding of drug preparations in response to such prescriptions are required to comply with the set of quality and safety standards published in the United States Pharmacopeia (USP). By comparison, the USP standards are less stringent than the cGMP standards.

The board's current rule permitting pharmacies to compound products for prescriber use without a patient-specific prescription contain no limits on products prepared by pharmacies intended for that general use. As evidenced by the tragedies referenced earlier, there are risks associated with pharmacies engaged in manufacturing activities while adhering to compounding standards. In an effort to mitigate that risk for Louisiana residents, the board proposes to limit a pharmacy's product preparation intended for general use (including prescriber use) to 10 percent of its total dispensing and distribution activity. With respect to a pharmacy's total dispensing and distribution activity for Louisiana residents, the board proposes a minimum of ninety percent be accomplished in response to patient-specific prescriptions and no more than 10 percent for prescriber use in response to purchase orders.

The board has determined this Emergency Rule is necessary to prevent imminent peril to the public health, safety, and welfare. The original Declaration of Emergency was effective January 31, 2013, and is scheduled to expire May 30, 2013. Although the board has initiated the promulgation process necessary to finalize the proposed Rule, it is necessary to re-issue the Emergency Rule to provide the necessary time to complete the promulgation process. Therefore, the board has re-issued the Declaration of Emergency, effective May 29, 2013. The Emergency Rule shall remain in effect for the maximum time period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever shall first occur.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LIII. Pharmacists
Chapter 25. Prescriptions, Drugs, and Devices
Subchapter C. Compounding of Drugs
§2535. General Standards

A. - C. …

D. Compounding for Prescriber's Use. Pharmacists may prepare practitioner administered compounds for a prescriber's use with the following requirements:

1. - 3. …

4. a pharmacy may prepare such products not to exceed 10 percent of the total number of drug dosage units dispensed and distributed by the pharmacy on an annual basis.

E. …

F. Compounding Commercial Products Not Available. A pharmacy may prepare a copy of a commercial product when that product is not available as evidenced by either of the following:

1. products appearing on a website maintained by the federal Food and Drug Administration (FDA) and/or the American Society of Health-System Pharmacists (ASHP);

2. products temporarily unavailable from distributors, as documented by invoice or other communication from the distributor.

G. Labeling of Compounded Products

1. For patient-specific compounded products, the labeling requirements of R.S. 37:1225, or its successor, as well as this Chapter, shall apply.

2. All practitioner administered compounds shall be packaged in a suitable container with a label containing, at a minimum, the following information:

a. pharmacy's name, address, and telephone number;
b. practitioner's name;
c. name of preparation;
d. strength and concentration;
e. lot number;
f. beyond use date;
g. special storage requirements, if applicable;
h. assigned identification number; and
i. pharmacist's name or initials.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 23:1316 (October 1997), LR 29:2105 (October 2003), effective January 1, 2004, LR 39:

Malcolm J. Broussard
Executive Director

1306#005

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Coordinated Care Network
(LAC 50:I.3103-3109, 3303, and 3307)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:I.3103-3109, §3303 and §3307 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, Bureau of Health Services Financing adopted provisions which implemented a coordinated system of care in the Medicaid Program designed to improve performance and health care outcomes through a healthcare delivery system called coordinated care networks, also known as the BAYOU HEALTH Program (*Louisiana Register*, Volume 37, Number 6).

The department promulgated an Emergency Rule which amended the provisions of the June 20, 2011 Rule to revise

the BAYOU HEALTH Program enrollment process to implement immediate auto-assignment of pregnant women whose Medicaid eligibility is limited to prenatal, delivery and post-partum services. Act 13 of the 2012 Regular Session of the Louisiana Legislature eliminated the CommunityCARE Program. This Emergency Rule also amended these provisions to align the BAYOU HEALTH Program with the directives of Act 13 by removing provisions relative to the former CommunityCARE Program (*Louisiana Register*, Volume 38, Number 8). The department promulgated an Emergency Rule which amended the August 1, 2012 Emergency Rule to clarify the provisions for enrollment (*Louisiana Register*, Volume 38, Number 12). The department promulgated an Emergency Rule which amended the recipient participation provisions governing the coordinated care networks in order to include health care services provided to LaCHIP Affordable Plan recipients in the BAYOU HEALTH Program (*Louisiana Register*, Volume 38, Number 12).

The department promulgated an Emergency Rule which amended the provisions of the November 29, 2012 Emergency Rule in order to revise the formatting of these provisions as a result of the January 1, 2013 Emergency Rule governing the coordinated care network (*Louisiana Register*, Volume 39, Number 3). This Emergency Rule is being promulgated to continue the provisions of the March 20, 2013 Emergency Rule. This action is being taken to promote the health and welfare of pregnant women by ensuring their immediate access to quality health care services.

Effective July 19, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the November 29, 2012 Emergency Rule governing the coordinated care network.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part I. Administration

Subpart 3. Medicaid Coordinated Care

Chapter 31.Coordinated Care Network

§3103. Recipient Participation

A. - B.1.b.v. ...

NOTE. Repealed.

C. - D.1.i. ...

j. are enrolled in the Louisiana Health Insurance Premium Payment (LaHIPP) Program.

k. Repealed.

E. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1573 (June 2011), amended LR 39:

§3105. Enrollment Process

A. - D.1....

2. The CCN and its providers shall be required to register all births through the Louisiana Electronic Event Registration System (LEERS) administered by DHH/Vital Records Registry and complete any other Medicaid enrollment form required by DHH.

E. - E.1. ...

2. New recipients, excluding those whose Medicaid eligibility is predicated upon determination of pregnancy, shall be given no less than 30 calendar days from the postmark date of an enrollment form mailed by the enrollment broker to select a CCN and primary care provider (PCP).

a. ...

3. Pregnant recipients with Medicaid eligibility limited to prenatal, delivery, and post-partum services will immediately be automatically assigned to a CCN by the enrollment broker.

a. - d. Repealed.

4. The following provisions will be applicable for recipients who are mandatory or voluntary participants.

a. If there are two or more CCNs in a department designated service area in which the recipient resides, they shall select one.

b. If there is only one CCN in a department designated service area where the recipient resides, the recipient must choose either the CCN, Medicaid fee-for-service or an alternative Medicaid managed care program that coordinates care and which the department makes available in accordance with the promulgation of administrative Rules.

c. Recipients who fail to make a selection will be automatically assigned to a participating CCN in their area.

d. Recipients may request to transfer out of the CCN for cause and the effective date of enrollment shall be no later than the first day of the second month following the calendar month that the request for disenrollment is filed.

F. Automatic Assignment Process

1. The following participants shall be automatically assigned to a CCN by the enrollment broker in accordance with the department's algorithm/formula and the provisions of §3105.E:

a. mandatory CCN participants that fail to select a CCN and voluntary participants that do not exercise their option not to participate in the CCN program within the minimum 30 day window;

b. pregnant women with Medicaid eligibility limited to prenatal care, delivery, and post-partum services; and

c. other recipients as determined by the department.

2. CCN automatic assignments shall take into consideration factors including, but not limited to:

a. the potential enrollee's geographic parish of residence;

b. assigning members of family units to the same CCN;

c. previous relationships with a Medicaid provider;

d. CCN capacity; and

e. CCN performance outcome indicators (when available).

3. Neither the MCO model nor the shared savings model will be given preference in making automatic assignments.

4. CCN automatic assignment methodology shall be available to recipients upon request to the enrollment broker prior to enrollment.

G. - G.2.a. …

b. selects a PCP within the CCN that has reached their maximum physician/patient ratio;

c. selects a PCP within the CCN that has restrictions/limitations (e.g. pediatric only practice); or

d. has been automatically assigned to the CCN due to eligibility limited to pregnancy-related services.

3. Members who do not proactively choose a PCP with a CCN will be automatically assigned to a PCP by the CCN. The PCP automatically assigned to the member shall be located within geographic access standards of the member's home and/or best meets the needs of the member. Members for whom a CCN is the secondary payor will not be assigned to a PCP by the CCN, unless the members request that the CCN do so.

G.4. - H.1. …

2. The 90 day option to change is not applicable to CCN linkages as a result of open enrollment.

I. Annual Open Enrollment

1. The department will provide an opportunity for all CCN members to retain or select a new CCN during an open enrollment period. Notification will be sent to each CCN member at least 60 days prior to the effective date of the annual open enrollment. Each CCN member shall receive information and the offer of assistance with making informed choices about CCNs in their area and the availability of choice counseling.

2. ...

3. During the open enrollment period, each Medicaid enrollee shall be given the option to either remain in their existing CCN or select a new CCN.

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, Bureau of Health Services Financing, LR 37:1574 (June 2011), amended LR 39:

§3107. Disenrollment and Change of Coordinated Care Network

A. - F.1.j. ...

k. member enrolls in the Louisiana Health Insurance Premium Payment (LaHIPP) Program.

G. - G.2. ...

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, Bureau of Health Services Financing, LR 37:1575 (June 2011), amended LR 39:

§3109. Member Rights and Responsibilities

A. - A.11. ...

B. Members shall have the freedom to exercise the rights described herein without any adverse effect on the member's treatment by the department or the CCN, or its contractors or providers.

C. - C.8. ...

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, Bureau of Health Services Financing, LR 37:1576 (June 2011), amended LR 39:

Chapter 33. Coordinated Care Network Shared Savings Model

§3303. Shared Savings Model Responsibilities

A. - R.4. ...

a. immediately notifying the department if he or she has a Workman's Compensation claim, a pending personal injury or medical malpractice law suit, or has been involved in an auto accident;

R.4.b. - T.3. ...

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, Bureau of Health Services Financing, LR 37:1578 (June 2011), amended LR 39:

§3307. Reimbursement Methodology

A. - C. ...

1. The CCN-S may reimburse the PCP a monthly base case management fee for each enrollee assigned to the PCP.

2. …

3.-3.b. Repealed.

D. - F. ...

1. The reconciliation shall compare the actual aggregate cost of authorized/preprocessed services as specified in the contract and include the enhanced primary care case management fee for dates of services in the reconciliation period, to the aggregate Per Capita Prepaid Benchmark (PCPB).

2. - 5.c. ...

6. In the event the CCN-S exceeds the PCPB in the aggregate (for the entire CCN-S enrollment) as calculated in the final reconciliation, the CCN-S will be required to refund up to 50 percent of the total amount of the enhanced primary care case management fees paid to the CCN-S during the period being reconciled.

7. ...

a. Due to federally mandated limitations under the Medicaid State Plan, shared savings will be limited to five percent of the actual aggregate costs including the enhanced primary care case management fees paid. Such amounts shall be determined in the aggregate and not for separate enrollment types.

b. Repealed.

8. ...

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, Bureau of Health Services Financing, LR 37:1581 (June 2011), amended LR 39:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#031

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Disproportionate Share Hospital Payments
Public-Private Partnerships (LAC 50:V.Chapter 29)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.Chapter 29 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, Bureau of Health Services Financing promulgated an Emergency Rule which adopted provisions governing disproportionate share hospital (DSH) payments for non-state owned hospitals in order to encourage them to take over the operation and management of state-owned and operated hospitals that have terminated or reduced services (*Louisiana Register*, Volume 38, Number 11). Participating non-state owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-private partnership initiative. This Emergency Rule is being promulgated to continue the provisions of the November 1, 2012 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services.

Effective June 30, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions to establish DSH payments to non-state owned hospitals participating in public-private partnerships.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 3. Disproportionate Share Hospital Payments

Chapter 29. Public-Private Partnerships

§2901. General Provisions

A. Qualifying Criteria. Effective for dates of service on or after November 1, 2012 a hospital may qualify for this category by being:

1. a non-state privately owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured hospital services by:

a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or

b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility; or

2. a non-state publicly owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured hospital services by:

a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or

b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

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, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#032

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Early and Periodic Screening, Diagnosis and Treatment
School-Based Nursing Services (LAC 50:XV.Chapter 95)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XV.Chapter 95 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, Bureau of Health Services Financing provides Medicaid coverage for health care services rendered to children and youth under the age of 21 through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. The department promulgated an Emergency Rule which amended the provisions governing the EPSDT Program in order to adopt provisions to establish reimbursement and coverage for school-based nursing services rendered to all children enrolled in Louisiana schools (*Louisiana Register*, Volume 37, Number 12). The department promulgated an Emergency Rule which amended the January 1, 2012 Emergency Rule to clarify the provisions governing EPSDT school-based nursing services (*Louisiana Register*, Volume 38, Number 3). This Emergency Rule is being promulgated to continue the provisions of the March 20, 2012 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid eligible recipients and to assure a more efficient and effective delivery of health care services.

Effective July 16, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions to provide Medicaid coverage of school-based nursing services covered under the Early and Periodic Screening, Diagnosis, and Treatment Program.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XV. Services for Special Populations

Subpart 5. Early and Periodic Screening, Diagnosis, and Treatment

Chapter 95. School-Based Nursing Services

§9501. General Provisions

A. EPSDT school-based nursing services are provided by a registered nurse (RN) within a local education agency (LEA). The goal of these services is to prevent or mitigate disease, enhance care coordination, and reduce costs by preventing the need for tertiary care. Providing these services in the school increases access to health care for

children and youth resulting in a more efficient and effective delivery of care.

B. RNs providing school-based nursing services are required to maintain an active RN license with the state of Louisiana and comply with the Louisiana Nurse Practice Act.

C. School-based nursing services shall be covered for all recipients in the school system and not limited to those with an individualized education program (IEP).

D. School boards and staff shall collaborate for all services with the Medicaid recipient's BAYOU HEALTH plan and shall ensure compliance with established protocols. In a fee-for-service situation, for the non-BAYOU HEALTH individuals, staff will make necessary referrals.

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, Bureau of Health Services Financing, LR 39:

§9503. Covered Services

A. The following school-based nursing services shall be covered.

1. Episodic Care. This is unplanned care that occurs when children see the nurse for assessment of a health concern. Episodic care includes but is not limited to:

a. nose bleeds;

b. cuts;

c. bruises; or

d. flu symptoms.

2. Chronic Medical Condition Management and Care Coordination. This is care based on one of the following criteria:

a. The child has a chronic medical condition or disability requiring implementation of a health plan/protocol (examples would be children with asthma, diabetes, or cerebral palsy). There must be a written health care plan based on a health assessment performed by the RN. The date of the completion of the plan and the name of the person completing the plan must be included in the written plan. Each health care service required and the schedule for its provision must be described in the plan.

b. Medication Administration. This service is scheduled as part of a health care plan developed by either the treating physician or the school district LEA. Administration of medication will be at the direction of the physician and within the license of the RN and must be approved within the district LEA policies.

c. Implementation of Physician's Orders. These services shall be provided as a result of receipt of a written plan of care from the child's physician/BAYOU HEALTH provider or an IEP/Health care plan for students with disabilities.

3. Immunization Assessments. These services are nursing assessments of health status (immunizations) required by the Office of Public Health. This service requires an RN to assess the vaccination status of children in these cohorts once each year. This assessment is limited to the following children:

a. children enrolling in a school for the first time;

b. pre-kindergarten children;

c. kindergarten children; and

d. children entering sixth grade; or

e. any student 11 years of age regardless of grade.

4. EPSDT Program Periodicity Schedule for Screenings. A nurse employed by a school district may perform any of these screens within their licensure for BAYOU HEALTH members as authorized by the BAYOU HEALTH plan or as compliant with fee-for-service for non-BAYOU HEATH individuals. The results of these screens must be made available to the BAYOU HEALTH provider as part of the care coordination plan of the district. The screens shall be performed according to the periodicity schedule including any inter-periodic screens.

a. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§9505. Reimbursement Methodology

A. Payment for EPSDT school-based nursing services shall be based on the most recent school year's actual cost as determined by desk review and/or audit for each LEA provider.

1. Each LEA shall determine cost annually by using DHH's cost report for nursing service cost form based on the direct services cost report.

2. Direct cost shall be limited to the amount of total compensation (salaries, vendor payments and fringe benefits) of current nursing service providers as allocated to nursing services for Medicaid special education recipients. The direct cost related to the electronic health record shall be added to the compensation costs to arrive at the total direct costs for nursing services. There are no additional direct costs included in the rate.

3. Indirect cost shall be derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA. There are no additional indirect costs included.

4. To determine the amount of nursing services cost that may be attributed to Medicaid; the ratio of total Medicaid students in the LEA to all students in the LEA is multiplied by total direct cost. Cost data is subject to certification by each LEA. This serves as the basis for obtaining federal Medicaid funding.

B. For the nursing services, the participating LEAs' actual cost of providing the services shall be claimed for Medicaid federal financial participation (FFP) based on the following methodology.

1. The state shall gather actual expenditure information for each LEA through its payroll/benefits and accounts payable system.

2. Develop Direct Cost—The Payroll Cost Base. Total annual salaries and benefits paid, as well as contracted (vendor) payments, shall be obtained initially from each LEA's payroll/benefits and accounts payable system. This data shall be reported on DHH's nursing services cost report form for all nursing service personnel (i.e. all personnel providing LEA nursing treatment services covered under the state plan).

3. Adjust the Payroll Cost Base. The payroll cost base shall be reduced for amounts reimbursed by other funding sources (e.g. federal grants). The payroll cost base shall not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. This application results in total adjusted salary cost.

4. Determine the Percentage of Time to Provide All Nursing Services. A time study which incorporates the CMS-approved Medicaid administrative claiming (MAC) methodology for nursing service personnel shall be used to determine the percentage of time nursing service personnel spend on nursing services and general and administrative (G and A) time. This time study will assure that there is no duplicate claiming. The G and A percentage shall be reallocated in a manner consistent with the CMS-approved Medicaid administrative claiming methodology. Total G and A time shall be allocated to all other activity codes based on the percentage of time spent on each respective activity. To reallocate G and A time to nursing services, the percentage of time spent on nursing services shall be divided by 100 percent minus the percentage of G and A time. This shall result in a percentage that represents the nursing services with appropriate allocation of G and A. This percentage shall be multiplied by total adjusted salary cost as determined B.4 above to allocate cost to school based services. The product represents total direct cost.

a. A sufficient number of nursing service personnel shall be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus five percent overall.

5. Determine Indirect Cost. Indirect cost shall be determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost as determined under B.3 above. No additional indirect cost shall be recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost shall be the total direct service cost for all students receiving nursing services.

6. Allocate Direct Service Cost to Medicaid. To determine the amount of cost that may be attributed to Medicaid, total cost as determined under B.5 above shall be multiplied by the ratio of Medicaid students in the LEA to all students in the LEA. This results in total cost that may be certified as Medicaid's portion of school-based nursing services cost.

C. Reconciliation of LEA Certified Costs and Medicaid Management Information System (MMIS) Paid Claims. Each LEA shall complete the Nursing Services Cost Report and submit the cost report(s) no later than five months after the fiscal year period ends (June 30), and reconciliation shall be completed within 12 months from the fiscal year end. All filed nursing services cost reports shall be subject to desk review by the department's audit contractor. The department shall reconcile the total expenditures (both state and federal share) for each LEA's nursing services. The Medicaid certified cost expenditures from the nursing services cost report(s) will be reconciled against the MMIS paid claims data and the department shall issue a notice of final settlement pending audit that denotes the amount due to or from the LEA. This reconciliation is inclusive of all nursing services provided by the LEA.

D. Cost Settlement Process. As part of its financial oversight responsibilities, the department shall develop audit and review procedures to audit and process final settlements for certain LEAs. The audit plan shall include a risk assessment of the LEAs using available paid claims data to determine the appropriate level of oversight.

1. The financial oversight of all LEAs shall include reviewing the costs reported on the nursing services cost reports against the allowable costs, performing desk reviews and conducting limited reviews.

2. The department will make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final settlement occurs no later than two years from the LEA's fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with DHH appeal procedures.

3. The department shall adjust the affected LEA's payments no less than annually, when any reconciliation or final settlement results in significant underpayments or overpayments to any LEA. By performing the reconciliation and final settlement process, there shall be no instances where total Medicaid payments for services exceed 100 percent of actual, certified expenditures for providing LEA services for each LEA.

4. If the interim payments exceed the actual, certified costs of an LEA's Medicaid services, the department shall recoup the overpayment in one of the following methods:

a. offset all future claim payments from the affected LEA until the amount of the overpayment is recovered;

b. recoup an agreed upon percentage from future claims payments to the LEA to ensure recovery of the overpayment within one year; or

c. recoup an agreed upon dollar amount from future claims payments to the LEA to ensure recovery of the overpayment within one year.

5. If the actual certified costs of an LEA's Medicaid services exceed interim Medicaid payments, the department will pay this difference to the LEA in accordance with the final actual certification agreement.

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, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#033

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Hospice Services (LAC 50:XV.Chapters 3301, 3501, 3503, 3505, 3701, 3703, 3901, 4101, 4303, 4305, and 4309)

The Department of Health and Hospitals, Bureau of Health Services Financing, amends LAC 50:XV.Chapters 33-35, §§3701-3703, Chapters 39-41, §§4303-4305, and §4309 under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the 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.

As a result of a budgetary shortfall in state fiscal year 2009, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for hospice services provided to long-term care residents to reduce the reimbursement rates (*Louisiana Register*, Volume 35, Number 9).

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing hospice services in order to bring these provisions into compliance with the requirements of the Patient Protection and Affordable Care Act (PPACA) and also amended the provisions governing prior authorization for hospice services in order to control the escalating costs associated with the Hospice Program (*Louisiana Register*, Volume 38, Number 3). This Emergency Rule is being promulgated to continue the provisions of the May 1, 2012 Emergency Rule. This action is being taken to avoid sanctions from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services for noncompliance with PPACA requirements, and to avoid a budget deficit in the medical assistance programs.

Effective July 17, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the Hospice Program.

Title 50
PUBLIC HEALTH-MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 3. Hospice

Chapter 33. Provider Participation

§3301. Conditions for Participation

A. Statutory Compliance

1. Coverage of Medicaid hospice care shall be in accordance with:

a. 42 USC 1396d(o); and

b. the Medicare Hospice Program guidelines as set forth in 42 CFR Part 418.

B. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1466 (June 2002), amended LR 30:1024 (May 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 35. Recipient Eligibility

§3501. Election of Hospice Care

A. - F. …

G. Election Statement Requirements. The election statement must include:

1. identification of the particular hospice that will provide care to the individual;

2. the individual's or his/her legal representative's acknowledgment that he or she has been given a full understanding of the palliative rather than curative nature of hospice care, as it relates to the individual's terminal illness;

3. acknowledgment that certain Medicaid services, as set forth in §3503 are waived by the election;

4. the effective date of the election, which may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement; and

5. the signature of the individual or his/her legal representative.

H. Duration of Election. An election to receive hospice care will be considered to continue through the initial election period and through the subsequent election periods without a break in care as long as the individual:

1. remains in the care of a hospice;

2. does not revoke the election under the provisions of §3505; and

3. is not discharged from hospice in accordance with §3505.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 19:749 (June 1993), amended LR 28:1466 (June 2002), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§3503. Waiver of Payment for Other Services

A. - A.2.c. …

B. Individuals who are approved to receive hospice may not receive any other non-waiver home and community-based services, such as long-term personal care services, while they are receiving hospice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1467 (June 2002), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§3505. Revoking the Election of Hospice Care/Discharge

A. - A.4.…

5. Re-election of Hospice Benefits. If an election has been revoked in accordance with the provisions of this §3505, the individual or his/her representative may at any time file an election, in accordance with §3501, for any other election period that is still available to the individual.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1467 (June 2002), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 37. Provider Requirements

§3701. Requirements for Coverage

A. To be covered, a Certification of Terminal Illness must be completed as set forth in §3703, the Election of Hospice Care Form must be completed in accordance with §3501, and a plan of care must be established in accordance with §3705. A written narrative from the referring physician explaining why the patient has a prognosis of six months or less must be included in the Certificate of Terminal Illness. Prior authorization requirements stated in Chapter 41 of these provisions are applicable to all election periods.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1467 (June 2002), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§3703. Certification of Terminal Illness

A. - A.1.a. …

b. For the first 90-day period of hospice coverage, the hospice must obtain a verbal certification no later than two calendar days after hospice care is initiated If the verbal certification is not obtained within two calendar days following the initiation of hospice care, a written certification must be made within ten calendar days following the initiation of hospice care. The written certification and Notice of Election must be obtained before requesting prior authorization for hospice care. If these requirements are not met, no payment is made for the days prior to the certification. Instead, payment begins with the day of certification, i.e., the date all certification forms are obtained.

c. For the subsequent periods, a written certification must be included in an approved Prior Authorization packet before a claim may be billed.

2. - 2.c.…

d. If verbal certification is made, the referral from the physician shall be received by a member of the hospice interdisciplinary group (IDG). The entry in the patient's clinical record of the verbal certification shall include, at a minimum:

i. - ii. …

iii. terminal diagnosis(es)and all other diagnosis (es);

iv. - v. …

3. Face-to-Face Encounter

a. A hospice physician or hospice nurse practitioner must have a face-to-face encounter with each hospice patient whose total stay across all hospices is anticipated to reach the third benefit period. The face-to-face encounter must occur prior to, but no more than 30 calendar days prior to, the third benefit period recertification, and every benefit period recertification thereafter, to gather clinical findings to determine continued eligibility for hospice care.

b. The physician or nurse practitioner who performs the face-to-face encounter with the patient must attest in writing that he or she had a face-to-face encounter with the patient, including the date of that visit. The attestation of the nurse practitioner or a non-certifying hospice physician shall state that the clinical findings of that visit were provided to the certifying physician for use in determining continued eligibility for hospice care.

4. Content of Certifications

a. Certification will be based on the physician's or medical director's clinical judgment regarding the normal course of the individual's illness. The certification must conform to the following requirements.

i. The certification must specify that the individual's prognosis is for a life expectancy of six months or less if the terminal illness runs its normal course.

ii. Written clinical information and other documentation that support the medical prognosis must accompany the certification and must be filed in the medical record with the written certification, as set forth in Subparagraph 4 of this Section.

iii. The physician must include a brief written narrative explanation of the clinical findings that support a life expectancy of six months or less as part of the certification and recertification forms, or as an addendum to the certification and recertification forms.

(a). The narrative must reflect the patient's individual clinical circumstances and cannot contain check boxes or standard language used for all patients.

(b). The narrative associated with the third benefit period recertification and every subsequent recertification must include an explanation of why the clinical findings of the face-to-face encounter support a life expectancy of six months or less, and shall not be the same narrative as previously submitted.

b. All certifications and recertifications must be signed and dated by the physician(s), and must include the benefit period dates to which the certification or recertification applies.

5. Sources of Certification

a. For the initial 90-day period, the hospice must obtain written certification statements as provided in §3703.A.1 from:

i. …

ii. the individual's attending physician. The attending physician is a doctor of medicine or osteopathy and is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care. The attending physician is the physician identified within the Medicaid system as the provider to which claims have been paid for services prior to the time of the election of hospice benefits.

b. …

6. Maintenance of Records. Hospice staff must make an appropriate entry in the patient's clinical record as soon as they receive an oral certification and file written certifications in the clinical record.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 19:749 (June 1993), amended LR 28:1468 (June 2002), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 39. Covered Services

§3901. Medical and Support Services

A. - 11.b.iv. …

c. Inpatient Respite Care Day. An inpatient respite care day is a day on which the individual receives care in an approved facility on a short-term basis, not to exceed five

days in any one election period, to relieve the family members or other persons caring for the individual at home. An approved facility is one that meets the standards as provided in 42 CFR §418.98(b). This service cannot be delivered to individuals already residing in a nursing facility.

d. General Inpatient Care Day. A general inpatient care day is a day on which an individual receives general inpatient care in an inpatient facility that meets the standards as provided in 42 CFR §418.98(a) and for the purpose of pain control or acute or chronic symptom management which cannot be managed in other settings. General inpatient care shall not exceed five days in any one election period.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1468 (June 2002), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 41. Prior Authorization

§4101. Prior Authorization of Hospice Services

A. Prior authorization is required for all election periods as specified in §3501.C of this Subpart. The prognosis of terminal illness will be reviewed. A patient must have a terminal prognosis and not just certification of terminal illness. Authorization will be made on the basis that a patient is terminally ill as defined in federal regulations. These regulations require certification of the patient's prognosis, rather than diagnosis. Authorization will be based on objective clinical evidence contained in the clinical record which supports the medical prognosis that the patient's life expectancy is six months or less if the illness runs its normal course and not simply on the patient's diagnosis.

1. Providers shall submit the appropriate forms and documentation required for prior authorization of hospice services as designated by the department in the Medicaid Program's service and provider manuals, memorandums, etc.

B. Written Notice of Denial. In the case of a denial, a written notice of denial shall be submitted to the hospice, recipient, and nursing facility, if appropriate.

1. Claims will only be paid from the date of the Hospice Notice of Election if the prior authorization request is received within 10 days from the date of election and is approved. If the prior authorization request is received 10 days or more after the date on the Hospice Notice of Election, the approved begin date for hospice services is the date the completed prior authorization packet is received.

C. Appeals. If the hospice or the recipient does not agree with the denial of a hospice prior authorization request, the recipient, or the hospice on behalf of the recipient, can request an appeal of the prior authorization decision. The appeal request must be filed with the Division of Administrative Law within 30 days from the date of the postmark on the denial letter. The appeal proceedings will be conducted in accordance with the Administrative Procedure Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1470 (June 2002), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 43. Reimbursement

§4303. Levels of Care for Payment

A. - B.3. …

C. Inpatient Respite Care. The inpatient respite care rate is paid for each day the recipient is in an approved inpatient facility and is receiving respite care (see §3901.A.11.c). Respite care may be provided only on an occasional basis and payment for respite care may be made for a maximum of five days at a time including the date of admission but not counting the date of discharge. Payment for the day of discharge in a respite setting shall be at the routine home level-of-care discharged alive rate.

1. …

2. Respite care may not be provided when the hospice patient is a nursing home resident, regardless of the setting, i.e., long-term acute care setting.

D. General Inpatient Care. Payment at the inpatient rate is made when an individual receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings. General inpatient care is a short-term level of care and is not intended to be a permanent solution to a negligent or absent caregiver. A lower level of care must be used once symptoms are under control. General inpatient care and nursing facility or intermediate care facility for persons with intellectual disabilities room and board cannot be reimbursed for the same recipient on the same covered days of service. Payment for general inpatient care may be made for a maximum of five days at a time, including the date of admission, but not counting the date of discharge. Payment for the day of discharge in a general inpatient setting shall be at the routine home level-of-care discharged alive rate.

1. - 2. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1470 (June 2002), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4305. Hospice Payment Rates

A. - A.2. …

a. The hospice is paid for other physicians' services, such as direct patient care services, furnished to individual patients by hospice employees and for physician services furnished under arrangements made by the hospice unless the patient care services were furnished on a volunteer basis. The physician visit for the face-to-face encounter will not be reimbursed by the Medicaid Program.

b. - d.ii. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1470 (June 2002), LR 34:441 (March 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§4309. Limitation on Payments for Inpatient Care

A. …

1. During the 12-month period beginning November 1 of each year and ending October 31, the number of inpatient days (both for general inpatient care and inpatient respite care) for any one hospice recipient may not exceed five days per occurrence.

2. - 2.b.…

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1472 (June 2002), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#034

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services—Major Teaching Hospitals
Qualifying Criteria (LAC 50:V.1301-1309)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.1301-1309 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.

Act 347 of the 2009 Regular Session of the Louisiana Legislature revised the qualifying criteria for major teaching hospitals. In compliance with Act 347, the department amended the provisions governing the qualifying criteria for major teaching hospitals and repromulgated the provisions of the March 20, 2000 Rule governing teaching hospitals in a codified format for inclusion in the *Louisiana Administrative Code* (*Louisiana Register*, Volume 39, Number 2). The department has now determined that it is necessary to amend the provisions of the February 20, 2013 Rule governing the qualifying criteria for teaching hospitals in order to correlate with Medicare guidelines, and to clarify deadlines for submissions of qualifying documentation and provisions for conversion to private ownership. This action is being taken to promote the health and welfare of Medicaid recipients by encouraging provider participation in the Medicaid Program to assure sufficient access to hospital services. It is estimated that the implementation of this Emergency Rule will have no fiscal impact to the Medicaid Program for state fiscal year 2012-13.

Effective July 1, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing inpatient hospital services rendered by non-rural, non-state hospitals designated as teaching hospitals.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 13. Teaching Hospitals
Subchapter A. General Provisions
§1301. Major Teaching Hospitals

A. The Louisiana Medical Assistance Program's recognition of a major teaching hospital is limited to facilities having a documented affiliation agreement with a Louisiana medical school accredited by the Liaison Committee on Medical Education (LCME). A major teaching hospital shall meet one of the following criteria:

1. be a major participant in at least four approved medical residency programs and maintain at least 15 intern and resident un-weighted full time equivalent positions. For purposes of this rule full time equivalent positions will be calculated as defined in 42 CFR 413.78. At least two of the programs must be in medicine, surgery, obstetrics/gynecology, pediatrics, family practice, emergency medicine or psychiatry; or

2. maintain at least 20 intern and resident un-weighted full time equivalent positions, with an approved medical residency program in family practice located more than 150 miles from the medical school accredited by the LCME. For purposes of this rule full time equivalent positions will be calculated as defined in 42 CFR 413.78.

B. For the purposes of recognition as a major teaching hospital, a facility shall be considered a "major participant" in a graduate medical education program if it meets the following criteria. The facility must participate in residency programs that:

1. require residents to rotate for a required experience;

a. - c. Repealed.

2. require explicit approval by the appropriate Residency Review Committee (RRC) of the medical school with which the facility is affiliated prior to utilization of the facility; or

a. - c. Repealed.

3. provide residency rotations of more than one sixth of the program length or more than a total of six months at the facility and are listed as part of an accredited program in the Graduate Medical Education Directory of the Accreditation Council for Graduate Medical Education (ACGME).

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, Bureau of Health Services Financing, LR 39:324 (February 2013), amended LR 39:

§1303. Minor Teaching Hospitals

A. The Louisiana Medical Assistance Program's recognition of a minor teaching hospital is limited to facilities having a documented affiliation agreement with a Louisiana medical school accredited by the LCME. A minor teaching hospital shall meet the following criteria:

1. …

2. maintain at least six intern and resident un-weighted full time equivalent positions. For purposes of this

rule full time equivalent positions will be calculated as defined in 42 CFR 413.78.

B. For the purposes of recognition as a minor teaching hospital, a facility is considered to "participate significantly" in a graduate medical education program if it meets the following criteria. The facility must participate in residency programs that:

1. require residents to rotate for a required experience;

a. - c. Repealed.

2. require explicit approval by the appropriate Residency Review Committee of the medical school with which the facility is affiliated prior to utilization of the facility; or

a. - c.i. Repealed.

3. provide residency rotations of more than one sixth of the program length or more than a total of six months at the facility and are listed as part of an accredited program in the *Graduate Medical Education Directory* of the Accreditation Council for Graduate Medical Education.

a. If not listed, the sponsoring institution must have notified the ACGME, in writing, that the residents rotate through the facility and spend more than one sixth of the program length or more than a total of six months at the facility.

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, Bureau of Health Services Financing, LR 39:324 (February 2013), amended LR 39:

§1305. Approved Medical Residency Program

A. An approved medical residency program is one that meets one of the following criteria:

1. is approved by one of the national organizations listed in 42 CFR 415.152;

2. may count towards certification of the participant in a specialty or subspecialty listed in the current edition of either of the following publications:

a. The Directory of Graduate Medical Education Programs published by the American Medical Association, and available from American Medical Association, Department of Directories and Publications; or

b. The Annual Report and Reference Handbook published by the American Board of Medical Specialties, and available from American Board of Medical Specialties;

3. is approved by the Accreditation Council for Graduate Medical Education (ACGME) as a fellowship program in geriatric medicine; or

4. is a program that would be accredited except for the accrediting agency's reliance upon an accreditation standard that requires an entity to perform an induced abortion or require, provide, or refer for training in the performance of induced abortions, or make arrangements for such training, regardless of whether the standard provides exceptions or exemptions.

B. - B.2. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:324 (February 2013), amended LR 39:

§1307. Graduate Medical Education

Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:325 (February 2013), repealed LR 39:

§1309. Requirements for Reimbursement

A. Qualification for teaching hospital status shall be re-established at the beginning of each fiscal year.

B. To be reimbursed as a teaching hospital, a facility shall submit a signed "Certification For Teaching Hospital Recognition" form to the Bureau of Health Services, Supplemental Payments Section at least 30 days prior to the beginning of each state fiscal year or at least 30 days prior to the effective date of the conversion of a state owned and operated teaching hospital to private ownership in accordance with a Public/Private Partnership Cooperative Endeavor Agreement that was instituted to preserve graduate medical education training and access to healthcare services for indigent patients.

1. - 3. Repealed.

C. Each hospital which is reimbursed as a teaching hospital shall submit the following documentation with their Medicaid cost report filing:

1. - 2. ...

D. Copies of all affiliation agreements, contracts, payroll records and time allocations related to graduate medical education must be maintained by the hospital and available for review by the state and federal agencies or their agents upon request.

E. If it is subsequently discovered that a hospital has been reimbursed as a major or minor teaching hospital and did not qualify for that peer group for any reimbursement period, retroactive adjustment shall be made to reflect the correct peer group to which the facility should have been assigned. The resulting overpayment will be recovered through either immediate repayment by the hospital or recoupment from any funds due to the hospital from the department.

F. - G. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:325 (February 2013), amended LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Service Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#030

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services—Public-Private Partnerships
Supplemental Payments (LAC 50:V.Chapter 17)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:Chapter 17 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, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing inpatient hospital services to establish supplemental Medicaid payments to non-state owned hospitals in order to encourage them to take over the operation and management of state-owned and operated hospitals that have terminated or reduced services (*Louisiana Register*, Volume 38, Number 11). Participating non-state owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-provider partnership initiative. This Emergency Rule is being promulgated to continue the provisions of the November 1, 2012 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services.

Effective July 1, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions to establish supplemental Medicaid payments for inpatient hospital services provided by non-state owned hospitals participating in public-private partnerships.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 17. Public-Private Partnerships

§1701. Qualifying Hospitals

A. Non-State Privately Owned Hospitals. Effective for dates of service on or after November 1, 2012, the department shall provide supplemental Medicaid payments for inpatient hospital services rendered by non-state privately owned hospitals that meet the following conditions.

1. Qualifying Criteria. The hospital must be a non-state privately owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured hospital services by:

a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or

b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

B. Non-State Publicly Owned Hospitals. Effective for dates of service on or after November 1, 2012, the department shall make supplemental Medicaid payments for inpatient hospital services rendered by non-state publicly owned hospitals that meet the following conditions.

1. Qualifying Criteria. The hospital must be a non-state publicly owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured hospital services by:

a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or

b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

C. Non-State Free-Standing Psychiatric Hospitals. Effective for dates of service on or after November 1, 2012, the department shall make supplemental Medicaid payments for inpatient psychiatric hospital services rendered by non-state privately or publicly owned hospitals that meet the following conditions.

1. Qualifying Criteria. The hospital must be a non-state privately or publicly owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured psychiatric hospital services by:

a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or

b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

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, Bureau of Health Services Financing, LR 39:

§1703. Reimbursement Methodology

A. Payments to qualifying hospitals shall be made on a quarterly basis in accordance with 42 CFR 447.272.

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, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#035

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services
Repeal of Public-Private Partnerships
Reimbursement Methodology

The Department of Health and Hospitals, Bureau of Health Services Financing hereby rescinds the January 2, 2013 Emergency Rule which amended the provisions governing reimbursement for supplemental Medicaid payments for inpatient psychiatric hospital services provided by non-state-owned hospitals participating in public-private partnerships in the Medical Assistance Program as authorized by R.S. 36:254. The Emergency Rule was adopted on April 8, 2013 and published in the April 20, 2013 edition of the *Louisiana Register*. 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, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing reimbursement for supplemental Medicaid payments for inpatient psychiatric hospital services provided by non-state-owned hospitals participating in public-private partnerships (*Louisiana Register*, Volume 39, Number 1). The department promulgated an Emergency Rule to continue the provisions of the January 2, 2013 Emergency Rule (*Louisiana Register*, Volume 39, Number 4).

Upon further consideration, the department has now determined that it is necessary to rescind the January 2, 2013 and the May 3, 2013 Emergency Rules governing supplemental Medicaid payments for inpatient hospital services provided by non-state-owned hospitals participating in public-private partnerships.

Effective June 1, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing rescinds the Emergency Rules governing the reimbursement methodology for inpatient psychiatric hospital services which appeared in the January 20, 2013 edition of the *Louisiana Register* on pages 39-40 and in the April 20, 2013 edition on pages 988-989.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#004

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Intermediate Care Facilities for Persons
with Developmental Disabilities
Reimbursement Rate Reduction
(LAC 50:VII.32903)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:VII.32903 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by House Bill 1 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." 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.

As a result of a budgetary shortfall in state fiscal year 2011, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for non-state ICFs/DD to reduce the per diem rates (*Louisiana Register*, Volume 37, Number 10).

Due to a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for non-state ICFs/DD to further reduce the per diem rates (*Louisiana Register*, Volume 38, Number 7). This Emergency Rule is being promulgated to continue the provisions of the July 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Taking the proposed per diem rate reduction 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) intermediate care facility services for persons with developmental disabilities under the State Plan are available at least to the extent that they are available to the general population in the state.

Effective June 29, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for intermediate care facilities for persons with developmental disabilities to reduce the per diem rates.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part VII. Long Term Care
Subpart 3. Intermediate Care Facilities for Persons with Developmental Disabilities
Chapter 329. Reimbursement Methodology
Subchapter A. Non-State Facilities
§32903. Rate Determination

A. - L. …

M. Effective for dates of service on or after July 1, 2012, the per diem rates for non-state intermediate care facilities for persons with developmental disabilities (ICFs/DD) shall be reduced by 1.5 percent of the per diem rates on file as of June 30, 2012.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:2253 (September 2005), amended LR 33:462 (March 2007), LR 33:2202 (October 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1555 (July 2010), amended LR 37:3028 (October 2011), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#036

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Medical Transportation Program
Emergency Ambulance Services
Supplemental Payments
(LAC 50:XXVII.327 and 355)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XXVII.327 and §355 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, Bureau of Health Services Financing provides reimbursement for emergency ambulance transportation services. The department promulgated an Emergency Rule which established supplemental payments for governmental ambulance providers who render emergency medical transportation services to low income and needy patients in the state of Louisiana (*Louisiana Register*, Volume 37, Number 6). The department promulgated an Emergency Rule which amended the provisions of the July 1, 2011 Emergency Rule to allow supplemental payments for all ambulance providers who render emergency medical transportation services to low income and needy patients (*Louisiana Register*, Volume 37, Number 7). The July 20, 2011 Emergency Rule was amended to allow supplemental payments to providers of air ambulance transportation services (*Louisiana Register*, Volume 37, Number 8). The department promulgated an Emergency Rule which rescinded and replaced the July 1, 2011, the July 20, 2011, and the August 20, 2011 Emergency Rules in order to promulgate clear and concise provisions governing supplemental payments for emergency ambulance services (*Louisiana Register*, Volume 37, Number 9). The department promulgated an Emergency Rule which amended the September 20, 2011 Emergency Rule to clarify the provisions governing supplemental payments for emergency ambulance services (*Louisiana Register*, Volume 37, Number 12). The department promulgated an Emergency Rule which amended the December 20, 2011 Emergency Rule to further clarify the provisions governing supplemental payments for emergency ambulance services (Louis*iana Register*, Volume 38, Number 3).

After consulting with the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services to secure approval of the corresponding State Plan Amendment, the department promulgated an Emergency Rule which amended the March 20, 2012 Emergency Rule to further clarify the provisions governing supplemental payments for emergency medical transportation services in order to ensure that the administrative Rule is consistent with the approved Medicaid State Plan (*Louisiana Register*, Volume 39, Number 4). This Emergency Rule is being promulgated to continue the provisions of the March 20, 2013 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by ensuring continued access to emergency ambulance services.

Effective July 19, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the March 20, 2012 Emergency Rule governing supplemental payments for emergency medical transportation services rendered by ambulance providers.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXVII. Medical Transportation Program
Chapter 3. Emergency Medical Transportation
Subchapter B. Ground Transportation
§327. Supplemental Payments for Ambulance Providers

A. Effective for dates of service on or after September 20, 2011, quarterly supplemental payments shall be issued to qualifying ambulance providers for emergency medical transportation services rendered during the quarter.

B. Qualifying Criteria. Ambulance service providers must meet the following requirements in order to qualify to receive supplemental payments. The ambulance service provider must be:

1. licensed by the state of Louisiana;
2. enrolled as a Louisiana Medicaid provider; and

3. a provider of emergency medical transportation or air ambulance services pursuant to 42 CFR 440.170 and a provider of the corresponding Medical and Remedial Care and Services in the approved Medicaid State Plan.

4. Repealed.

C. Payment Methodology. The supplemental payment to each qualifying ambulance service provider will not exceed the sum of the difference between the Medicaid payments otherwise made to these qualifying providers for emergency medical transportation and air ambulance services and the average amount that would have been paid at the equivalent community rate.

D. The supplemental payment will be determined in a manner to bring payments for these services up to the community rate level. The community rate is defined as the average amount payable by commercial insurers for the same services.

E. Supplemental Payment Calculation. The following methodology shall be used to establish the quarterly supplemental payment for ambulance providers.

1. The department shall identify Medicaid ambulance service providers that were qualified to receive supplemental Medicaid reimbursement for emergency medical transportation services and air ambulance services during the quarter.

2. For each Medicaid ambulance service provider identified to receive supplemental payments, the department shall identify the emergency medical transportation and air ambulance services for which the Medicaid ambulance service providers were eligible to be reimbursed.

3. For each Medicaid ambulance service provider described in E.1, the department shall calculate the reimbursement paid to the Medicaid ambulance service providers for the emergency medical transportation and air ambulance services identified under E.2.

4. For each Medicaid ambulance service provider described in E.1, the department shall calculate the Medicaid ambulance service provider's equivalent community rate for each of the Medicaid ambulance service provider's services identified under E.2.

5. For each Medicaid ambulance service provider described in E.1, the department shall subtract an amount equal to the reimbursement calculation for each of the emergency medical transportation and air ambulance services under E.3 from an amount equal to the amount calculated for each of the emergency medical transportation and air ambulance services under E.4.

6. For each Medicaid ambulance service provider described in E.1, the department shall calculate the sum of each of the amounts calculated for emergency medical transportation and air ambulance services under E.5.

7. For each Medicaid ambulance service provider described in E.1, the department shall calculate each emergency ambulance service provider's upper payment limit by totaling the provider's total Medicaid payment differential from E.6.

8. The department will reimburse providers based on the following criteria.

a. For ambulance service providers identified in E.1 located in large urban areas and owned by governmental entities, reimbursement will be up to 100 percent of the provider's average commercial rate calculated in E.7.

b. For all other ambulance service providers identified in E.1, reimbursement will be up to 80 percent of the provider's average commercial rate calculated in E.7.

9. - 17. Repealed.

F. Calculation of Average Commercial Rate. The supplemental payment will be determined in a manner to bring payments for these services up to the average commercial rate level.

1. For purposes of these provisions, the average community rate level is defined as the average amount payable by the commercial payers for the same services.

2. The state will align the paid Medicaid claims with the Medicare fees for each HCPCS or CPT code for the ambulance provider and calculate the Medicare payment for those claims. The state will then calculate an overall Medicare to commercial conversion factor for each ambulance provider by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims. The commercial to Medicare ratio for each provider will be re-determined at least every three years.

G. The supplemental payment will be made effective for emergency medical transportation provided on or after September 20, 2011. This payment is based on the average amount that would have been paid at the equivalent community rate. After the initial calculation for fiscal year 2011-2012, the department will rebase the equivalent community rate using adjudicated claims data for services from the most recently completed fiscal year. This calculation may be made annually, but shall be made no less than every three years.

H. The total amount to be paid by the state to qualified Medicaid ambulance service providers for supplemental Medicaid payments shall not exceed the total of the Medicaid payment differentials calculated under §327.E.6 for all qualified Medicaid ambulance service providers.

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, Bureau of Health Services Financing, LR 39:

Subchapter C. Air Transportation

§355. Supplemental Payments for Ambulance Providers

A. Effective for dates of service on or after September 20, 2011, quarterly supplemental payments shall be issued to qualifying ambulance providers for emergency medical air transportation services rendered during the quarter.

B. Qualifying Criteria. Ambulance service providers must meet the following requirements in order to qualify to receive supplemental payments. The ambulance service provider must be:

1. licensed by the state of Louisiana;

2. enrolled as a Louisiana Medicaid provider; and

3. a provider of emergency medical transportation or air ambulance services pursuant to 42 CFR 440.170 and a provider of the corresponding medical and remedial care and services in the approved Medicaid state plan.

4. Repealed.

C. Payment Methodology. The supplemental payment to each qualifying ambulance service provider will not exceed the sum of the difference between the Medicaid payments otherwise made to these qualifying providers for emergency medical transportation and air ambulance services and the

average amount that would have been paid at the equivalent community rate.

D. The supplemental payment will be determined in a manner to bring payments for these services up to the community rate level. The community rate is defined as the average amount payable by commercial insurers for the same services.

E. Supplemental Payment Calculation. The following methodology shall be used to establish the quarterly supplemental payment for ambulance providers.

1. The department shall identify Medicaid ambulance service providers that were qualified to receive supplemental Medicaid reimbursement for emergency medical transportation services and air ambulance services during the quarter.

2. For each Medicaid ambulance service provider identified to receive supplemental payments, the department shall identify the emergency medical transportation and air ambulance services for which the Medicaid ambulance service providers were eligible to be reimbursed.

3. For each Medicaid ambulance service provider described in E.1, the department shall calculate the reimbursement paid to the Medicaid ambulance service providers for the emergency medical transportation and air ambulance services identified under E.2.

4. For each Medicaid ambulance service provider described in E.1, the department shall calculate the Medicaid ambulance service provider's equivalent community rate for each of the Medicaid ambulance service provider's services identified under E.2.

5. For each Medicaid ambulance service provider described in E.1, the department shall subtract an amount equal to the reimbursement calculation for each of the emergency medical transportation and air ambulance services under E.3 from an amount equal to the amount calculated for each of the emergency medical transportation and air ambulance services under E.4.

6. For each Medicaid ambulance service provider described in E.1, the department shall calculate the sum of each of the amounts calculated for emergency medical transportation and air ambulance services under E.5.

7. For each Medicaid ambulance service provider described in E.1, the Department shall calculate each emergency ambulance service provider's upper payment limit by totaling the provider's total Medicaid payment differential from B.6.

8. The department will reimburse providers based on the following criteria:

a. For ambulance service providers identified in E.1 located in large urban areas and owned by governmental entities, reimbursement will be up to 100 percent of the provider's average commercial rate calculated in E.7.b.

For all other ambulance service providers identified in E.1., reimbursement will be up to 80 percent of the provider's average commercial rate calculated in E.7.

9. - 17. Repealed.

F. Calculation of Average Commercial Rate. The supplemental payment will be determined in a manner to bring payments for these services up to the average commercial rate level.

1. For purposes of these provisions, the average commercial rate level is defined as the average amount payable by the commercial payers for the same services.

2. The state will align the paid Medicaid claims with the Medicare fees for each HCPCS or CPT code for the ambulance provider and calculate the Medicare payment for those claims. The state will then calculate an overall Medicare to commercial conversion factor for each ambulance provider by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims. The commercial to Medicare ratio for each provider will be re-determined at least every three years.

G. The supplemental payment will be made effective for air ambulance services provided on or after September 20, 2011. This payment is based on the average amount that would have been paid at the equivalent community rate. After the initial calculation for fiscal year 2011-2012, the department will rebase the equivalent community rate using adjudicated claims data for services from the most recently completed fiscal year. This calculation may be made annually, but shall not be made less often than every three years.

H. The total amount to be paid by the state to qualified Medicaid ambulance service providers for supplemental Medicaid payments shall not exceed the total of the Medicaid payment differentials calculated under §327.E.6 for all qualified Medicaid ambulance service providers.

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, Bureau of Health Services Financing, LR 39:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#037

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Nursing Facilities—Reimbursement Methodology
Low Income and Needy Care Collaboration
(LAC 50:II.20025)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:II.20025 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 if the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for nursing facilities to adopt provisions to establish a supplemental Medicaid payment for nursing facilities who enter into an agreement with a state or local governmental entity for the purpose of providing health care services to low income and needy patients (*Louisiana Register*, Volume 37, Number 11). This Emergency Rule is being promulgated to continue the provisions of the November 1, 2011 Emergency Rule. This action is being taken to secure new federal funding and to promote the public health and welfare of Medicaid recipients by ensuring sufficient provider participation.

Effective June 28, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for nursing facilities to establish a supplemental Medicaid payment to nursing facilities who participate in the low income and needy care collaboration.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part II. Nursing Facilities
Subpart 5. Reimbursement
Chapter 200. Reimbursement Methodology
§20025. Low Income and Needy Care Collaboration

A. Effective for dates of service on or after November 1, 2011, quarterly supplemental payments shall be issued to qualifying nursing facilities for services rendered during the quarter. Maximum aggregate payments to all qualifying nursing facilities shall not exceed the available upper payment limit per state fiscal year.

B. Qualifying Criteria. In order to qualify for the supplemental payment, the nursing facility must be affiliated with a state or local governmental entity through a low income and needy care nursing facility collaboration agreement.

1. A nursing facility is defined as a currently licensed and certified nursing facility which is owned or operated by a private entity or non-state governmental entity.

2. A *low income and needy care nursing facility collaboration agreement* is defined as an agreement between a nursing facility and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.

C. Each qualifying nursing facility shall receive quarterly supplemental payments for nursing facility services. Quarterly payment distribution shall be limited to one-fourth of the aggregated difference between each qualifying nursing facility's Medicare rate and Medicaid payments the nursing facility receives for covered services provided to Medicaid recipients during a 12 consecutive month period. Medicare rates in effect for the dates of service included in the supplemental payment period will be used to establish the upper payment limit. Medicaid payments will be used for the same time period.

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, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#038

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Nursing Facilities
Reimbursement Methodology
Private Room Conversions
(LAC 50:II.20010)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:II.20010 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 if the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for nursing facilities to allow for additional payments for private room conversions when a Medicaid participating nursing facility converts one or more semi-private rooms to private rooms for occupancy by Medicaid recipients (*Louisiana Register*, Volume 33, Number 8). Act 150 of the 2010 Regular Session of the Louisiana Legislature directed the department to increase the fair rental value minimum occupancy percentage from 70 percent to 85 percent. The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for nursing facilities to ensure that the provisions governing private room conversions are consistent with the increase in the fair rental value minimum occupancy percentage which was adopted on July 1, 2011 (*Louisiana Register*, Volume 37, Number 10). This Emergency Rule is being promulgated to continue the provisions of the November 1, 2011 Emergency Rule. This action is being taken in order to avoid a budget deficit in the medical assistance programs.

Effective June 28, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for nursing facilities.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part II. Nursing Facilities
Subpart 5. Reimbursement
Chapter 200. Reimbursement Methodology
§20010. Additional Payments and Square Footage Adjustments for Private Room Conversion [Formerly LAC 50:VII.1310]

A. - D.2.c. ...

3. Resident days used in the fair rental value per diem calculation will be the greater of the annualized actual resident days from the base year cost report or 85 percent of the revised annual bed days available after the change in licensed beds.

D.4. - E.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S. 46:2742, 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 33:1646 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#039

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Nursing Facilities—Reimbursement Rate Reduction After State Fiscal Year 2013 (LAC 50:II.20005)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:II.20005 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by House Bill 1 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." 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, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for nursing facilities to reduce the per diem rates paid to non-state nursing facilities in order to remove the rebased amount and sunset the 2011-2012 nursing facility rate rebasing (*Louisiana Register*, Volume 38, Number 5).

As a result of a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for non-state nursing facilities to further reduce the reimbursement rates (*Louisiana Register*, Volume 38, Number 7).

The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions of the July 1, 2012 Emergency Rule governing the SFY 2013 rate reduction to revise the reduction of the per diem rate (*Louisiana Register*, Volume 38, Number 8). This Emergency Rule is being promulgated to continue the provisions of the July 20, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective July 18, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for non-state nursing facilities.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part II. Nursing Facilities
Subpart 5. Reimbursement
Chapter 200. Reimbursement Methodology
§20005. Rate Determination [Formerly LAC 50:VII.1305]

A. - K. …

L. Effective for dates of service on or after July 20, 2012, the average daily rates for non-state nursing facilities shall be reduced by 1.15 percent per day of the average daily rate on file as of July 19, 2012 after the sunset of the state fiscal year 2012 rebase and after the state fiscal year 2013 rebase.

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 28:1791 (August 2002), amended LR 31:1596 (July 2005), LR 32:2263 (December 2006), LR 33:2203 (October 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:325 (February 2010), repromulgated LR 36:520 (March 2010), amended LR 36:1556 (July 2010), LR 36:1782 (August 2010), LR 36:2566 (November 2010), LR 37:902 (March 2011), LR 37:1174 (April 2011), LR 37:2631 (September 2011), LR 38:1241 (May 2012), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#041

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Nursing Facilities
Reimbursement Rate Reduction
Before State Fiscal Year 2013
(LAC 50:II.20005)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:II.20005 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by House Bill 1 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." This proposed 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, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for nursing facilities to reduce the per diem rates paid to non-state nursing facilities in order to remove the rebased amount and sunset the 2011-2012 nursing facility rate rebasing (*Louisiana Register*, Volume 38, Number 5).

As a result of a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for non-state nursing facilities to reduce the reimbursement rates (*Louisiana Register*, Volume 38, Number 7). This Emergency Rule is being promulgated to continue the provisions of the July 1, 2012 Emergency Rule). This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective June 29, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for non-state nursing facilities to reduce the reimbursement rates.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part II. Nursing Facilities
Subpart 5. Reimbursement
Chapter 200. Reimbursement Methodology
§20005. Rate Determination
[Formerly LAC 50:VII.1305]

A. - I. …

J. Effective for dates of service on or after July 1, 2012, the average daily rates for non-state nursing facilities shall be reduced by $4.11 per day of the average daily rate on file as of June 30, 2012 after the sunset of the state fiscal year 2012 rebase and before the state fiscal year 2013 rebase.

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 28:1791 (August 2002), amended LR 31:1596 (July 2005), LR 32:2263 (December 2006), LR 33:2203 (October 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:325 (February 2010), repromulgated LR 36:520 (March 2010), amended LR 36:1556 (July 2010), LR 36:1782 (August 2010), LR 36:2566 (November 2010), LR 37:902 (March 2011), LR 37:1174 (April 2011), LR 37:2631 (September 2011), LR 38:1241 (May 2012), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#040

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services
Public-Private Partnerships
Supplemental Payments
(LAC 50:V.Chapter 67)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.Chapter 67 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, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing outpatient hospital services to establish supplemental Medicaid payments to non-state owned hospitals in order to encourage them to take over the operation and management of state-owned hospitals that have terminated or reduced services (*Louisiana Register*, Volume 38, Number 11). Participating non-state owned hospitals shall enter into a cooperative endeavor agreement with the department to support this public-private partnership initiative. The department promulgated an Emergency Rule which amended the provisions of the November 1, 2012 Emergency Rule to revise the reimbursement methodology in order to correct the federal citation (*Louisiana Register*, Volume 39, Number 3). This Emergency Rule continues the provision of the March 2,

2013 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining recipient access to much needed hospital services.

Effective July 1, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the November 1, 2012 Emergency Rule governing supplemental Medicaid payments for outpatient hospital services provided by non-state owned hospitals participating in public-private partnerships.

Title 50

PULIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospital Services

Subpart 5. Outpatient Hospital Services

Chapter 67. Public-Private Partnerships

§6701. Qualifying Hospitals

A. Non-State Privately Owned Hospitals. Effective for dates of service on or after November 1, 2012, the department shall provide supplemental Medicaid payments for outpatient hospital services rendered by non-state privately owned hospitals that meet the following conditions.

1. Qualifying Criteria. The hospital must be a non-state privately owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of outpatient Medicaid and uninsured hospital services by:

a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or

b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

B. Non-State Publicly Owned Hospitals. Effective for dates of service on or after November 1, 2012, the department shall make supplemental Medicaid payments for outpatient hospital services rendered by non-state publicly owned hospitals that meet the following conditions.

1. Qualifying Criteria. The hospital must be a non-state publicly owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of outpatient Medicaid and uninsured hospital services by:

a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or

b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

C. Non-State Free-Standing Psychiatric Hospitals. Effective for dates of service on or after November 1, 2012, the department shall make supplemental Medicaid payments for outpatient psychiatric hospital services rendered by non-state privately or publicly owned hospitals that meet the following conditions.

1. Qualifying Criteria. The hospital must be a non-state privately or publicly owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of outpatient Medicaid and uninsured psychiatric hospital services by:

a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or

b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

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, Bureau of Health Services Financing, LR 39:

§6703. Reimbursement Methodology

A. Payments to qualifying hospitals shall be made on a quarterly basis in accordance with 42 CFR 447.321.

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, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#042

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Aging and Adult Services

Personal Care Services—Long Term
Reimbursement Rate Reduction (LAC 50:XV.12917)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services amend LAC 50:XV.12917 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by House Bill 1 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." 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.

Due to a continuing budgetary shortfall, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for long-term personal care services to reduce the reimbursement rates (Louisiana Register, Volume 37, Number 11).

As a result of a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for long-term personal care services to reduce the reimbursement rates (*Louisiana Register*, Volume 38, Number 7). This Emergency Rule is being promulgated to continue the provisions of the July 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective June 29, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for long-term personal care services to reduce the reimbursement rates.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 9. Personal Care Services
Chapter 129. Long-Term Care
§12917. Reimbursement Methodology

A. - H.2. ...

I. Effective for dates of service on or after July 1, 2012, the reimbursement rate for long-term personal care services furnished to one participant shall be reduced by 1.5 percent of the rate on file as of June 30, 2012.

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 29:913 (June 2003), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:253 (February 2008), LR 34:2581 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 35:1901 (September 2009), LR 36:1251 (June 2010), LR 37:3267 (November 2011), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#043

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Pharmacy Benefits Management Program
Methods of Payment (LAC 50:XXIX.105 and Chapter 9)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XXIX.105 and Chapter 9 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, Bureau of Health Services Financing provides coverage and reimbursement for prescription drugs to Medicaid eligible recipients enrolled in the Medicaid Program. Act 10 of the 2009 Regular Session of the Louisiana Legislature provided that the department may redefine the reimbursement methodology for multiple source drugs in establishing the state maximum allowable cost (MAC) in order to control expenditures to the level of appropriations for the Medicaid Program. In accordance with the provisions of Act 10, the department promulgated an Emergency Rule to redefine the Louisiana maximum allowable cost (LMAC) (*Louisiana Register*, Volume 36, Number 1). In addition, the dispensing fee was increased for drugs with an LMAC.

The department subsequently determined that it was necessary to repeal the January 1, 2010 Emergency Rule in its entirety and amend the provisions governing the methods of payment for prescription drugs to redefine the LMAC (*Louisiana Register*, Volume 36, Number 2). The department promulgated an Emergency Rule to amend the February 1, 2010 Emergency Rule to revise the provisions governing the methods of payment for prescription drugs to further redefine the LMAC and increase the dispensing fee (*Louisiana Register*, Volume 36, Number 3). The department determined that it was necessary to repeal the March 1, 2010 Emergency Rule in its entirety and promulgated an Emergency Rule to amend the provisions governing the methods of payment for prescription drugs to revise the LMAC provisions (*Louisiana Register*, Volume 36, Number 3). The department subsequently promulgated an Emergency Rule to repeal the March 20, 2010 Emergency Rule in its entirety in order to revise the provisions governing the methods of payment for prescription drugs and the dispensing fee (*Louisiana Register*, Volume 38, Number 9).

The department promulgated an Emergency Rule which amended the provisions of the September 5, 2012 Emergency Rule to further revise the provisions governing the methods of payment for prescription drugs and the dispensing fee (*Louisiana Register*, Volume 38, Number 11). This Emergency Rule is being promulgated to continue the

provisions of the November 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective July 1, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the methods of payment for prescription drugs covered under the Pharmacy Benefits Management Program.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXIX. Pharmacy

Chapter 1. General Provisions

§105. Medicaid Pharmacy Benefits Management System Point of Sale—Prospective Drug Utilization Program

A. - B. …

C. Formulary Management. The formulary is managed through the use of Federal Upper Limits (FUL). Federal Upper Limits provide for dispensing of multiple source drugs at established limitations unless the prescribing physician specifies that the brand product is medically necessary for a patient. Establishment of co-payments also provides for formulary management. The Medicaid Program has established a broad formulary with limited exceptions.

D. Reimbursement Management. The cost of pharmaceutical care is managed through Estimated Acquisition Cost (EAC) of drug ingredient costs through Average Acquisition Cost (AAC) or through Wholesale Acquisition Cost (WAC) when no AAC is assigned; and compliance with Federal Upper Limits regulations, and the establishment of the dispensing fee, drug rebates, and copayments.

E. - H. ...

I. POS/PRO-DUR Requirements Provider Participation

1. - 5. …

6. Pharmacy providers and physicians may obtain assistance with clinical questions from the University of Louisiana at Monroe, School of Pharmacy.

I.7. - L. …

AUTHORITY NOTE: Promulgated in accordance with R.S, 46:153, Title XIX of the Social Security Act, and the 1995-96 General Appropriate Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1053 (June 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 9. Methods of Payment

Subchapter A. General Provisions

§901. Definitions

Average Acquisition Cost (AAC)—the average of payments that pharmacists made to purchase a drug product, as determined through the collection and review of pharmacy invoices and other information deemed necessary by the Medicaid Program, and in accordance with applicable state and Federal law.

Average Wholesale Price—Repealed.

* * *

Dispensing Fee—the fee paid by the Medicaid Program to reimburse for the professional services provided by a pharmacist when dispensing a prescription, including the provider fee assessed for each prescription filled in the state of Louisiana or shipped into the state of Louisiana per legislative mandate.

***

Single Source Drug—a drug mandated or sold by one manufacturer or labeler.

Usual and Customary Charge—a pharmacy's charge to the general public that reflects all advertised savings, discounts, special promotions, or other programs, including membership-based discounts initiated to reduce prices for product costs available to the general public, a special population, or an inclusive category of customers.

Wholesale Acquisition Cost (WAC)—the manufacturer's published catalog price for a drug product to wholesalers as reported to Medicaid by one or more national compendia on a weekly basis.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1061 (June 2006), amended LR 34:87 (January 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1558 (July 2010), LR 39:

Subchapter B. Dispensing Fee

§915. General Provisions

A. The dispensing fee shall be set by the Department and reviewed periodically for reasonableness and, when deemed appropriate by the Medicaid Program, may be adjusted considering such factors as fee studies or surveys.

Adjustment Factors—Repealed.

a. - d.—Repealed.

Base Rate—Repealed.

Base Rate Components—Repealed.

Table Repealed.

a. - d.—Repealed.

Maximum Allowable Overhead Cost—Repealed.

Overhead Year—Repealed.

B. Provider participation in the Louisiana Dispensing Fee Survey shall be mandatory. Failure to cooperate in the Louisiana Dispensing Fee Survey by a provider shall result in removal from participation as a provider of pharmacy services in the Medicaid Program. Any provider removed from participation shall not be allowed to re-enroll until a dispensing fee survey document is properly completed and submitted to the bureau.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1558 (July 2010), amended LR 39:

§917. Maximum Allowable Overhead Cost Calculation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1559 (July 2010), repealed LR 39:

§919. Parameters and Limitations

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1560 (July 2010), repealed LR 39:

§921. Interim Adjustment to Overhead Cost

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1560 (July 2010), repealed LR 39:

§923. Cost Survey

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1560 (July 2010), repealed LR 39:

§925. Dispensing Fee

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1064 (June 2006), amended LR 34:88 (January 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1561 (July 2010), repealed LR 39:

Subchapter C. Estimated Acquisition Cost

§935. Estimated Acquisition Cost Formula

A. *Estimated Acquisition Cost (EAC)* is the average acquisition cost of the drug dispensed adjusted by a multiplier of 1.1 for multiple source drugs and a multiplier of 1.01 for single-source drugs. If there is not an AAC available, the EAC is equal to the wholesale acquisition cost, as reported in the drug pricing compendia utilized by the department's fiscal intermediary. For department-defined specialty therapeutic classes, the EAC is the Wholesale Acquisition Cost adjusted by a multiplier of 1.05.

B. - B.4c. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1064 (June 2006), amended LR 34:88 (January 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1561 (July 2010), amended LR 39:

Subchapter D. Maximum Allowable Costs

§945. Reimbursement Methodology

A. Maximum Pharmaceutical Price Schedule

1. …
2. Repealed.

B. Payment will be made for medications in accordance with the payment procedures for any eligible person who has identified himself to the provider by presenting his identification card which shows his eligibility. The department advises participating pharmacists regarding payable medication.

C. - F. …

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1064 (June 2006), amended LR 34:88 (January 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1561 (July 2010), amended LR 39:

§949. Cost Limits

A. - A.3.c. …

B. The department shall make payments for single source drugs based on the lower of:

1. Estimated acquisition cost (EAC) plus the dispensing fee; or
2. the provider's usual and customary charges to the general public not to exceed the department's "Maximum Pharmaceutical Price Schedule." *General public* is defined here as all other non-Medicaid prescriptions including:
   a. third party insurance;
   b. pharmacy benefit management; or
   c. cash.
3. Repealed.

C. The department shall make payments for multiple source drugs other than drugs subject to "physician certifications" based on the lower of:

1. Estimated Acquisition Cost plus the dispensing fee;
2. Federal Upper Limits plus the dispensing fee; or
3. the provider's usual and customary charges to the general public not to exceed the department's "Maximum Pharmaceutical Price Schedule." *General public* is defined here as all other non-Medicaid prescriptions including:
   a. third party insurance;
   b. pharmacy benefit management; or
   c. cash.
4. Repealed.

D. - E.2. …

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1065 (June 2006), amended LR 34:88 (January 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1561 (July 2010), amended LR 39:

Subchapter E. 340B Program

§961. Definitions

***

Estimated Acquisition Cost (EAC)—the average acquisition cost of the drug dispensed adjusted by a multiplier of 1.1 for multiple source drugs and a multiplier of 1.01 for single-source drugs. If there is not an AAC available, the EAC is equal to the wholesale acquisition cost, as reported in the drug pricing compendia utilized by the department's fiscal intermediary. For department-defined specialty therapeutic classes, the EAC is the Wholesale Acquisition Cost adjusted by a multiplier of 1.05.

***

Wholesale Acquisition Cost (WAC)—the manufacturer's published catalog price for a drug product to wholesalers as reported to Medicaid by one or more national compendia on a weekly basis.

***

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1066 (June 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

§963. Reimbursement

A. - B. …

C. Dispensing Fees. The covered entity shall be paid a dispensing fee of $10.51 for each prescription dispensed to a Medicaid patient. With respect to contract pharmacy arrangements in which the contract pharmacy also serves as the covered entity's billing agent, the contract pharmacy shall be paid the $10.51 dispensing fee on behalf of the covered entity.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1066 (June 2006), amended LR 34:88 (January 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1561 (July 2010), amended LR 39:

Subchapter F. Antihemophilia Drugs

§971. Reimbursement

A. Anti-hemophilia drugs purchased by a covered entity through the 340B Program and dispensed to Medicaid recipients shall be billed to Medicaid at actual 340B acquisition cost plus 10 percent and the dispensing fee unless the covered entity has implemented the Medicaid carve-out option. If the covered entity has implemented the Medicaid carve-out option, such drugs shall be reimbursed at EAC plus the dispensing fee or the billed charges, whichever is less.

B. Anti-hemophilia drugs purchased by a non-340B covered entity shall be reimbursed at EAC plus the dispensing fee.

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 34:881 (May 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#044

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Professional Services Program
Anesthesia Services
Reimbursement Rate Reduction
(LAC 50:IX.15133 and 15135)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:IX.15133 and §15135 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by House Bill 1 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." 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, Bureau of Health Services Financing amended the provisions governing anesthesia services in order to revise the formula-based reimbursement methodology for services rendered by physicians and certified registered nurse anesthetists (CRNAs), and to reorganize these provisions in a clear and concise manner in the *Louisiana Administrative Code* (*Louisiana Register*, Volume 36, Number 6).

As a result of a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for anesthesia services to reduce the reimbursement rates (*Louisiana Register*, Volume 38, Number 7). The department promulgated an Emergency Rule that amended the July 1, 2012 Emergency Rule to adjust the rate reduction and to include certified registered nurse anesthetists in the rate reduction (*Louisiana Register*, Volume 38, Number 8). This Emergency Rule is being promulgated to continue the provisions of the July 20, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective July 18, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for anesthesia services.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 15. Reimbursement
Chapter 151. Reimbursement Methodology
Subchapter D. Anesthesia Services
§15133. Formula-Based Reimbursement

A. – C.2. ...

D. Effective for dates of service on or after July 1, 2012, the reimbursement for formula-based anesthesia services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

E. Effective for dates of service on or after July 20, 2012, the 3.7 percent reimbursement rate reduction for formula-based anesthesia services shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012.

F. Effective for dates of service on or after July 20, 2012, the reimbursement for formula-based anesthesia services rendered by a CRNA shall be reduced by 3.4 percent of the rates in effect on July 19, 2012.

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, Bureau of Health Services Financing, LR 36:1251 (June 2010), amended LR 36:2282 (October 2010), LR 39:

§15135. Flat Fee Reimbursement

A. – D.1. ...

E. Effective for dates of service on or after July 1, 2012, the flat fee reimbursement rates paid for anesthesia services shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

F. Effective for dates of service on or after July 20, 2012, the 3.7 percent rate reduction for flat fee reimbursement of anesthesia services shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012.

G. Effective for dates of service on or after July 20, 2012, the flat fee reimbursement for anesthesia services rendered by a CRNA shall be reduced by 3.4 percent of the rates in effect on July 19, 2012.

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, Bureau of Health Services Financing, amended LR 36:1251 (June 2010), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#045

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Professional Services Program—Family Planning Services
Reimbursement Rate Reduction (LAC 50:IX.15143)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:IX.15143 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by House Bill 1 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." 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.

As a result of a budgetary shortfall in state fiscal year 2010, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the Professional Services Program to reduce the reimbursement rates for family planning services and to promulgate these provisions in a codified format for inclusion in the *Louisiana Administrative Code* (*Louisiana Register*, Volume 36, Number 11).

Due to a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for family planning services to reduce the reimbursement rates (*Louisiana Register*, Volume 38, Number 7). The department promulgated an Emergency Rule which amended the July 1, 2012 Emergency Rule in order to adjust the rate reduction (*Louisiana Register*, Volume 39, Number 2). This Emergency Rule is being promulgated to continue the provisions of the February 20, 2013 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective June 21, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the July 1, 2012 Emergency Rule governing the Professional Services Program which reduced the reimbursement rates paid for family planning services.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 15. Reimbursement
Chapter 151. Reimbursement Methodology
Subchapter E. Family Planning Services
§15143. Reimbursement

A. - C. ...

D. Effective for dates of service on or after July 1, 2012, the reimbursement rates for family planning services

rendered by a physician shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

1. Effective for dates of service on or after February 20, 2013, the 3.7 percent reimbursement rate reduction for family planning services rendered by a physician shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012.

E. - E.3.a. …

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, Bureau of Health Services Financing, LR 36:2566 (November 2010), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:96 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#047

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Professional Services Program—Immunizations
Reimbursement Methodology (LAC 50:IX.8305 and 8505)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:IX.8305 and §8505 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, Bureau of Health Services Financing and the Office of Public Health (OPH) adopted provisions to establish Medicaid payment of uncompensated care costs for the administration of vaccines rendered by OPH to Medicaid eligible recipients (*Louisiana Register*, Volume 39, Number 1).

The Patient Protection and Affordable Care Act (PPACA) requires states to reimburse certain primary care services, including the administration of specified immunizations (if they were covered), at an increased rate. In compliance with PPACA and federal regulations, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for Medicaid payments to providers for the administration of certain vaccines to children to increase the reimbursement rates (*Louisiana Register*, Volume 39, Number 1). The provisions governing an increase in rates for the administration of certain vaccines to adults were inadvertently omitted from the January 1, 2013 Emergency Rule. The department promulgated an Emergency Rule which amended the January 1, 2013 Emergency Rule in order to incorporate provisions governing an increase in rates for the administration of certain vaccines to adults and to revise the payment methodology (*Louisiana Register*, Volume 39, Number 2). This Emergency Rule is being promulgated to continue the provisions of the February 20, 2013 Emergency Rule. This action is being taken to avoid federal sanctions and to secure enhanced federal funding.

Effective June 21, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the January 1, 2013 Emergency Rule governing the reimbursement methodology for the administration of immunizations.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 7. Immunizations
Chapter 83. Children's Immunizations
§8305. Reimbursement Methodology

A. - C.3.a. ...

D. Effective for dates of service on or after January 1, 2013 through December 31, 2014, certain vaccine administration services shall be reimbursed at payment rates consistent with the methodologies that apply to such services and physicians under Part B of Title XVIII of the Social Security Act (Medicare) and the Vaccines for Children (VFC) Program.

1. The following vaccine service codes, when covered by the Medicaid Program and provided under the VFC Program, shall be reimbursed at an increased rate:

a. 90471, 90472, 90473 and 90474; or

b. their successor codes as specified by the U.S. Department of Health and Human Services.

2. Qualifying Criteria. Reimbursement shall be limited to specified services furnished by a physician, either a doctor of osteopathy or a medical doctor or under the personal supervision of a physician, who attests to a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics, and also attests to meeting one or more of the following criteria:

a. certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); or

b. specified evaluation and management and vaccine services that equal at least 60 percent of total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month.

3. Payment Methodology. For vaccine administration services provided under the Vaccines for Children Program

in calendar years 2013 and 2014, the reimbursement shall be the lesser of the:

a. Regional Maximum Administration Fee; or

b. Medicare fee schedule rate in calendar years 2013 or 2014 that reflects the mean value over all parishes (counties) of the rate for each of the specified code(s) or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor multiplied by the calendar year 2013 and 2014 relative value units in accordance with 42 CFR 447.405 as approved by the Centers for Medicare and Medicaid Services.

4. The department shall make a payment to the provider for the difference between the Medicaid rate and the increased rate, if any.

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 35:71 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:96 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Chapter 85. Adult Immunizations

§8505. Reimbursement Methodology

A. – B.3.a. …

C. Effective for dates of service on or after January 1, 2013 through December 31, 2014, certain vaccine administration services shall be reimbursed at payment rates consistent with the methodology that applies to such services and physicians under Part B of Title XVIII of the Social Security Act (Medicare).

1. The following vaccine service codes, when covered by the Medicaid Program, shall be reimbursed at an increased rate:

a. 90471, 90472, 90473 and 90474; or

b. their successor codes as specified by the U.S. Department of Health and Human Services.

2. Qualifying Criteria. Reimbursement shall be limited to specified services furnished by a physician, either a doctor of osteopathy or a medical doctor or under the personal supervision of a physician, who attests to a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics, and also attests to meeting one or more of the following criteria:

a. certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); or

b. specified evaluation and management and vaccine services that equal at least 60 percent of total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month.

3. Payment Methodology. For vaccine administration services provided in calendar years 2013 and 2014, the reimbursement shall be the lesser of the:

a. Medicare fee schedule rate in calendar years 2013 or 2014 that reflects the mean value over all parishes (counties) of the rate for each of the specified code(s) or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor multiplied by the calendar year 2013 and 2014 relative value units in accordance with 42 CFR 447.405 as approved by the Centers for Medicare and Medicaid Services; or

b. provider's actual billed charges for the service.

4. The department shall make a payment to the provider for the difference between the Medicaid rate and the increased rate, if any.

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, Bureau of Health Services Financing and the Office of Public Health, LR 39:97 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#046

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Professional Services Program—Physicians Services Reimbursement Methodology (LAC 50:IX.15113)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:IX.15113 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, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for physician services to increase the reimbursement rates for obstetric delivery services (*Louisiana Register*, Volume 37, Number 3).

As a result of a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for physician services to reduce the reimbursement rates and discontinue reimbursement for certain procedures (*Louisiana Register*, Volume 38, Number 7). The department subsequently amended the provisions of the July 1, 2012 Emergency Rule in order to revise the

formatting to ensure that these provisions are promulgated in a clear and concise manner (*Louisiana Register*, Volume 38, Number 10).

The Patient Protection and Affordable Care Act (PPACA) requires states to reimburse certain primary care services at an increased rate. In compliance with PPACA and federal regulations, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for physician services in order to increase the reimbursement rates (*Louisiana Register*, Volume 39, Number 1).

The department promulgated an Emergency Rule which amended the provisions of the January 1, 2013 Emergency Rule in order to revise the payment methodology and to correct the formatting of these provisions as a result of the promulgation of the October 20, 2012 Emergency Rule governing the reimbursement methodology for physician services (*Louisiana Register*, Volume 39, Number 2). This Emergency Rule is being promulgated to continue the provisions of the February 20, 2013 Emergency Rule. This action is being taken to avoid federal sanctions and to secure enhanced federal funding.

Effective June 21, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the January 1, 2013 Emergency Rule governing the reimbursement methodology for physician services covered in the Professional Services Program.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 15. Reimbursement
Chapter 151. Reimbursement Methodology
Subchapter B. Physician Services
§15113. Reimbursement Methodology

A. - I.3. …

J. Effective for dates of service on or after January 1, 2013 through December 31, 2014, certain physician services shall be reimbursed at payment rates consistent with the methodology that applies to such services and physicians under Part B of Title XVIII of the Social Security Act (Medicare).

1. The following physician service codes, when covered by the Medicaid Program, shall be reimbursed at an increased rate:

a. evaluation and management codes 99201 through 99499; or

b. their successor codes as specified by the U.S. Department of Health and Human Services.

2. Qualifying Criteria. Reimbursement shall be limited to specified services furnished by or under the personal supervision of a physician, either a doctor of osteopathy or a medical doctor, who attests to a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics, and who also attests to meeting one or more of the following criteria:

a. certification as a specialist or subspecialist in family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); or

b. specified evaluation and management and vaccine services that equal at least 60 percent of total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month.

3. Payment Methodology. For primary care services provided in calendar years 2013 and 2014, the reimbursement shall be the lesser of the:

a. Medicare Part B fee schedule rate in calendar years 2013 or 2014 that is applicable to the place of service and reflects the mean value over all parishes (counties) of the rate for each of the specified codes or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor multiplied by the calendar year 2013 and 2014 relative value units in accordance with 42 CFR 447.405. If there is no applicable rate established by Medicare, the reimbursement shall be the rate specified in a fee schedule established and announced by the Centers for Medicare and Medicaid Services (CMS); or

b. provider's actual billed charge for the service.

4. The department shall make payment to the provider for the difference between the Medicaid rate and the increased rate, if any.

K. - K.1. Reserved

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 36:1252 (June 2010), amended LR 36:2282 (October 2010), LR 37:904 (March 2011), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#048

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Professional Services Program
Reimbursement Methodology
Supplemental Payments
(LAC 50:IX.15151 and 15153)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts §15151 and §15153 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 provisions in the Professional Services Program to provide supplemental payments to physicians and other eligible professional service practitioners employed by state-owned or operated entities (*Louisiana Register*, Volume 32, Number 6).

The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for professional services to provide a supplemental payment to physicians and other professional practitioners employed by, or under contract with, non-state owned or operated governmental entities (*Louisiana Register*, Volume 36, Number 6). In addition, this Emergency Rule also repromulgated the provisions of the June 20, 2006 Rule in a codified format for inclusion in the *Louisiana Administrative Code*.

The department determined that the Emergency Rule to redeclare these provisions was inadvertently omitted from the October 2012 submission to the Office of State Register for publication in the *Louisiana Register*. Therefore, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for professional services to assure compliance with the technical requirements of R.S. 49:953, and to re-instate the provisions of the July 1, 2010 Emergency Rule governing the Professional Services Program and supplemental payments for physicians and other professional practitioners employed by, or under contract with, non-state owned or operated governmental entities (*Louisiana Register*, Volume 39, Number 2). The Centers for Medicare and Medicaid Services (CMS) has already approved the corresponding amendment to the Medicaid State Plan which governs these supplemental payments. This Emergency Rule is being promulgated to continue the provisions of the February 20, 2013 Emergency Rule. This action is being taken to promote the health and welfare of Medicaid recipients by encouraging continued provider participation in the Medicaid Program to ensure recipient access to services.

Effective June 21, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for services rendered by physicians and other professional service practitioners.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 15. Reimbursement
Chapter 151. Reimbursement Methodology
Subchapter F. Supplemental Payments

§15151. Qualifying Criteria – State Owned or Operated Professional Services Practices

A. In order to qualify to receive supplemental payments, physicians and other eligible professional service practitioners must be:

1. licensed by the State of Louisiana;
2. enrolled as a Louisiana Medicaid provider; and
3. employed by a state-owned or operated entity, such as a state-operated hospital or other state entity, including a state academic health system, which:
   a. has been designated by the bureau as an essential provider; and
   b. has furnished satisfactory data to DHH regarding the commercial insurance payments made to its employed physicians and other professional service practitioners.

B. The supplemental payment to each qualifying physician or other eligible professional services practitioner in the practice plan will equal the difference between the Medicaid payments otherwise made to these qualifying providers for professional services and the average amount that would have been paid at the equivalent community rate. The community rate is defined as the average amount that would have been paid by commercial insurers for the same services.

C. The supplemental payments shall be calculated by applying a conversion factor to actual charges for claims paid during a quarter for Medicaid services provided by the state-owned or operated practice plan providers. The commercial payments and respective charges shall be obtained for the state fiscal year preceding the reimbursement year. If this data is not provided satisfactorily to DHH, the default conversion factor shall equal "1". This conversion factor shall be established annually for qualifying physicians/practitioners by:

1. determining the amount that private commercial insurance companies paid for commercial claims submitted by the state-owned or operated practice plan or entity; and
2. dividing that amount by the respective charges for these payers.

D. The actual charges for paid Medicaid services shall be multiplied by the conversion factor to determine the maximum allowable Medicaid reimbursement. For eligible non-physician practitioners, the maximum allowable Medicaid reimbursement shall be limited to 80 percent of this amount.

E. The actual base Medicaid payments to the qualifying physicians/practitioners employed by a state-owned or operated entity shall then be subtracted from the maximum Medicaid reimbursable amount to determine the supplemental payment amount.

F. The supplemental payment for services provided by the qualifying state-owned or operated physician practice plan will be implemented through a quarterly supplemental payment to providers, based on specific Medicaid paid claim data.

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, Bureau of Health Services Financing, LR 39:

§15153. Qualifying Criteria—Non-State Owned or Operated Professional Services Practices

A. Effective for dates of service on or after February 20, 2013, physicians and other professional service practitioners who are employed by, or under contract with, a non-state owned or operated governmental entity, such as a non-state owned or operated public hospital, may qualify for supplemental payments for services rendered to Medicaid recipients. To qualify for the supplemental payment, the physician or professional service practitioner must be:

1. licensed by the state of Louisiana; and
2. enrolled as a Louisiana Medicaid provider.

B. The supplemental payment will be determined in a manner to bring payments for these services up to the community rate level.

1. For purposes of these provisions, the community rate shall be defined as the rates paid by commercial payers for the same service.

C. The non-state governmental entity shall periodically furnish satisfactory data for calculating the community rate as requested by DHH.

D. The supplemental payment amount shall be determined by establishing a Medicare to community rate conversion factor for the physician or physician practice plan. At the end of each quarter, for each Medicaid claim paid during the quarter, a Medicare payment amount will be calculated and the Medicare to community rate conversion factor will be applied to the result. Medicaid payments made for the claims paid during the quarter will then be subtracted from this amount to establish the supplemental payment amount for that quarter.

E. The supplemental payments shall be made on a quarterly basis and the Medicare to community rate conversion factor shall be recalculated periodically as determined by the department.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#049

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Prosthetics and Orthotics
Reimbursement Rate Reduction
(LAC 50:XVII.501)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XVII.501 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by House Bill 1 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." 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.

As a result of a budgetary shortfall in state fiscal year 2010, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for prosthetics and orthotics to reduce the reimbursement rates (*Louisiana Register*, Volume 36, Number 11).

As a result of a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for prosthetics and orthotics to reduce the reimbursement rates (*Louisiana Register*, Volume 38, Number 7). This Emergency Rule is being promulgated to continue the provisions of the July 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective June 29, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for prosthetics and orthotics to reduce reimbursement rates.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XVII. Prosthetics and Orthotics
Subpart 1. General Provisions
Chapter 5. Reimbursement
§501. Reimbursement Methodology

A. - F.1. …

G. Effective for dates of service on or after July 1, 2012, the reimbursement for prosthetic and orthotic devices shall be reduced by 3.7 percent of the fee amounts on file as of June 30, 2012.

1. The rate reduction shall not apply to items that do not appear on the fee schedule and are individually priced.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1597 (July 2005), amended LR 34:881 (May 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1903 (September 2009), repromulgated LR 36:521 (March 2010), amended LR 36:1253 (June 2010), amended LR 36:2567 (November 2010), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#050

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Behavioral Health

Substance Abuse Services
Reimbursement Rate Reduction
(LAC 50:XXXIII.14701)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health amend LAC 50:XXXIII.14701 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by House Bill 1 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." 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, Bureau of Health Services Financing adopted provisions to implement a coordinated behavioral health services system under the Medicaid Program which provides coverage of substance abuse services for children and adults (*Louisiana Register*, Volume 38, Number 2).

As a result of a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for substance abuse services to reduce the reimbursement rates for outpatient substance abuse services provided to children/adolescents (*Louisiana Register*, Volume 38, Number 7). This Emergency Rule is being promulgated to continue the provisions of the July 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective June 29, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health amend the provisions governing the reimbursement methodology for substance abuse services to reduce the reimbursement rates.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXXIII. Behavioral Health Services
Subpart 15. Substance Abuse Services
Chapter 147. Reimbursement
§14701. Reimbursement Methodology

A. ...

B. Effective for dates of service on or after July 1, 2012, the reimbursement rates for outpatient substance abuse services provided to children/adolescents shall be reduced by 1.44 percent of the rates in effect on June 30, 2012.

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, Bureau of Health Services Financing and the Office of Behavioral Health, LR 38:427 (February 2012), amended LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#051

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Targeted Case Management
Reimbursement Rate Reduction
(LAC 50:XV.10701)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XV.10701 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by House Bill 1 of the 2012 Regular Session of the Louisiana Legislature which states: "The secretary is directed to utilize various cost containment measures to ensure expenditures remain at the level appropriated in this Schedule, including but not limited to precertification, preadmission screening, diversion, fraud control, utilization review and management, prior authorization, service limitations, drug therapy management, disease management, cost sharing, and other measures as permitted under federal law." 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.

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health (OPH) adopted provisions to establish Medicaid payment of uncompensated care costs for targeted case management (TCM) services rendered by OPH to Medicaid eligible recipients (*Louisiana Register*, Volume 39, Number 1). As a result of a budgetary shortfall in state fiscal year 2013, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for TCM services to reduce the reimbursement rates (*Louisiana Register*, Volume 38, Number 7). Due to a continuing budgetary shortfall in state fiscal year 2013, the department promulgated Emergency Rules which amended the provisions governing targeted case management in order

to terminate the services rendered in the Nurse Family Partnership Program and TCM services rendered to HIV disabled individuals (*Louisiana* Register, Volume 39, Number 1).

The department promulgated an Emergency Rule which amended the provisions of the July 1, 2012 Emergency Rule in order to revise these provisions as a result of the TCM service terminations (*Louisiana Register*, Volume 39, Number 2). This Emergency Rule is being promulgated to continue the provisions of the February 20, 2013 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective June 21, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends provisions governing the reimbursement methodology for targeted case management services.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XV. Services for Special Populations

Subpart7. Targeted Case Management

Chapter 107. Reimbursement

§10701. Reimbursement

A. - F.1. …

G. Effective for dates of service on or after July 1, 2012, the reimbursement for case management services provided to the following targeted populations shall be reduced by 1.5 percent of the rates on file as of June 30, 2012:

1. participants in the Early and Periodic Screening, Diagnosis, and Treatment Program; and

2. individuals with developmental disabilities who participate in the New Opportunities Waiver.

3. - 4. Repealed.

H. - H.3.a. …

I. - J. Reserved.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:1040 (May 2004), amended LR 31:2032 (August 2005), amended LR 35:73 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1903 (September 2009), amended LR 36:1783 (August 2010), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:97 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She 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.

Kathy H. Kliebert
Interim Secretary

1306#052

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Licensed Professional Counselors Board of Examiners

Practice of Mental Health Counseling
for Serious Mental Illnesses (LAC 46:LX.505)

The Louisiana Department of Health and Hospitals, Louisiana Licensed Professional Counselors Board of Examiners has exercised the emergency provisions of the Administrative Procedures Act, specifically R.S. 49:953(B), to adopt rules relative to the Practice of Mental Health Counseling, to be designated as §505 of board rules. Previously, an Emergency Rule designated as Section 505 of Board Rules was promulgated due to Act 320 of the 2011 Regular Legislative session. This Emergency Rule replaces the previously promulgated Emergency Rule due to Act 636 of the 2012 Regular Legislative Session. This Emergency Rule is effective July 1, 2013 for a period of 60 days.

This action is necessary due to the immediate effect of Act 636 of 2012, which defines duties for Louisiana Professional Counselors who treat "serious mental illnesses". Because Act 636 was effective on June 7, 2012 upon the Governor's signature, and because of the substantive changes made, there is insufficient time to promulgate these rules under the usual Administrative Procedures Act rulemaking process. However, the Louisiana Licensed Professional Counselors Board of Examiners submitted a Notice of Intent for publication in the April 20, 2013 edition of the *Louisiana Register* and will submit the final Rule for publication in the July 20, 2013 edition of the *Louisiana Register.*

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LX. Licensed Professional Counselors Board of Examiners

Subpart 1. Licensed Professional Counselors

Chapter 5. License and Practice of Counseling

§505. Serious Mental Illnesses

A. Introduction. Act 636 of the 2012 Regular Session of the Louisiana Legislative amended the Louisiana Professional Counselors Practice Act as follows.

1. *Mental Health Counseling Services*—rendering or offering prevention, assessment, diagnosis, and treatment, which include psychotherapy, of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor, that is consistent with his professional training as prescribed by R.S. 37:1107(A)(8), and code of ethics/behavior involving the application of principles, methods, or procedures of the mental health counseling profession.

2. However, a LPC may not assess, diagnose, or provide treatment to any individual suffering from a serious mental illness when medication may be indicated, unless the LPC consults and collaborates with a practitioner who is licensed or holds a permit with the State Board of Medical Examiners or an advanced practice registered nurse licensed by the Louisiana State Board of Nursing who is certified as a psychiatric nurse practitioner.

B. Applicability. The requirement for collaboration and consultation set forth above shall apply only if any of the following conditions are assessed, diagnosed, or treated by the counselor:

1. schizophrenia or schizoaffective disorder;
2. bipolar disorder;
3. panic disorder;
4. obsessive-compulsive disorder;
5. major depressive disorder- moderate to severe;
6. anorexia/bulimia;
7. intermittent explosive disorder;
8. autism;
9. psychosis NOS (not otherwise specified) when diagnosed in a child under seventeen years of age;
10. Rett's disorder;
11. Tourette's disorder;
12. dementia.

C. Definitions

1. As used herein *practitioner*—an individual who is licensed or holds a permit with the State Board of Medical Examiners or an advanced practice registered nurse licensed by the Louisiana State Board of Nursing who is certified as a psychiatric nurse practitioner.

2. As used herein *medication is indicated when*—the client has been diagnosed with a serious mental illness and:

a. when the client or legal guardian discloses the prescribed use of psychiatric medication, and/or

b. when the LPC, client, or legal guardian believes that the use of prescribed psychiatric medication may facilitate treatment goals and improve client functioning.

3. As used herein *consultation and collaboration*—when medication is indicated for clients who have been diagnosed with a serious mental illness, the counselor shall initiate contact with a practitioner for the purpose of communicating the diagnosis and plan of care. The counselor will provide information to the practitioner regarding client progress as conditions warrant. Consultation and collaboration, for purposes of these rules and otherwise, shall not be construed as supervision. Further, consultation and collaboration does not include the transfer between the consulting professionals of responsibility for the client's care or the ongoing management of the client's presenting problem(s).

D. Effect on Existing Rules. All existing rules or parts thereof are hereby superseded and amended to the extent that they specifically conflict with these emergency rules. Existing Board rules shall be revised and re-codified at such time as the final Board rules implementing Act 636 are adopted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1105(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 39:

Mary Alice Olsan
Executive Director

1306#070

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Red Snapper Recreational Season Modification

The recreational season for the harvest of red snapper in Louisiana state waters has previously been set to open on the Saturday preceding Palm Sunday (March 23, 2013). The established season for the recreational harvest of red snapper as outlined in LAC 76:VII.335 is open on weekends only, where Friday, Saturday, Sunday, and the Monday of Memorial Day and the Monday of Labor Day are defined as a weekend day, through September 30 of each year. The bag and possession limit, as established in LAC 76:VII.335 is 3 red snapper per person per day. The season is hereby modified effective from 12:01 a.m. on June 1, 2013 to 12:01 a.m. on June 29, 2013 to be every day with a bag and possession limit of 2 red snapper per person per day at the currently established size limit. The secretary has been informed that the recreational season for red snapper in the Federal waters of the Gulf of Mexico off the coast of Louisiana will open at 12:01 a.m. on June 1, 2013, and will remain open through June 28, 2013.

In accordance with the emergency provisions of R.S. 49:953, the Administrative Procedure Act, R.S. 49:967 which allows the Department of Wildlife and Fisheries and the Wildlife and Fisheries Commission to use emergency procedures to set finfish seasons, R.S. 56:326.3 which provides that the Wildlife and Fisheries Commission may set seasons for saltwater finfish, and the authority given to the Secretary of the Department by the Commission in LAC 76.VII.335.G.5 and by the Commission in its resolution of January 3, 2013 to modify the recreational red snapper seasons in Louisiana state waters when he deems necessary, the Secretary hereby declares:

The recreational fishery for red snapper in Louisiana waters will open at 12:01 a.m. on June 1, 2013, and remain open every day until 12:01 a.m. on June 29, 2013 at which time the recreational fishery for red snapper in Louisiana waters shall return to the weekend only season structure as established in LAC 76.VII.335. Effective with this modification the recreational bag and possession limit for red snapper shall be 2 red snapper per person per day at the currently established size limit from 12:01 a.m. on June 1, 2013 until 12:01 a.m. on June 29, 2013 at which time the bag and possession limit shall return to the established bag and possession limit of three red snapper per person per day at the currently established size limit as established in LAC 76.VII.335.

The secretary has been notified by NOAA Fisheries that the recreational red snapper season in Federal waters of the Gulf of Mexico off of Louisiana will open from June 1, 2013 at 12:01 a.m. until 12:01 a.m. June 29, 2013, at which time the season in Federal waters will close.

Robert Barham
Secretary

1306#076

Rules

RULE

Department of Agriculture and Forestry
Office of Agricultural and Environmental Sciences
Structural Pest Control Commission

Termite Control—Trench and Treat (LAC 7:XXV.141)

In accordance with provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and the enabling statute, R.S. 3:3366, the Department of Agriculture and Forestry and the Structural Pest Control Commission (SPCC), has amended regulations to require pest control operators in Louisiana who use termiticides approved by the SPCC, to calculate the termiticide and water mixture for a minimum of a 12 inch depth application in the trench when using the trench and treat requirements on the termiticide labels. The implementation of these Rules will clarify label requirements that have been industry standards and used in this fashion for many years, but were not specifically required on the federal labels or by the SPCC Rules. Louisiana has a significant Formosan Subterranean Termite (FST) population, which causes tremendous damage to homes each year. This Rule will assure homeowners and other structure owners that they are obtaining the best scientific protection. With this Rule change, the Department and the SPCC are continuing to protect the public by preventing homes and other structures from infestation by subterranean termites.

Title 7
AGRICULTURE AND ANIMALS
Part XXV. Structural Pest Control
Chapter 1. Structural Pest Control Commission
§141. Minimum Specifications for Termite Control Work

A. - A.2. …

B. Requirements for Trench and Treat

1. Calculations made for the rate and volume of the termiticide mixture being applied in all trenches shall be based on a minimum of one foot of depth.

2. All trenches shall be a minimum of four inches wide at the top angled toward the foundation and a minimum of six inches deep in order to permit application of the required chemical.

3. Application of the product mixture into the trench shall be made at the rate and manner prescribed on the label and labeling.

4. Rodding shall be acceptable only when trenching will damage irrigation equipment, flowers and/or shrubs.

C. - I.2.c. …

3. The requirements specified in §141.B.1-3 shall not be waived.

J. - M.9. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3366.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Structural Pest Control Commission, LR 11:330 (April 1985), amended by the Department of Agriculture and Forestry, Structural Pest Control Commission, LR 15:958 (November 1989), LR 20:644 (June 1994), LR 21:931 (September 1995), LR 23:1285 (October 1997), LR 25:235 (February 1999), LR 25:1620 (September 1999), LR 26:2437 (November 2000), LR 27:1180 (August 2001), LR 29:1063 (July 2003), LR 30:1145 (June 2004), repromulgated LR 30:1614 (August 2004), amended LR 35:207 (February 2009), LR 35:1469 (August 2009), repromulgated LR 35:1872 (September 2009), amended LR 37:286 (January 2011), amended by the Department of Agriculture and Forestry, Office of Agricultural and Environmental Sciences, Structural Pest Control Commission, LR 39:1413 (June 2013).

Mike Strain, DVM
Commissioner

1306#080

RULE

Department of Children and Family Services
Economic Stability

Drug Screening, Energy Assistance,
and Substance Abuse Treatment Programs
(LAC 67:III.1249, 1290, 1291, and 5563)

In accordance with the provisions of the Administrative Procedure Act R.S. 49:953 (A), the Department of Children and Family Services (DCFS) has amended LAC 67:III, Subpart 2 Family Independence Temporary Assistance Program (FITAP), Chapter 12, Subchapter B, Section 1249, repeal Subchapter D, Sections 1290 and 1291; and amended Subpart 15 Temporary Assistance for Needy Families (TANF) Initiatives, Chapter 55, Section 5563.

Pursuant to Louisiana's Temporary Assistance for Needy Families (TANF) Block Grant, adjustments to Section 1249 of FITAP Conditions of Eligibility and Section 5563 of TANF Initiatives, and the elimination of FITAP Special Initiatives Sections 1290 and 1291, are necessary to facilitate the expenditure of Louisiana's TANF Grant. Section 1249, Drug Screening, Testing, Education and Rehabilitation Program has been amended for clarification. The drug screening of FITAP applicants/recipients will no longer be contracted with the Department of Health and Hospitals (DHH), Office of Behavioral Health, but will be performed statewide by DCFS staff. Section 5563 Substance Abuse Treatment Program for Needy Families has been amended to mirror Section 1249 in that DCFS will provide statewide drug screening services and continue to fund non-medical treatment to TANF-eligible individuals through partnership with DHH, Office of Behavioral Health. Section 1290 Energy Assistance and Section 1291 Substance Abuse Treatment Program have been repealed.

Action is required in this matter to facilitate the expenditure of TANF funds. This action was made effective by an Emergency Rule dated and effective February 1, 2013.

Title 67
SOCIAL SERVICES
Part III. Economic Stability
Subpart 2. Family Independence Temporary Assistance Program
Chapter 12. Application, Eligibility, and Furnishing Assistance
Subchapter B. Conditions of Eligibility
§1249. Drug Screening, Testing, Education and Rehabilitation Program

A. ...

B. Screening and Referral Process. All adult applicants for and recipients of FITAP will be screened for the use of or dependency on illegal drugs at initial application and redetermination of eligibility using a recognized and standardized drug abuse screening test.

1. When the screening process indicates that there is a reason to suspect that a recipient is using or dependent on illegal drugs, or when there is other evidence that a recipient is using or dependent on illegal drugs, the caseworker will refer the recipient to the Department of Health and Hospitals, Office of Behavioral Health (OBH) to undergo a formal substance abuse assessment which may include urine testing. The referral will include a copy of the screening form, a copy of the Release of Information Form, and a photograph of the individual for identification purposes.

2. Additionally, if at any time DCFS has reasonable cause to suspect that a recipient is using or dependent on illegal drugs based on direct observation or if DCFS judges to have reliable information of use or dependency on illegal drugs received from a reliable source, the caseworker will refer the recipient to OBH to undergo a formal substance abuse assessment which may include urine testing. All such referrals will require prior approval by the supervisor of the caseworker.

3. OBH will advise DCFS of the results of the formal assessment. If the formal assessment determines that the recipient is not using or dependent on illegal drugs, no further action will be taken unless subsequent screening or other evidence indicates a reasonable suspicion of illegal drug dependency or use. If the formal assessment determines that the recipient is using or dependent on illegal drugs, OBH will determine the extent of the problem and recommend the most appropriate and cost effective method of education and rehabilitation. The education or rehabilitation plan will be provided by OBH or by a contract provider and may include additional testing and monitoring. The OBH assessment will include a determination of the recipient's ability to participate in activities outside of the rehabilitation program.

C. Child care and transportation costs required for participation in the Drug Screening, Testing, Education And Rehabilitation Program will be paid by DCFS.

D. If residential treatment is recommended by OBH and the recipient is unable to arrange for the temporary care of dependent children, DCFS and/or OBH will coordinate with the DCFS, Child Welfare Section, to arrange for the care of such children.

E. - E.2. ...

F. If after completion of education and rehabilitation, the recipient is subsequently determined to use or be dependent on illegal drugs, the recipient will be ineligible for FITAP cash benefits until such time that OBH determines that the individual has successfully completed the recommended education and rehabilitation program and is drug free. The eligibility of other family members will not be affected as long as the individual participates in the Education And Rehabilitation Program.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S. 36:474, R.S. 46:231.1.B, Act 58, 2003 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 25:2453 (December 1999), amended LR 30:495 (March 2004), amended by the Department of Children and Family Services, LR 39:1414 (June 2013).

Subchapter D. Special Initiatives
§1290. Energy Assistance

Repealed.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; R.S. 36:474 and 46:231; and Act 12, 2001 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 28:103 (January 2002), repealed by the Department of Children and Family Services, LR 39:1414 (June 2013).

§1291. Substance Abuse Treatment Program

Repealed.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; R.S. 36:474 and 46:231; and Act 12, 2001 Reg. Session, Act 16, 2005 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 28:1492 (June 2002), amended LR 32:1912 (October 2006), repealed by the Department of Children and Family Services, LR 39:1414 (June 2013).

Subpart 15. Temporary Assistance for Needy Families (TANF) Initiatives
Chapter 55. TANF Initiatives
§5563. Substance Abuse Treatment Program for Needy Families

A. The Department for Children and Family Services (DCFS) shall enter into a Memorandum of Understanding with the Department of Health and Hospitals, Office of Behavioral Health (OBH) wherein DCFS shall fund the cost of substance abuse non-medical treatment of members of needy families to the extent that funds are available commencing June 1, 2002.

B. ...

C. Eligibility for services is limited to needy families, that is, a family in which any member receives a Family Independence Temporary Assistance Program (FITAP) grant, Kinship Care Subsidy Program (KCSP) grant, Supplemental Nutrition Assistance Program (SNAP) benefits, Child Care Assistance Program (CCAP) services, Medicaid, Louisiana Children's Health Insurance Program (LaChip) benefits, Supplemental Security Income (SSI), Free or Reduced Lunch, or who has earned income at or below 200 percent of the federal poverty level. A needy family includes a minor child living with a custodial parent

or caretaker relative who has earned income at or below 200 percent of the federal poverty level.

D. ...

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; R.S. 46:231 and R.S. 36:474; Act 13, 2002 Reg. Session, Act 18, 2007 Reg. Session.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 29:190 (February 2003), amended LR 31:486 (February 2005), LR 34:696 (April 2008), amended by the Department of Children and Family Services, LR 39:1414 (June 2013).

Suzy Sonnier
Secretary

1306#027

RULE

Department of Civil Service
Board of Ethics

Investigation and Hearing Procedures
(LAC 52:I.Chapters 7-8 and 10-11)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Civil Service, Louisiana Board of Ethics, has amended Board of Ethics rules in order to bring them into compliance with current statutory provisions of the *Code of Governmental Ethics*.

Title 52
ETHICS
Part I. Board of Ethics

Chapter 7. Complaints

§703. Consideration of Other Information Concerning Possible Violations

A. Except as otherwise provided by law, the board may, by two-thirds majority vote (eight votes) of its membership, consider any matter which it has reason to believe may be a violation of any law within its jurisdiction including, but not limited to, a notice or report sent to the board by the legislative auditor, the inspector general, or otherwise received, and on such consideration may close the file, refer the matter to investigation, or take such other action as it deems appropriate.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1292 (October 1997), amended LR 39:1415 (June 2013).

§704. Notification of Investigation

A. If the board votes to refer a matter to investigation the executive secretary shall mail by certified mail a certified copy of the vote and an explanation of the matter to the subject of the non-sworn complaint or other matter as provided in §703 of these rules within 10 days after the vote occurs, along with a copy any complaint which redacts information about the identity of the complainant.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1292 (October 1997), amended LR 30:2668 (December 2004), LR 39:1415 (June 2013).

§708. Complaints; Action by the Board

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1292 (October 1997), amended LR 30:2668 (December 2004), repealed LR 39:1415 (June 2013).

Chapter 8. Investigations

§801. Referrals to Investigation

A. When the board orders an investigation, it shall be the staff of the board that conducts the investigation and completes the investigation report.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 39:1415 (June 2013).

§802. Board Investigation

A. Upon completion of an investigation, the report shall be presented to the board by its attorney(s) and shall be reviewed by the board. The board shall decide whether:

1. ...
2. charges should be filed;
3. - 4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1293 (October 1997), amended LR 39:1415 (June 2013).

§803. Panel Recommendation; Procedure

A. If the board elects to sit in panels and an investigation is ordered by the board, once the investigation is completed and the report reviewed by the panel, the panel shall make a recommendation to the board that:

1. ...
2. charges should be filed;
3. - 4. ...

B. After receiving the panel's recommendation, the board shall determine whether to accept the panel's recommendation or to take such other action as it deems appropriate.

2. - 3. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1293 (October 1997), amended LR 39:1415 (June 2013).

§804. Investigation; Procedure

A. During the course of an investigation, subpoena duces tecums and subpoenas may be issued to a respondent or witness at the request of the staff of the investigative division of the board. The subpoena duces tecums and subpoenas shall be issued by the executive secretary of the board upon presentation of a factual basis alleging a nexus between the object of the subpoena duces tecum and evidence of a possible violation of a law under the jurisdiction of the board. The factual basis used to issue the subpoena shall be a confidential document pursuant to R.S. 42:1141.4(K) and shall not be dispensed to the public, respondent, or the recipient of the subpoena.

B. During the course of the investigation, interrogatories may be issued by the staff of the investigative division of the board.

C. Subpoenas, subpoenas duces tecum, and interrogatories may be served on a person in any of the following manners:

1. by personal service upon the person or his attorney of record by any law enforcement officer or agent of the board;

2. by domiciliary service upon a person of majority age at the residence of the person by any law enforcement officer or agent of the board;

3. by certified mail, return receipt requested to the person or his attorney of record; or

4. service may be waived by the person or his attorney of record.

D. The return of documents or testimony of a respondent or witness pursuant to a subpoena or subpoena duces tecum shall be made under oath administered by the board, a member of the board's staff or a court reporter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORIAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 39:1415 June 2013).

§806. Investigations; Confidential

A. All investigations shall be privileged and confidential.

B. All investigations shall be conducted at the direction of an attorney for the board.

C. The board or its staff shall not disclose subpoenas served, documents requested, or any information or documents gained from its investigations to any person or the general public, except under the following situations:

1. to a respondent or potential witness with sufficient information in order to allow for proper preparation for an interview, subpoena or document production; and

2. to afford a respondent or witness an opportunity to address evidence or testimony gained from another source. The disclosure of such information is at the sole discretion of the investigative and legal staff of the board.

D. The confidential nature of investigations shall encompass and prohibit the disclosure by a respondent or by a witness of any interview conducted, subpoena served, document requested, document delivered, testimony given, question asked and any other evidence provided.

E. A respondent or witness is not entitled to be present or participate in the interview or deposition of any other witness.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORIAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 39:1416 (June 2013).

§808. Investigations; Investigation Reports

A. All documents, testimony or other information received by the staff of the board in connection with an investigation shall be privileged and protected from disclosure absent the waiver of said privilege by the board.

B. An investigative report shall be presented to the board by its attorney(s) for its consideration and deliberation in executive session.

C. In executive session, the board shall receive the presentation of the investigative report by its attorney(s) and review all relevant information and documents within the board's possession and knowledge and, thereafter, take one of the following actions:

1. order further investigation;

2. file charges; or

3. close the file.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORIAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 39:1416 (June 2013).

Chapter 10. Declaratory Hearings

§1001. Private Hearings

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1293 (October 1997), repealed LR 39:1416 (June 2013).

§1002. Initiating Declaratory Hearings

A. Declaratory hearings may be conducted, at the discretion of the board, upon submission of an application pursuant to R.S. 42:1141.1.

B. The application shall be in writing and shall contain the following information:

1. the name, address, and telephone number of the applicant;

2. identification of the statutes, rules or opinions subject of the application;

3. the question presented to the board for ruling;

4. a concise statement of all particular facts necessary and sufficient to accomplish the following:

a. to show the nature of the controversy or uncertainty and the manner in which the rule or statute on which the declaratory ruling is sought applies or potentially applies to the applicant; and

b. to answer the question presented to the board for ruling.

5. a statement identifying all statutes, rules, or opinions that are relevant to the question presented by the applicant;

6. a statement of the reasons for submitting the application, including a full disclosure of the petitioner's interest in obtaining the declaratory opinion;

7. a statement as to whether the question presented by the applicant is presently pending before or under consideration by the board or any other administrative, legislative, or adjudicative body;

8. a statement as to whether the applicant has some other adequate legal remedy that will terminate the controversy or remove any uncertainty as to the applicability to the applicant or the circumstances cited of the statute, rule or opinion in question; and

9. an affidavit that verifies the facts stated in the application are true and correctly stated, and the verification is based on the documents attached to or identified in the application or based on the affiant's personal knowledge.

C. The application for declaratory opinion should be filed with the executive secretary of the Louisiana Board of Ethics.

D. The application for declaratory opinion may be accompanied by a memorandum urging the department to issue a declaratory opinion of specified content. Such memorandum shall not exceed 25 pages in length, exclusive

of cover pages, table of content, index of authority and exhibits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1293 (October 1997), amended LR 39:1416 (June 2013).

§1003. Assigning Declaratory Hearing

A. After receipt of the application, the board or panel thereof, at its next scheduled board meeting, if the application is granted, shall fix the time and place for the hearing on the applications.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1293 (October 1997), amended LR 39:1417 (June 2013).

§1004. Place of Public Hearing

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1294 (October 1997), repealed LR 39:1417 (June 2013).

§1005. Notice of Public Hearing

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1294 (October 1997), amended LR 30:2669 (December 2004), repealed LR 39:1417 (June 2013),

§1006. Continuance of Public Hearing

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1294 (October 1997), repealed LR 39:1417 (June 2013).

§1007. Procedure in Hearings

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1294 (October 1997), repealed LR 39:1417 (June 2013).

§1009. Subpoena of Witnesses and Production of Documents

A. The board, the ethics administrator, the executive secretary, and any specially designated agent of the board, shall have power to order the appearance of witnesses and to compel the production of books and papers pertinent to the issues involved in the hearing.

B. Any applicant desiring the issuance of a subpoena for any witness at the public hearing must apply for it, in writing, at least 10 days before the date fixed for the hearing and must give the name and physical address of the witness to whom the subpoena is to be directed.

C. In lieu of the issuance and service of formal subpoenas to state employees, the board or any person authorized by §1009.A, may request any agency to order any designated employee under its supervision to attend and testify at the hearing, and, upon being so ordered, the employee shall appear and furnish testimony.

D. Any applicant desiring the production of books, papers, photographs, or other items at any public hearing must apply for an appropriate order, in writing, at least 10 days before the date fixed for the hearing. Such request for the issuance of a subpoena duces tecum must describe the books or papers to be produced in sufficient detail for identification, must give the full name and physical address of the person required to make such production and the materiality of their production to the issues must be certified to by the applicant or his counsel.

E. A subpoena duces tecum issued pursuant to §1009 shall be returnable at the hearing or at such earlier date, time, and place as specified therein.

F. ...

G. The board or its chairman may, for cause deemed sufficient, issue an appropriate order at any time recalling any subpoena, subpoena duces tecum, or request issued by it or him under the provisions of this rule. The applicant may likewise obtain an order from the board recalling any subpoena, subpoena duces tecum, or request issued or caused to be issued by him.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1295 (October 1997), amended LR 39:1417 (June 2013).

§1010. Exclusion of Witnesses

A. The board, on request of any applicant, an attorney for an applicant or the trial attorney, shall, or on its own motion, may order that the witnesses in any hearing be excluded so as to preclude any witnesses, other than the applicants, their attorneys and the trial attorney, from hearing the testimony of any other witnesses. If so ordered, all witnesses shall be administered an oath and admonished not to discuss their testimony until the conclusion of the proceeding, except with counsel.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1295 (October 1997), amended LR 39:1417 (June 2013).

§1011. Summary Disposition of Charges

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1295 (October 1997), repealed LR 39:1417 (June 2013).

§1012. Consolidation of Public Hearings

A. When applications for declaratory opinions of two or more applicants involve similar or related circumstances, the board may, on its own motion, on motion of the trial attorney or on motion of an applicant, order a joint hearing of all applicants or may order separate hearings for specified applicants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1295 (October 1997), amended LR 26:627 (April 2000), LR 39:1417 (June 2013).

§1013. Transcripts of Hearings

A. The proceedings of all hearings shall be recorded, but shall be transcribed only upon order of the board or upon

request made by an applicant therein, accompanied by proffer of such cost as may be determined by the executive secretary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1296 (October 1997), amended LR 39:1417 (June 2013).

§1014. Witness Fees in Hearings

A. ...

B. The board may order that any person who is not an officer or employee of a state department and who is subpoenaed to testify or provide documents at a public hearing shall be entitled to the same mileage and fees as are allowed witnesses in civil cases by the Nineteenth Judicial District Court for the Parish of East Baton Rouge.

C. If a witness is subpoenaed at the request of the applicant, the board may order the same cost of witness fees and mileage to be paid by the applicant.

D. The board or the executive secretary, before issuing a subpoena, may require the party requesting the subpoena to deposit with the executive secretary a sum sufficient to cover the mileage costs and witness fees, pending a determination of costs by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1296 (October 1997), amended LR 39:1418 (June 2013).

§1015. Costs of Public Hearings

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1296 (October 1997), repealed LR 39:1418 (June 2013).

§1016. Interlocutory Rulings

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1296 (October 1997), repealed LR 39:1418 (June 2013).

§1017. Board Action Following Hearings

A. Following the close of a hearing, the board may either render its opinion or take the matter under advisement. In either event, the board may deliberate in general or executive session for the purpose of reaching a determination. The opinion may be made orally by dictating findings of fact and conclusions of law into the record or by causing a written opinion to be confected. If the matter is taken under advisement, the board shall have 90 days within which to render a decision.

B. ...

C. Except as otherwise specifically ordered by the board, the decision of the board shall be final:

1. on the date of mailing of notice to the applicant of the board's opinion, along with a certified copy of the approved minutes of the board, if the board renders its decision orally; or

2. ...

D. The executive secretary shall notify the applicant, or his counsel, of the board's decision, in writing, within 10 days of the board's final decision.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1296 (October 1997), amended LR 39:1418 (June 2013).

§1018. Rehearings

A. Any person aggrieved may apply to the board for a rehearing, in writing, within 10 days from the date the board's decision becomes final. The grounds for an application for a rehearing shall be that:

1. the opinion is clearly contrary to the law and the evidence;

2. - 4. ...

B. The application for a rehearing shall set forth the grounds which justify such action and shall be accompanied by a written brief or argument in support thereof, along with an affidavit as set forth in §1009.B.9.

C. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1296 (October 1997), amended LR 39:1418 (June 2013).

Chapter 11. Pre-Hearing Procedure

§1101. Discovery

A. Any public servant or other person who has been notified that he is to be the subject of a public hearing pursuant to the provisions of R.S. 42:1141(E), and the trial attorney and general counsel for the board shall be entitled to conduct discovery regarding any matter, not privileged, which is relevant to the pending public hearing. It is not grounds for objection that the information sought will be inadmissible at the hearing if the information sought appears reasonably calculated to lead to the discovery of admissible evidence.

B. Upon the filing of charges for violations of any law under the jurisdiction of the board, the respondent and the board, through its trial attorney(s) or general counsel, shall be granted the right of discovery in the following manner.

1. Depositions shall be allowed until within two weeks of trial.

2. All documents intended for admission at trial, motion or hearing shall be copied and delivered to the respondent and to the trial attorney(s). The delivery shall be provided within 15 days of receipt of a request for production of said documents. Additions shall be allowed upon a showing of good cause, lack of bad faith or joint consent.

3. All other documents within the possession of the trial attorney or the respondent or his counsel, except documents that reveal the identity of the complainant or are otherwise privileged, shall be made available for inspection or may be copied within 15 days of receipt of a request for production of said documents.

4. Any exculpatory or mitigating documents, that are not otherwise privileged, shall be delivered to the trial attorney or the respondent or his counsel within 15 days of receipt of a request for production of documents for said documents.

5. An expected witness list shall be produced to the opposing party at least 30 days subsequent to a request for such information. Additions shall be allowed upon a showing of good cause, lack of bad faith or joint consent.

6. All written statements of any witnesses intended to be called at a hearing or trial shall be delivered within 15 days of receipt of a request for production of said documents.

7. No work product of attorneys and no investigation reports shall be delivered to the respondent or his attorney.

8. The trial attorney(s) and any respondent or his attorney may serve upon each other written interrogatories or requests for admissions, pursuant to the provisions of applicable *Code of Civil Procedure* articles, to be answered by the party served within 15 days of receipt. Written interrogatories served in accordance with this provision shall not exceed 35 in number, including subparts.

C. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1296 (October 1997), amended LR 39:1418 (June 2013).

§1102. Motions and Exceptions

A. Motions and exceptions may be made before, during, or after a public hearing.

B. Motions and exceptions made before or after the public hearing shall be filed with the appropriate panel of the Ethics Adjudicatory Board. Contradictory motions and exceptions shall be accompanied by a memorandum which shall set forth a concise statement of the grounds upon which the relief sought is based and the legal authority therefore.

C. A motion for summary judgment may be filed by either the respondent or the trial attorney(s)

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1297 (October 1997), amended LR 39:1419 (June 2013).

§1103. Pre Hearing Notices

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1297 (October 1997), repealed LR 39:1419 (June 2013).

§1104. Pre Hearing Conference

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:1134(A).

HISTORICAL NOTE: Promulgated by the Department of Civil Service, Board of Ethics, LR 23:1297 (October 1997), repealed LR 39:1419 (June 2013).

Kathleen M. Allen
Ethics Administrator

1306#072

RULE

Department of Economic Development
Office of Business Development

Competitive Projects Tax Exemption Program
(LAC 13:I.Chapter 47)

The Department of Economic Development, Office of Business Development, as authorized by and pursuant to the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and R.S. 36:104 hereby enacts Sections 4701 through 4711 for the administration of the newly created Competitive Projects Tax Exemption Program as LAC 13:I.Chapter 47.

Title 13
ECONOMIC DEVELOPMENT
Part I. Financial Incentive Programs
Chapter 47. Competitive Projects Tax Exemption Program

§4701. General

A. The competitive projects tax exemption program provides an ad valorem property tax exemption for the facility of an eligible business. The secretary of the department economic development ("LED") or a local governmental entity listed in R.S. 47:4353 may invite targeted non-manufacturing businesses who meet the eligibility requirements to participate in the program.

B. Only property on which ad valorem taxes have not previously been paid will be eligible for the exemption. The applicant shall provide documentation to LED that property taxes have not previously been paid on the property for which it seeks the exemption.

C. Definitions

Facility—the land, buildings, infrastructure, and equipment necessary or beneficial to the project, and any additions, expansion and improvements thereto.

Program—the competitive projects tax exemption program.

Secretary—secretary of the Louisiana Department of Economic Development.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:4351, et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 39:1419 (June 2013).

§4703. Parish Participation in the Program

A. A contract for the program is available for projects located in parishes which have agreed to participate in the program.

B. A parish is eligible to participate in the program upon approval by all of the following local governmental entities:

1. the parish governing authority;
2. all municipalities in the parish which levy an ad valorem tax;
3. all school boards in the parish which levy an ad valorem tax;
4. the parish law enforcement district; and
5. the parish assessor.

C. The parish governing authority shall provide the secretary with written notification of the parish's agreement to participate in the program, together with copies of resolutions or other written evidence of each local governmental entity's agreement to participate.

D. Any of the entities listed in Subsection B of this Section may revoke its approval of participation in the program, by providing the secretary with written notification thereof, together with a copy of the resolution or other written evidence of the revocation action.

E. The parish will be deemed to have withdrawn from the program, effective 90 days after the secretary's receipt of written notice of revocation as provided in Subsection D of this Section. The parish's withdrawal shall not affect contracts executed prior to the effective date of the withdrawal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:4351, et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Financial Incentives Division, LR 39:1419 (June 2013).

§4705. Eligibility Requirements; Invitation to Participate; Application

A. At the invitation of the secretary or a local governmental entity of a participating parish, a business may apply for participation in the program by submitting certified statements and substantiating documents as required by LED.

B. The secretary or a local governmental entity of a participating parish may invite a business to participate in the program, upon the secretary's determination that the business meets all of the following criteria:

1. at least 50 percent of the total annual sales of the business from its Louisiana site or sites is to out-of-state customers or buyers, or to in-state customers or buyers who resell the product or service to an out-of-state customer or buyer for ultimate use, or to the federal government, or any combination thereof;

2. the business will primarily engage in one of the following activities at the project site:

a. corporate headquarters;

b. distribution facilities;

c. data service centers;

d. research and development operations; or

e. digital media and software development centers; and

3. the business shall make capital expenditures of at least $25,000,000 for the facility and create and maintain at least 50 new direct jobs during the contract period;

4. except for a business providing at least 50 new headquarters jobs or shared service center jobs, a business primarily engaged in the following types of businesses shall not be eligible for participation in the program:

a. retail sales;

b. real estate;

c. professional services;

d. natural resource extraction or exploration;

e. financial services; or

c. venture capital funds;

5. no business engaged in gaming or gambling operations shall be eligible for participation in this program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:4351, et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Business Incentives Services, LR 39:1420 (June 2013).

§4707. Contract Approval

A. Contract. The secretary shall determine the terms and conditions of the contract, including the term, performance obligations, monitoring by the department, reporting by the business, auditing of contract performance and the consequences of any failure to perform such obligations.

B. Approval

1. The secretary may request approval of the contract by the board of commerce and industry upon determining that:

a. the business meets all eligibility requirements;

b. participation in the program is needed in a highly competitive site selection situation to encourage the business to locate the project in the state; and

c. securing the project will result in significant positive economic benefit to the state.

2. Following approval by the board of commerce and industry, the contract shall be executed by the secretary.

3. LED shall submit a copy of the executed contract to the assessor and the parish governing authority of the affected parish.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:4351, et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Commerce and Industry, Business Incentives Services, LR 39:1420 (June 2013).

§4709. Annual Certification of Eligibility; Suspension or Termination

A. The qualified business must submit certification (signed by a key employee of the business) that it continues to meet all eligibility requirements of the program as well as all performance obligations of the contract by April 1 of each year. A company's failure to submit the annual certification of eligibility by the deadline provided for in this section shall result in the forfeiture of benefits for the previous tax year and the secretary, in his discretion, may terminate the contract. LED may require an audit of any annual certification at the expense of the qualified business.

B. Annually, LED will verify that a participating company continues to meet the eligibility requirements of the program as well as performance obligations.

C. If a business fails to maintain the eligibility requirements for participation in the program or fails to meet the performance objectives in the contract, the secretary may, at his discretion, suspend or terminate the contract.

1. A contract suspension shall remove the exemption for the year in which the failure occurred, but the secretary may lift the suspension following a year in which eligibility requirements and performance obligations are met, and the exemption shall then be restored effective for that year.

2. A contract cancellation shall remove the exemption for the calendar year in which the failure occurred and all future years.

D. Upon receipt of notification from the secretary that a contract is suspended or cancelled, the assessor shall adjust the property assessment in the manner provided by law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:4351, et seq.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, Business Resources Division, LR 39:1420 (June 2013).

Anne G. Villa
Undersecretary

1306#079

RULE

Board of Elementary and Secondary Education

Bulletin 111—The Louisiana School, District, and State Accountability System (LAC 28:LXXXIII.301, 409, and 521)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted revisions to *Bulletin 111—The Louisiana School, District, and State Accountability System*: §301, School Performance Score Goal; §409, Calculating a 9-12 Assessment Index; and §521, Pairing/Sharing of Schools with Insufficient Test Data. The proposed policy changes align state policy to federal law and determines the process for assigning school performance scores for schools with insufficient testing data.

Title 28
EDUCATION
Part LXXXIII. Bulletin 111—The Louisiana School, District, and State Accountability System
Chapter 3. School Performance Score Component
§301. School Performance Score Goal

A - C.3. …

* * *

4. A combination school (a school with a grade configuration that includes a combination from both categories of schools, K-8 and 9-12), will receive a score from a weighted average of the SPS from the K-8 grades and the SPS from the 9-12 grades.

a. The K-8 SPS will be weighted by the number of students eligible to test during the spring test administration.

b. The 9-12 SPS will be weighted by the sum of:

i. assessment units from students who are initial testers for EOC + the students eligible to test ACT (students with EOC and ACT will count only one time);

ii. cohort graduation units from the number of members of the cohort used as the denominator in the graduation index calculation and the graduation rate (students in cohort will count only one time).

5. For schools with configurations that include grades 9-11, but do not have a grade 12, the school performance score will consist of the indices available.

a. For example, a school with grade configuration of grades 7-10 will receive an assessment index that includes iLEAP, LEAP, LAA 1, LAA 2, and end-of-course assessments as 95 percent of the SPS. The dropout/credit accumulation index for data from grades 7 and 8 will count as 5 percent.

b. A school with grades 9-11 will receive an SPS that includes the end-of-course and ACT assessments.

D. - D.3. ….

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2737 (December 2003), amended LR 31:1512 (July 2005), LR 32:1017 (June 2006), LR 32:2034, 2035 (November 2006), LR 33:424 (March 2007), LR 33:2349 (November 2007), LR 33:2593 (December 2007), LR 34:430 (March 2008), LR 35:639 (April 2009), LR 36:1987 (September 2010), LR 38:3105 (December 2012), LR 39:305 (February 2013), LR 39:1421 (June 2013).

Chapter 4. Assessment and Dropout/Credit Accumulation Index Calculations
§409. Calculating a 9-12 Assessment Index

A. All operational end-of-course (EOC) tests will be used in the calculation of the EOC assessment index.

1. All subjects will be weighted equally.

2. The EOC performance level will be used in the calculation of the EOC assessment index as described in the chart below.

EOC Performance Level	Index Point
Excellent	150
Good	100
Fair	0
Needs Improvement	0

3. Algebra I and English II EOC proficient test scores of "good" or "excellent" earned by students at a middle school will be included in the SPS calculations of the high school to which the student transfers. The scores will be included in the accountability cycle that corresponds with the students' first year of high school. Middle schools will earn incentive points for all EOC test passing scores the same year in which the test was administered.

a. Incentive points will be awarded as follows:

i. excellent=50;

ii. good=25.

4. Algebra I and English II EOC test scores considered not proficient (needs improvement, fair) will not be transferred, or banked, to the high school. Students will retake the test at the high school, and the first administration of the test at the high school will be used in the calculation of the assessment index the same year in which it was earned.

5. Beginning with the 2012-13 school year, students who are completing their third year in high school must have taken the Algebra I and English II tests, or LAA 1. If they do not, the students will be assigned a score of zero and be counted as non-participants in high school testing. All students must be included in the assessment cohort regardless of course enrollment, grade assignment or program assignment.

B. The ACT composite score will be used in the calculation of the ACT assessment index as described in the chart below. To the extent practicable, a student's highest earned score for any ACT administration shall be used in the calculation.

ACT Composite	Index Pts
0-17	0
18	100
19	102.8
20	105.6
21	108.4
22	111.2
23	114
24	116.8
25	119.6
26	122.4
27	125.2
28	128
29	130.8
30	133.6

ACT Composite	Index Pts
31	136.4
32	139.2
33	142
34	144.8
35	147.6
36	150.4

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1021 (June 2006), amended LR 33:252 (February 2007), LR 36:1989 (September 2010), LR 37:2118 (July 2011), repromulgated LR 37:2382 (August 2011), amended LR 37:3200 (November 2011), LR 38:1212 (May 2012), LR 38:2357 (September 2012), LR 38:3106 (December 2012), LR 39:305 (February 2013), LR: 39:1421 (June 2013).

Chapter 5. Inclusion in Accountability

§521. Pairing/Sharing of Schools with Insufficient Test Data

A. Any school with at least one testing grade (3-11) will receive its SPS based only on its own student data provided it meets the requirements of §519.

B. Any K-2 school with insufficient testing data will be awarded an SPS equal to the SPS of the school to which it is paired.

C. Any school enrolling only twelfth grade students will be awarded an SPS based on shared data from a school or schools containing grades 9-11 that send it the majority of its students. This sharing relationship is to define the cohort that will provide the starting roster on which its graduation index will be based

D. Any K-2, 9-12 configuration shall receive an SPS based solely on the 9-12 data.

E. Any ninth grade only school that does not administer an English/language arts assessment shall be paired with another school that administers an English/language arts assessment.

F. A district must identify the school where each of its non-standard schools shall be paired in order to facilitate the proper sharing of data for reporting purposes, as described above. The paired school must be the one that receives by promotion the largest percentage of students from the non-standard school. In other words, the paired school must be the school into which the largest percentage of students feed. If two schools receive an identical percentage of students from a non-standard school, or when there is no distinct feeder pattern, the district shall select the paired school.

G. A school's paired status at the beginning of the school year for the baseline SPS shall be its status at the end of the school year for the growth SPS (unless a school closure occurs).

H. Requirements for the number of test/graduation index units shall be the sum of the units used to calculate the school's SPS (see §519).

I. If a school has too few test units to be a stand-alone school, it may request to be considered stand-alone.

1. It shall receive an SPS that is calculated solely on that school's data, despite the small number of test units.

2. The request shall be in writing to the LDE from the LEA superintendent.

3. The school forfeits any right to appeal its SPS and status based on minimum test unit counts.

J. Once the identification of paired schools has been made, this decision is binding for 10 years. An appeal to the BESE may be made to change this decision prior to the end of 10 years, when redistricting or other grade configuration and/or membership changes occur.

K. If 10 years has not elapsed, but a paired/shared school acquires a sufficient number of testing units, then the pair/share relationship will be broken, and the school will be treated as a stand-alone school.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2741 (December 2003), amended LR 31:2422 (October 2005), LR 32:1022 (June 2006), LR 33:253 (February 2007), LR 36:1990 (September 2010), LR 37:2119 (July 2011), LR 38:1212 (May 2012), LR 38:3107 (December 2012), LR 39:1422 (June 2013).

Heather Cope
Executive Director

1306#007

RULE

Board of Elementary and Secondary Education

Bulletin 118—Statewide Assessment Standards and Practices (LAC 28:CXI.1127, 1129, 1711, 1713, 1715, 1717, and 3501)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted revisions to *Bulletin 118—Statewide Assessment Standards and Practices:* policy language was edited for English language arts and mathematics achievement levels in §1127. Grade 4 Achievement Level Descriptors; §1129. Grade 8 Achievement Level Descriptors; §1711. Grade 3 Achievement Level Descriptors; §1713. Grade 5 Achievement Level Descriptors; §1715. Grade 6 Achievement Level Descriptors; and §1717. Grade 7 Achievement Level Descriptors. Policy language was updated and edited as it relates to new statewide assessments in §3501. Approved Home Study Program Students.

These policy revisions will provide new and updated statewide test information and provide easy access to that information. It was necessary to revise the bulletin to incorporate new policy guidelines, edit previous policy, and revise policy language. Chapter 11, Louisiana Educational Assessment Program (LEAP) grades 4 and 8 mathematics and English language arts achievement level descriptors (ALDs) were edited to comply with new national academic guidelines; Chapter 17, Integrated Louisiana Educational Assessment Program (*i*LEAP) grades 3, 5, 6, and 7 mathematics and English language arts achievement level descriptors (ALDs) were edited to comply with new national academic guidelines; and Chapter 35, Assessment of Students in Special Circumstances policy language was edited and revised to identify statewide tests unavailable for approved Home Study Program students participation.

Title 28
EDUCATION
Part CXI. Bulletin 118—Statewide Assessment Standards and PracticesTitle 28
Chapter 11. Louisiana Educational Assessment Program
Subchapter C. LEAP Achievement Level Descriptors
§1127. Grade 4 Achievement Level Descriptors

A. Grade 4 English Language Arts Achievement Level Descriptors

Advanced

Students scoring at this level generally exhibit the following skills.

In the areas of reading and use of resources, students:

1. demonstrate a thorough understanding of what they read;
2. extend ideas in texts by making generalizations supported by textual evidence;
3. explain how authors use different literary elements; and
4. research topics by evaluating information in a variety of sources.

In the area of writing, students:

1. develop responses with sharply focused central ideas, thorough elaboration, and well-chosen evidence from texts;
2 create compositions with effective transitions and a sense of wholeness;
3. demonstrate thorough understanding of the writing task through the use of effective word choice, sentence variety, and engaging voice; and
4. demonstrate consistent command of spelling, grammar, punctuation, and capitalization.

Mastery

Students scoring at this level generally exhibit the following skills.

In the areas of reading and use of resources, students:

1. demonstrate an understanding of what they read;
2. extend ideas in texts by making inferences and drawing conclusions based on textual evidence;
3. identify an author's intent and purpose; and
4. research topics by selecting relevant information in a variety of sources.

In the area of writing, students:

1. develop responses with clear central ideas, sufficient elaboration, and appropriate evidence from texts;
2. create compositions with a clear organizational structure and logical order;
3. demonstrate understanding of the writing task, through the use of interesting language, varied sentence structure and clear voice; and
4. demonstrate reasonable command of spelling, grammar, punctuation, and capitalization.

Basic

Students scoring at this level generally exhibit the following skills.

In the areas of reading and use of resources, students:

1. demonstrate a general understanding of what they read;
2. extend ideas in texts by making simple inferences; and
3. research topics by locating information in a variety of sources.

In the area of writing, students:

1. develop responses with central ideas, some elaboration and evidence from text, and observable organization;
2. demonstrate awareness of the writing task through the use of generic vocabulary, some sentence variety, and voice; and
3. demonstrate some control of spelling, grammar, punctuation, and capitalization.

Approaching Basic

Students scoring at this level generally exhibit the following skills.

In the areas of reading and use of resources, students:

1. demonstrate a partial understanding of what they read;
2. identify obvious meanings in texts and make limited inferences; and
3. research topics by locating information in commonly used resources.

In the area of writing, students:

1. develop responses with vague central ideas, little elaboration or evidence from texts, and weak organization;
2. demonstrate limited understanding of the writing task through use of simple vocabulary, simple sentences, and little voice; and
3. demonstrate little control of spelling, grammar, punctuation, and capitalization.

Unsatisfactory

Students scoring at this level generally have not demonstrated the fundamental knowledge and skills needed for the next level of schooling.

In the areas of reading and use of resources, students at this level have *not* exhibited the ability to:

1. demonstrate an overall understanding of what they read;
2. extend ideas in texts and draw conclusions; or
3. locate appropriate information in commonly used resources.

In the area of writing, students at this level have *not* exhibited the ability to:

1. develop responses with central ideas, elaboration, relevant evidence from texts, and observable organization;
2. demonstrate understanding of the writing task through the use of appropriate vocabulary, some variety in sentence structure and voice; and
3. demonstrate acceptable control of spelling, grammar, punctuation, and capitalization.

B. Grade 4 Mathematics Achievement Level Descriptors

Advanced

Students scoring at this level generally exhibit the ability to:

1. apply whole numbers, fractions, and decimals to solve complex and non-routine real-life problems;
2. solve word problems leading to one-step equations;
3. demonstrate fluency by selecting and using appropriate units and tools of measurement;
4. construct angles having a specific measure and identify acute, right, and obtuse angles that are part of a larger diagram or picture;
5. create, analyze, and interpret various representations of data;
6. identify missing, non-consecutive elements in a number pattern; and
7. draw logical conclusions and justify answers and solution processes by clearly and concisely explaining the procedures and the rationale for using them.

Mastery

Students scoring at this level generally exhibit the ability to:

1. use place-value representations, perform computations, and order whole numbers;
2. conceptually understand and model fractions and decimals and their relationships;
3. solve one-step equations with whole numbers;
4. use number sentences to represent and solve real-life problems;
5. select and use appropriate units of measure for lengths and shapes, including volume, and apply basic unit conversions;
6. draw, identify, and classify angles that are acute, right, and obtuse;
7. create, use, and interpret various representations of data including graphs and charts;
8. identify missing elements in a number pattern;
9. employ problem-solving strategies such as identifying appropriate information and modeling; and
10. organize and present solutions with supporting information and explanations of how they were achieved.

Basic
Students scoring at this level generally exhibit the ability to: 1. read, write, compare, and perform simple computations with whole numbers; 2. show a working understanding of fractions and decimals and their relationships; 3. solve one-step equations with no context and some simple real-life problems; 4. demonstrate a working knowledge of unit conversions related to length, area, and volume; 5. identify and classify angles that are acute, right, and obtuse; 6. use and interpret some representations of data; 7. identify missing internal elements of a number pattern; and 8. provide explanatory responses with limited supporting information.
Approaching Basic
Students scoring at this level generally exhibit the ability to: 1. read, write, and perform simple computations with whole numbers; 2. recognize fractions and decimals; 3. solve simple one-step equations with no context; 4. perform basic measurements and some common conversions; 5. recognize acute, right, and obtuse angles; 6. identify missing internal elements of a simple number pattern; and 7. provide written responses with minimal or no support.
Unsatisfactory
Students scoring at this level have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. Students scoring at this level generally have *not* exhibited the ability to: 1. read, write, and perform simple computations with whole numbers; 2. recognize fractions and decimals; 3, solve simple one-step equations; 4, perform basic measurements and some common conversions; 5, recognize acute, right, and obtuse angles; 6, identify missing internal elements of a simple number pattern; and 7. provide written responses.

C. - D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:391.4 (A).

HISTORICAL NOTE: Promulgated by the Department of Education, State Board of Elementary and Secondary Education, LR 31:1536 (July 2005), amended LR 36:968 (May 2010), LR 39:1423 (June 2013).

§1129. Grade 8 Achievement Level Descriptors

A. Grade 8 English Language Arts Achievement Level Descriptors

Advanced
Students scoring at this level generally exhibit the following skills: In the areas of reading and use of resources, students: 1. demonstrate a thorough understanding of what they read; 2. analyze more complex literary elements, such as the development of theme; 3. examine an author's viewpoint supported by relevant examples from texts; and 4. evaluate the usefulness and accuracy of information from multiple sources. In the area of writing, students: 1. develop responses with sharply focused central ideas, thorough elaboration, and well-chosen evidence from texts; 2. create compositions that show evidence of planning and a sense of wholeness; 3. demonstrate thorough understanding of the writing task through the use of effective word choice, varied sentence structures, and compelling voice that employs a wide range of strategies (e.g., analogies, anecdotes, figurative language); and 4. demonstrate consistent command of spelling, grammar, punctuation, and capitalization.
Mastery
Students scoring at this level generally exhibit the following skills. In the areas of reading and use of resources, students: 1. demonstrate an understanding of what they read, including inferential information; 2. interpret implied main ideas; 3. analyze author's purpose and the devices used when composing texts; and 4. research topics by selecting and analyzing information from various sources. In the area of writing, students: 1. develop responses with focused central ideas, sufficient elaboration, and relevant evidence from texts; 2. create compositions that are well-organized; 3. demonstrate understanding of the writing task through the use of varied word choice and sentence structure and voice that incorporates some strategies (e.g., examples, descriptive language); and 4. demonstrate reasonable command of spelling, grammar, punctuation, and capitalization.
Basic
Students scoring at this level generally exhibit the following skills. In the areas of reading and use of resources, students: 1. demonstrate a general understanding of what they read; 2. extend the ideas in texts by making inferences and drawing conclusions; 3. identify an author's purpose for composing a text; and 4. research topics by selecting and using information from various sources. In the area of writing, students: 1. develop responses with central ideas, some supporting details and evidence from texts, and appropriate organization; 2. demonstrate awareness of the writing task through the use of appropriate but general language, some sentence variety, and voice; and 3. demonstrate some control of spelling, grammar, punctuation, and capitalization.
Approaching Basic
Students scoring at this level generally exhibit the following skills. In the areas of reading and use of resources, students: 1. demonstrate a partial understanding of what they read; 2. extend ideas in texts by making simple inferences; and 3. research topics by locating some information from commonly used sources. In the area of writing, students: 1. develop responses with vague central ideas, few or irrelevant supporting details, little evidence from texts, and weak organization; 2. demonstrate limited understanding of the writing task through the use of simple or inappropriate vocabulary, simple sentences, and little voice; and 3. demonstrate little control of spelling, grammar, punctuation, and capitalization.
Unsatisfactory
Students scoring at this level generally have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. In the areas of reading and use of resources, students at this level have not exhibited the ability to: 1. demonstrate an understanding of what they read; 2. make interpretations and extensions of ideas in texts; or 3. locate information in commonly used resources. In the area of writing, students at this level have not exhibited the ability to: 1. develop written responses with central ideas, appropriate elaboration and evidence from texts, and observable organization; 2. demonstrate understanding of the writing task through the use of appropriate grade-level vocabulary, varied sentences, and voice; or 3. demonstrate acceptable control of spelling, grammar, punctuation, and capitalization.

B. Grade 8 Mathematics Achievement Level Descriptors

Advanced
Students scoring at this level generally exhibit the ability to: 1. use and manipulate positive and negative rational numbers in various forms including numbers with whole number exponents and scientific notation, in abstract and application problems; 2. express linear functions using all representations including tables, graphs, equations, and word forms; 3. apply proportional reasoning and unit rates to model, and solve complex and real-life problems; 4. probe examples and counterexamples in order to shape generalizations from which they can develop models; 5. use number sense and geometric awareness to consider the reasonableness of an answer; and 6. explain the reasoning processes underlying their conclusions.

Mastery
Students scoring at this level generally exhibit the ability to: 1. compare positive and negative rational numbers in various forms including whole number exponents, and scientific notation, and use rational numbers in multi-step problems; 2. express linear functions using multiple representations including tables, graphs, equations, and word forms; 3. apply proportional reasoning and unit rates to solve real-life problems; 4. use quantities such as volume and surface area and spatial relationships in problem solving and reasoning; 5. analyze patterns of change in various representations, and label as linear/arithmetic or exponential/geometric; 6. apply properties of informal geometry; 7. sketch and interpret trend lines; 8. accurately use the tools of technology; and 9. logically create and defend their ideas as well as give supporting examples.
Basic
Students scoring at this level generally exhibit the ability to: 1. compare some rational numbers, and use them to solve basic problems; 2. understand connections to one or two other forms of linear functions; 3. apply proportional reasoning and unit rates to solve basic problems; 4. use quantities such as volume and surface areas and spatial relationships in simple or no-context problems; 5. use fundamental algebraic and informal geometric concepts in problem solving; 6. solve routine real-life problems through the appropriate selection and use of strategies and technological tools; and 7. defend mathematical ideas and provide limited supporting examples.
Approaching Basic
Students scoring at this level generally exhibit the ability to: 1. compare some forms of rational numbers, and use them to solve basic problems; 2. interpret and represent simple linear functions; 3. calculate basic unit rates; 4. complete problems correctly with the help of prompts such as diagrams, charts, and graphs; 5. solve one-step problems involving basic computation; 6. recognize basic geometric figures; 7. recognize simple, obvious patterns; 8. use the tools of technology; 9. apply conceptual knowledge on a limited basis; and 10. provide written responses with minimal or no support.

Unsatisfactory
Students scoring at this level generally have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. Students scoring at this level generally have *not* exhibited the ability to: 1. compare some forms of rational numbers, and use them to solve basic problems; 2. interpret and represent simple linear functions; 3. calculate basic unit rates; 4. complete problems correctly with the help of prompts such as diagrams, charts, and graphs; 5. solve one-step problems involving basic computation; 6. recognize basic geometric figures; 7. recognize simple, obvious patterns; 8. use the tools of technology; 9. apply conceptual knowledge on a limited basis; and 10. provide written responses.

C. - D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:391.4 (A).

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, LR 31:1540 (July 2005), amended LR 36:974 (May 2010), LR 39:1424 (June 2013).

Chapter 17. Integrated LEAP

Subchapter D. *i*LEAP Achievement Level Descriptors

§1711. Grade 3 Achievement Level Descriptors

A. Grade 3 English Language Arts Achievement Level Descriptors

Advanced
Students scoring at the Advanced level in English Language Arts generally exhibit the ability to: 1. determine meanings of unfamiliar words using a variety of strategies; 2. demonstrate inferential understanding of what they read by making generalizations and predictions, drawing conclusions, and extending ideas; 3. identify story elements, including theme, in a text; 4. research topics by locating, selecting, and evaluating appropriate information from multiple print and electronic resources for a specified purpose; 5. construct responses with focused central ideas, purposeful organization, thorough elaboration, well-chosen information from texts, and effective linking words; 6. demonstrate thorough understanding of the writing task through the use of effective vocabulary, varied sentences, and engaging voice; and 7. demonstrate consistent command of spelling, capitalization, punctuation, and usage.
Mastery
Students scoring at the Mastery level in English Language Arts generally exhibit the ability to: 1. identify words with multiple meanings using various strategies; 2. demonstrate an understanding of what they read by making inferences, summarizing information, and identifying cause/effect relationships; 3. identify story elements, including conflict, in a text; 4. research topics by locating information from a variety of print and electronic resources for a specified purpose; 5. construct responses with clear central ideas, logical order, sufficient elaboration, appropriate information from texts, and some linking words; 6. demonstrate understanding of the writing task through the use of interesting words and phrases, sentence variety, and clear voice; and 7. demonstrate reasonable command of spelling, capitalization, punctuation, and usage.

Basic
Students scoring at the Basic level in English Language Arts generally exhibit the ability to: 1. identify word meaning using knowledge of basic decoding skills; 2. demonstrate a general understanding of what they read by locating specific details and information, identifying main ideas, making simple inferences, and drawing simple conclusions; 3. identify simple story elements, including character motivations, in a text; 4. research topics by locating information from multiple commonly used print and electronic resources; 5. construct responses with central ideas, observable organization, some elaboration, and information from texts; 6. demonstrate awareness of the writing task through the use of grade-appropriate vocabulary and sentence structures, and voice; and 7. demonstrate some control of spelling, capitalization, punctuation, and usage.
Approaching Basic
Students scoring at the Approaching Basic level in English Language Arts generally exhibit the ability to: 1. identify meanings of some grade-appropriate vocabulary; 2. demonstrate a partial understanding of what they read by identifying main details, making simple predictions, and sequencing events; 3. identify basic literary elements, such as simple character traits, in a text; 4. research topics by locating information in commonly used print and electronic resources; 5. construct responses with vague central ideas, weak organization, and minimal detail and information from texts; 6. demonstrate limited understanding of the writing task through use of below grade-level vocabulary, simple sentences, and little voice; and 7. demonstrate little control of spelling, capitalization, punctuation, and usage.
Unsatisfactory
Students scoring at the Unsatisfactory level in English Language Arts have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. Students scoring at this level need to develop the ability to: 1. demonstrate an understanding of what they read; 2. locate information in commonly used print and electronic resources; 3. construct responses with focused central ideas, observable organization, and sufficient elaboration with supporting details and information from texts; 4. demonstrate understanding of the writing task through the use of appropriate vocabulary, varied sentence structure, and voice; and 5. demonstrate acceptable control of spelling, capitalization, punctuation, and usage.

B. Grade 3 Mathematics Achievement Level Descriptors

Advanced
Students scoring at the Advanced level in Mathematics generally exhibit the ability to: 1. conceptually understand common fractions and the four basic operations, and use them to represent and solve real-life problems; 2. communicate thoughts, procedures, and solutions using mathematical language and symbols in complex problems; 3. select and use appropriate strategies and units of measurement to solve various real-life problems; 4. apply concepts of geometry to solve real-life problems; 5. represent and interpret data in multiple formats; 6. identify, extend, and explain complex patterns and relationships including growing patterns; and 7. use mathematical reasoning to connect procedures and concepts among different math topics.
Mastery
Students scoring at the Mastery level in Mathematics generally exhibit the ability to: 1. read, write, and model whole numbers and fractions, compare whole numbers, determine the value of bills and coins, and make change; 2. understand, model, and apply procedures of the four basic operations, and use commutative and associative properties; 3. select and use appropriate mathematical models, strategies, operations, words, and symbols to estimate and solve real-life problems; 4. use common strategies and units of measure to determine length, perimeter, area, capacity, and elapsed time; 5. classify basic geometric shapes and construct rectangles from given measurements; 6. draw logical conclusions and make predictions based on data in tables, graphs, maps, advertisements, etc.; and 7. identify and extend patterns and relations.
Basic
Students scoring at the Basic level in Mathematics generally exhibit the ability to: 1. read, write, and compare small whole numbers and determine the value of a small set of bills and coins; 2. use models to compare whole numbers, represent fractions, and conceptualize the four basic operations; 3. read mathematical words and symbols, and use the four basic operations to solve real-life problems; 4. measure objects using specified tools and units; 5. express working knowledge and vocabulary of two-and three-dimensional geometric objects; 6. make basic interpretations of data represented in tables, graphs, maps, advertisements, etc.; and 7. identify and extend patterns.
Approaching Basic
Students scoring at the Approaching Basic level in Mathematics generally exhibit the ability to: 1. read and write whole numbers and determine the value of a group of bills or a group of coins; 2. use common strategies and some basic operations to solve single-step problems; 3. recognize mathematical words and symbols; 4. identify measurement tools and units; 5. recognize basic two-dimensional shapes; 6. match data sets to representations as tables and charts; and 7. identify and extend simple patterns.
Unsatisfactory
Students scoring at the Unsatisfactory level in Mathematics have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. Students scoring at this level need to develop the ability to: 1. read and write whole numbers and determine the value of a group of bills or a group of coins; 2. use common strategies and basic operations to solve problems; 3. recognize mathematical words and symbols; 4. identify measurement tools and units; 5. recognize basic two-dimensional shapes; 6. match data sets to representations as tables and charts; and 7. identify and extend simple patterns.

C. - D. …

Authority NOTE: Promulgated in accordance with R.S. 17.7 and R.S. 17:24.4(F)(2).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, Office of Student and School Performance, LR 33:991 (June 2007), LR 39:1425 (June 2013).

§1713. Grade 5 Achievement Level Descriptors

A. Grade 5 English Language Arts Achievement Level Descriptors

Advanced
Students scoring at the Advanced level in English Language Arts generally exhibit the ability to: 1. determine meanings of a wide variety of words using a range of strategies; 2. demonstrate a thorough understanding of what they read by making connections between ideas and information in a variety of texts; 3. interpret meanings of various story elements, such as tone, and literary devices; 4. research topics by integrating information from multiple print and electronic resources; 5. identify accurate documentation of sources following a model; 6. construct responses with sharply focused central ideas; logical organization; thorough elaboration; ample, well-chosen evidence from texts; and effective transitional words and phrases; 7. demonstrate thorough understanding of the writing task through the use of effective vocabulary and complex sentence structures that enhance meaning and create compelling voice; and 8. demonstrate consistent command of spelling, capitalization, punctuation, and usage.
Mastery
Students scoring at the Mastery level in English Language Arts generally exhibit the ability to: 1. identify word meanings using a variety of strategies; 2. demonstrate an understanding of what they read by using a variety of reasoning skills, including identifying implied main ideas, making inferences, and drawing conclusions; 3. interpret the meaning of various story elements and literary devices, such as imagery; 4. research topics by selecting appropriate information from multiple print and electronic resources; 5. identify all parts of bibliographic entries following a model; 6. construct responses with clear central ideas, logical organizational patterns, sufficient elaboration, appropriate evidence from texts, and transitions that unify; 7. demonstrate understanding of the writing task through the use of interesting vocabulary and a variety of sentence structures that clarify meaning and create clear voice; and 8. demonstrate reasonable command of spelling, capitalization, punctuation, and usage.
Basic
Students scoring at the Basic level in English Language Arts generally exhibit the ability to: 1. identify meanings of grade-level words using various strategies; 2. demonstrate a general understanding of what they read by using reasoning skills, including identifying stated main ideas, making simple inferences, and drawing simple conclusions; 3. identify story elements and literary devices, such as foreshadowing; 4. research topics by locating appropriate information in commonly used print and electronic resources; 5. give credit for borrowed information following a model; 6. construct responses with central ideas, observable organizational patterns, some elaboration and evidence from texts, and simple transitions; 7. demonstrate awareness of the writing task through the use of appropriate vocabulary and sentence variety that create voice; and 8. demonstrate some control of spelling, capitalization, punctuation, and usage.

Approaching Basic
Students scoring at the Approaching Basic level in English Language Arts generally exhibit the ability to: 1. identify meanings of commonly used words; 2. demonstrate a partial understanding of what they read by identifying simple cause/effect relationships and paraphrasing information; 3. identify some literary devices and literary elements, such as characterization and simpler themes; 4. research topics by locating some information in commonly used print and electronic resources; 5. identify some parts of a bibliographic entry following a model; 6. construct responses with weak central ideas, weak organization, little elaboration and evidence from texts, and few transitions; 7. demonstrate limited understanding of the writing task through the use of simple and/or inappropriate vocabulary, basic sentence structures, and weak voice; and 8. demonstrate little control of spelling, capitalization, punctuation, and usage.
Unsatisfactory
Students scoring at the Unsatisfactory level in English Language Arts have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. Students scoring at this level need to develop the ability to: 1. demonstrate an understanding of what they read; 2. locate appropriate information in commonly used print and electronic resources; 3. construct responses with focused central ideas, observable organization, sufficient supporting details and appropriate evidence from texts, and transitions; 4. demonstrate understanding of the writing task through the use of appropriate vocabulary and varied sentence structures that create voice; and 5. demonstrate acceptable control of spelling, capitalization, punctuation, and usage.

B. Grade 5 Mathematics Achievement Level Descriptors

Advanced
Students scoring at the Advanced level in Mathematics generally exhibit the ability to: 1. effectively communicate an understanding of fractions, and use them to perform arithmetic in word problems; 2. solve complex multi-step and real-life problems by analyzing, evaluating, and employing the most efficient strategies and appropriate procedures; 3. find, graph, and discuss the solutions to one-step inequalities; 4. use models and drawings to describe and interpret basic two-dimensional geometric shapes; and 5. draw conclusions from data represented in various forms.
Mastery
Students scoring at the Mastery level in Mathematics generally exhibit the ability to: 1. conceptually understand, discuss, and use positive fractions to compare values, determine equivalence, and perform simple arithmetic; 2. identify and apply multiple strategies, including estimation and mental math, to solve multi-step and real-life problems using whole numbers; 3. find and graph the solutions to one-step inequalities; 4. choose appropriate strategies to determine elapsed time, angle measures, and convert between units of measurement; 5. classify and describe the properties of basic two-dimensional geometric shapes; 6. identify and plot points on a coordinate grid; and 7. organize and display data using a variety of tables and graphs.

Basic
Students scoring at the Basic level in Mathematics generally exhibit the ability to: 1. recognize and compare common and equivalent fractions; 2. determine operations necessary to solve multi-step problems and real-life problems using whole numbers; 3. use estimation strategies and mental math to determine reasonable values and solutions; 4. find and graph solutions to one-step inequalities involving only whole numbers; 5. choose appropriate strategies to determine elapsed time and angle measures; 6. identify basic two-dimensional geometric shapes and their characteristics; 7. identify points on a coordinate grid; and 8. organize and display data using simple tables and graphs.
Approaching Basic
Students scoring at the Approaching Basic level in Mathematics generally exhibit the ability to: 1. recognize and compare common fractions; 2. solve whole number problems; 3. identify positive solutions to inequalities on a number line; 4. recognize and classify common two-dimensional shapes; 5. identify points in the first quadrant of a coordinate grid; and 6. read tables and graphs.
Unsatisfactory
Students scoring at the Unsatisfactory level in Mathematics have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. Students scoring at this level need to develop the ability to: 1. recognize and compare common fractions; 2. solve whole number problems; 3. graph inequalities on a number line; 4. recognize and classify common two-dimensional shapes; 5. identify points in the first quadrant of a coordinate grid; and 6. read tables and graphs.

C. - D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17.7 and R.S. 17:24.4(f)(2).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:994 (June 2007), LR 39:1427 (June 2013).

§1715. Grade 6 Achievement Level Descriptors

A. Grade 6 English Language Arts Achievement Level Descriptors

Advanced
Students scoring at the Advanced level in English Language Arts generally exhibit the ability to: 1. determine meanings of a wide variety of words using a range of strategies; 2. demonstrate a thorough understanding of what they read by using a variety of complex strategies, including inductive reasoning and identifying implied main ideas and supporting details; 3. analyze complex story elements and literary devices and interpret an author's purpose for writing; 4. research topics by locating and integrating appropriate information from print and electronic resources; 5. accurately credit cited information in a bibliographic entry following a model; 6. construct responses with sharply focused central ideas; coherent and logical organization; thorough elaboration; ample, well-chosen evidence from texts; and a variety of effective transitions; 7. demonstrate thorough understanding of the writing task through the use of vivid words, effective language techniques, and complex sentence structure that enhance meaning and create compelling voice; and 8. demonstrate consistent command of spelling, capitalization, punctuation, and usage.

Mastery
Students scoring at the Mastery level in English Language Arts generally exhibit the ability to: 1. identify word meanings using a variety of strategies; 2. demonstrate an understanding of what they read by using a variety of strategies, including making inferences, drawing conclusions, determining main ideas, comparing and contrasting, and predicting; 3. interpret story elements and literary devices and identify an author's implied purpose for writing; 4. research topics by locating and selecting appropriate information from print and electronic resources; 5. identify all parts of a bibliographic entry following a model; 6. construct responses with clearly stated central ideas, logical organization with a progression of ideas, sufficient elaboration, relevant evidence from texts, and transitions that unify; 7. demonstrate understanding of the writing task through the use of interesting vocabulary, appropriate language techniques, and varied sentence structures that create clear voice; and 8. demonstrate reasonable command of spelling, capitalization, punctuation, and usage.
Basic
Students scoring at the Basic level in English Language Arts generally exhibit the ability to: 1. identify meanings of grade-level words using a variety of strategies, including context clues; 2. demonstrate a general understanding of what they read by using basic strategies and simple reasoning skills, including identifying stated main ideas and supporting details; 3. identify story elements; literary devices, including imagery; and an author's stated purpose for writing; 4. research topics by locating information in a variety of commonly used print and electronic reference resources such as newspapers, magazines, brochures, maps, and legends; 5. identify some parts of different kinds of bibliographic entries following a model; 6. construct responses with central ideas, observable organization, some supporting details and evidence from texts, and simple transitions; 7. demonstrate awareness of the writing task through the use of appropriate wording and some sentence variety that creates voice; and 8. demonstrate some control of spelling, capitalization, punctuation, and usage.
Approaching Basic
Students scoring at the Approaching Basic level in English Language Arts generally exhibit the ability to: 1. identify meanings of commonly used words; 2. demonstrate partial understanding of what they read by identifying literal information and drawing simple conclusions; 3. identify simple story elements and basic literary devices; 4. research topics by locating information in commonly used print and electronic resources; 5. identify some parts of a bibliographic entry for commonly used print and electronic resources; 6. construct responses with unclear central ideas, incomplete organizational patterns, little elaboration, and evidence from texts, and few transitions; 7. demonstrate limited understanding of the writing task through the use of generic vocabulary, little variety in sentence structure, and weak voice; and 8. demonstrate little control of spelling, capitalization, punctuation, and usage.

Unsatisfactory
Students scoring at the Unsatisfactory level in English Language Arts have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. Students scoring at this level need to develop the ability to: 1. demonstrate an understanding of what they read; 2. locate appropriate information in commonly used print and electronic resources; 3. construct responses with focused central ideas, observable organization, sufficient supporting details, relevant evidence from texts, and logical transitions; 4. demonstrate understanding of the writing task through the use of appropriate vocabulary and varied sentence structures that create voice; and 5. demonstrate acceptable control of spelling, capitalization, punctuation, and usage.

B. Grade 6 Mathematics Achievement Level Descriptors

Advanced
Students scoring at the Advanced level in Mathematics generally exhibit the ability to: 1. compare and solve problems involving multiple forms of numbers: fraction, decimal, percent, ratio, and proportions; 2. translate complex verbal phrases into algebraic expressions and vice versa, and evaluate complex expressions; 3. explain procedures involved in solving multi-step problems; 4. apply concepts, properties, and relationships of basic two-dimensional figures in real-life situations; 5. describe polyhedral using their basic properties; 6. use appropriate statistical measures and patterns in data to describe trends, extend patterns, and make predictions in real-life problems; and 7. use basic number and number theory concepts to determine and describe the relationship between numbers in problem settings.
Mastery
Students scoring at the Mastery level in Mathematics generally exhibit the ability to: 1. use models to compare, explain, or solve problems involving fractions, decimals, percents, ratios, and proportions; 2. translate verbal phrases into algebraic expressions, and evaluate using substitution; 3. solve two -step equations with positive integer solutions; 4. apply concepts and properties of basic two-dimensional figures in real-life situations; 5. use and illustrate basic concepts of data analysis including frequency tables, stem-and-leaf plots, scatter plots, mean, median, mode, and range; and 6. construct, extend, and describe patterns of change in input/output tables.
Basic
Students scoring at the Basic level in Mathematics generally exhibit the ability to: 1. solve problems involving addition and subtraction of fractions and decimals; 2. use models to solve simple problems involving percents, ratios, and proportions; 3. translate common verbal phrases into algebraic expressions and use substitution to evaluate simple algebraic expressions; 4. solve two-step equations involving only integers; 5. find the perimeter and area of simple geometric figures graphed on a coordinate grid; 6. name and describe basic two-dimensional geometric shapes; 7. recognize basic concepts of data analysis including frequency tables, stem-and-leaf plots, scatter plots, mean, median, mode, and range; and 8. extend or describe patterns of change in input/output tables.
Approaching Basic
Students scoring at the Approaching Basic level in Mathematics generally exhibit the ability to: 1. use models to solve fraction, decimal, and percent problems, and recognize and identify ratios and percents from a model; 2. solve one-step equations; 3. recognize and name basic geometric shapes; 4. recognize common units of length and area; 5. interpret data from a graph; and 6. complete a simple input/output table.
Unsatisfactory
Students scoring at the Unsatisfactory level in Mathematics have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. Students scoring at this level need to develop the ability to: 1. use models to solve fraction, decimal, and percent problems, and recognize and identify ratios and percents from a model; 2. solve one-step equations; 3. recognize and name basic geometric shapes; 4. recognize common units of length and area; 5. interpret data from a graph; and 6. complete a simple input/output table.

C. - D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17.7 and R.S. 17:24.4(F)(2).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:999 (June 2007), LR 39:1428 (June 2013).

§1717. Grade 7 Achievement Level Descriptors

A. Grade 7 English Language Arts Achievement Level Descriptors

Advanced
Students scoring at the Advanced level in English Language Arts generally exhibit the ability to: 1. determine meanings of words using a variety of strategies, including knowledge of base words and roots; 2. demonstrate a thorough understanding of what they read using a variety of complex strategies, including inductive reasoning, identifying implied main ideas and supporting details, and comparing and contrasting literary elements; 3. analyze and interpret complex story elements, literary devices, elements of various genres, and author's purpose; 4. research topics by evaluating and integrating information from multiple print and electronic resources; 5. accurately credit cited information in a bibliographic entry following a model; 6. construct responses with sharply focused central ideas; strategic organization; thorough elaboration with ample, well-chosen evidence from texts; and effective transitions; 7. demonstrate thorough understanding of the writing task by using effective vocabulary and language techniques and varied sentence structures that enhance meaning and create engaging voice; and 8. demonstrate consistent command of spelling, capitalization, punctuation, and usage.
Mastery
Students scoring at the Mastery level in English Language Arts generally exhibit the ability to: 1. identify word meanings using a variety of strategies; 2. demonstrate an understanding of what they read by using a variety of reasoning skills, including deductive reasoning; 3. identify complex story elements, literary devices, distinctive characteristics of various genres, and the effect of an author's bias or perspective; 4. research topics by locating and selecting useful information from multiple print and electronic resources; 5. identify all parts of different bibliographic entries following a model; 6. construct responses with clear central ideas, coherent organization, sufficient elaboration, relevant evidence from texts, and transitions that unify; 7. demonstrate understanding of the writing task by using interesting vocabulary, appropriate language techniques, and a variety of sentence structures that create clear voice; and 8. demonstrate reasonable command of spelling, capitalization, punctuation, and usage.
Basic
Students scoring at the Basic level in English Language Arts generally exhibit the ability to: 1. identify meanings of grade-level words using a variety of strategies; 2. demonstrate a general understanding of what they read by identifying cause-effect relationships, sequencing events, and predicting the outcome of a story or situation; 3. identify story elements, including character motivation and plot sequence; some literary devices; elements of various genres, including fiction, nonfiction, and poetry; and author’s purpose; 4. research topics by locating appropriate information in commonly used print and electronic reference resources; 5. identify parts of a bibliographic entry for commonly used sources following a model; 6. construct responses with central ideas, observable organization, necessary details and evidence from texts, and simple transitions; 7. demonstrate awareness of the writing task by using some appropriate vocabulary and sentence variety that create voice; and 8. demonstrate some control of spelling, capitalization, punctuation, and usage.

Approaching Basic
Students scoring at the Approaching Basic level in English Language Arts generally exhibit the ability to: 1. identify meanings of commonly used words using a variety of strategies, including context clues; 2. demonstrate some understanding of what they read in grade-appropriate texts by using simple strategies such as making simple inferences and drawing simple conclusions; 3. identify basic story elements; some elements of various genres, including fiction, nonfiction, or poetry; and some literary devices; 4. research topics by locating information in commonly used print and electronic resources; 5. identify some parts of a bibliographic entry following a model; 6. construct responses with vague central ideas, weak organizational patterns, and minimal supporting details and evidence from texts; 7. demonstrate a limited awareness of the writing task by using repetitive or generic vocabulary, little or no sentence variety, and weak voice; and 8. demonstrate little control of spelling, capitalization, punctuation, and usage.
Unsatisfactory
Students scoring at the Unsatisfactory level in English Language Arts have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. Students scoring at this level need to develop the ability to: 1. demonstrate an understanding of what they read; 2. select appropriate information in commonly used print and electronic resources; 3. construct responses with focused central ideas, observable organization, sufficient supporting details and relevant evidence from texts; 4. demonstrate understanding of writing task by using appropriate vocabulary and varied sentence structure that create voice; and 5. demonstrate acceptable control of spelling, capitalization, punctuation, and usage.

B. Grade 7 Mathematics Achievement Level Descriptors

Advanced
Students scoring at the Advanced level in Mathematics generally exhibit the ability to: 1. apply correct order of operations, and solve multi-step real-life problems; 2. evaluate complex algebraic expressions containing exponents and square roots of perfect squares; 3. apply proportional reasoning to solve complex problems including applications and comparisons involving positive rational numbers; 4. solve multi-step equations and inequalities; 5. draw, find, and use lengths and angles of two-dimensional figures including circles to solve real-life problems; 6. calculate area and perimeter of composite geometric shapes, and locate the missing vertex of a shape on a coordinate grid; 7. discuss, determine, and compare theoretical and experimental probabilities; and 8. algebraically describe and create linear, multiplicative, and other patterns of change.
Mastery
Students scoring at the Mastery level in Mathematics generally exhibit the ability to: 1. recognize and apply order of operations and solve single- and multi-step problems including multiplying and dividing fractions and decimals; 2. evaluate algebraic expressions using substitution involving square roots and exponents; 3. use proportions involving whole numbers, rates, and ratios to solve real-life problems; 4. solve multi-step equations and inequalities involving non-negative rational numbers and negative integers; 5. identify, draw, and find lengths and angles of two-dimensional figures including circles; 6. calculate area and perimeter of simple composite geometric shapes and locate the missing vertex of a shape on a coordinate grid; 7. determine and compare theoretical and experimental probabilities; and 8. verbally and algebraically describe linear, multiplicative, and other patterns of change.

Basic
Students scoring at the Basic level in Mathematics generally exhibit the ability to: 1. compare using symbols, and compute equivalent fractions, decimals, and percents; 2. evaluate simple order of operation problems; 3. use proportions involving whole numbers, rates, and ratios to solve problems; 4. solve simple one- and two-step equations and inequalities; 5. calculate the circumference and area of circles; 6. draw and identify angles and measurements in simple polygons and circles; 7. compute simple probabilities and use basic mathematical terms associated with probability, such as event and favorable outcomes; and 8. verbally and algebraically describe linear patterns of change.
Approaching Basic
Students scoring at the Approaching Basic level in Mathematics generally exhibit the ability to: 1. recognize and compute equivalent fractions and decimals; 2. evaluate squares and square roots; 3. solve single-step problems involving positive rational numbers; 4. identify points in all four quadrants of a coordinate grid; 5. identify angles in simple polygons; 6. determine basic probabilities; and 7. verbally describe and extend linear patterns of change.
Unsatisfactory
Students scoring at the Unsatisfactory level in Mathematics have not demonstrated the fundamental knowledge and skills needed for the next level of schooling. Students scoring at this level need to develop the ability to: 1. recognize and compute equivalent fractions and decimals; 2. evaluate squares and square roots; 3. solve single-step problems involving positive rational numbers; 4. identify points in all four quadrants of a coordinate grid; 5. identify angles in simple polygons; 6. determine basic probabilities; and 7. verbally describe and extend linear patterns of change.

C. – D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17.7 and R.S. 17:24.4(F)(2).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:1002 (June 2007), LR 39:1429 (June 2013).

Chapter 35. Assessment of Students in Special Circumstances

§3501. Approved Home Study Program Students

A - E. ...

F. Students from state-approved home study programs may take the *ITBS* in grade 2.

G. Approved home study program students shall take the test which is designated for the enrolled grade.

H. A fee of up to $35, which covers actual costs of administering, scoring, and reporting the results of statewide assessment, may be charged. For students testing to enter the public school system, this fee shall be refunded upon the student's enrollment in that public school system the semester immediately following testing. The DTC shall return results to parents when results are returned to the public schools.

I. Students enrolled in state-approved home study programs are not eligible to participate in LAA 1, LAA 2, ELDA, EOC, or the state administration of EXPLORE, PLAN, or ACT.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17.236.1-17.236.2, R.S. 17:6 (A) (10) (11) (15), R.S. 17:10, R.S.17:22 (6), R.S. 17:391.1-17.391.10, R.S. 17:411.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, LR

31:1563 (July 2005), amended by the Board of Elementary and Secondary Education, LR 32:240 (February 2006), LR 33:264 (February 2007), LR 36:983 (May 2010), LR 37:821 (March 2011), LR 39:1430 (June 2013).

1306#008

RULE

Board of Elementary and Secondary Education

Bulletin 126—Charter Schools
(LAC 28:CXXXIX. 503, 505, 507, 509, 511, 513, 515, 517, 518, 523, 901, 1101, 1105, 1303, 1503, 2501, and 2709)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted revisions to *Bulletin 126—Charter Schools*: §503. Eligibility to Apply for a Type 2 Charter School, §505. Eligibility to Apply for a Type 4 Charter School, §507. Existing Public Schools Converting to Charter Schools, §509. Eligibility to Apply for a Type 5 Charter School, §511. Charter School Application Process, §513. Stages of Application Cycle for BESE-Authorized Charter Schools, §515. Charter School Application Components, §517. Consideration of Charter Applications and Awarding of Charters by BESE, §518. BESE Pre-Opening Procedures Following Approval, §523. Charter School Replication, §901. Timeline for Charter School Opening, §1101. Charter School Evaluation, §1105. Intervention Process for Charter Schools, §1303. Extension Review, §1503. Charter Renewal Process and Timeline, §2501. Qualified and Competent Business Professional, and §2709. Enrollment of Students, Lottery, and Waitlist. The proposed policy clarifies, streamlines, and revises policy regarding charter school applications, oversight, management, and enrollment preferences.

Title 28
EDUCATION
Part CXXXIX. Bulletin 126—Charter School
Chapter 5. Charter School Application and Approval Process

§503. Eligibility to Apply for a Type 2 Charter School

A. - C. ...

D. The eligibility criteria set forth in this section shall be the minimum criteria necessary to be approved for a type 2 charter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3973, R.S. 17:3981, R.S. 17:3982, R.S. 17:3983, and R.S. 17:3991.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1360 (July 2008), amended LR 37:868 (March 2011), LR 38:3117 (December 2012), LR 39:1431 (June 2013).

§505. Eligibility to Apply for a Type 4 Charter School

A. - A.3.…

B. The eligibility criteria set forth in this Section shall be the minimum criteria necessary to be approved for a type 2 charter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3973, and R.S. 17:3981, and R.S. 17:3983.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1360 (July 2008), amended LR 39:1431 (June 2013).

§507. Existing Public Schools Converting to Charter Schools

A. - C.4.…

D. Approval by the parents or guardians requires a favorable vote of the majority of the voting parents or guardians of pupils enrolled in the school.

1. An election must be held for the purpose of voting to convert a pre-existing public school to a charter school.

2. The number of votes cast by the parents or guardians in an election must equal at least 50 percent of the number of students enrolled in the school at the time of the election.

3. Only one vote may be cast by one parent or guardian for each student enrolled in the school at the time of the election.

E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3973, and R.S. 17:3983.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1361 (July 2008), amended LR 37:869 (March 2011), LR 39:1431 (June 2013).

§509. Eligibility to Apply for a Type 5 Charter School

A. - A.5. ...

B. The eligibility criteria set forth in this Section shall be the minimum criteria necessary to be approved for a type 5 charter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3973, R.S. 17:3983, and R.S. 17:3991.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1361 (July 2008), amended LR 37:2383 (August 2011), LR 39:1431 (June 2013).

§511. Charter School Application Process

A. Application Cycle

1. All type 2, type 4, and type 5 charter applications will be received, reviewed, and approved pursuant to a charter application cycle.

2. All proposed charter application cycles must be approved by BESE.

3. Type 2, type 4, and type 5 charter applications must be submitted in accordance with a charter application cycle approved by BESE to be considered by BESE.

4. There shall be at least one charter application cycle per year for the submission of type 2, type 4, and type 5 charter school applications.

5. BESE may approve additional cycles for the submission of type 2, type 4, and type 5 charter school applications.

B. - B.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3981, R.S. 17:3981, and R.S. 17:3983.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1361 (July 2008), amended LR 39:1431 (June 2013).

§513. Stages of Application Cycle for BESE-Authorized Charter Schools

A. Each charter application process shall be approved by BESE on an annual basis.

B. Application Evaluation by Team of Evaluators

1. Teams of local, state, and national evaluators with expertise in charter schools and charter school authorizing, curriculum and instruction, governance and management, and finance shall be assembled for the review of charter applications.

2. Each charter application will be reviewed by the evaluation team and scored with a uniform evaluation rubric.

C. Evaluator Recommendations. Evaluators shall make recommendations to the Department of Education for approval or denial of each charter school application.

D. Prior to the consideration of a charter school proposal by BESE, each charter applicant shall be afforded the opportunity to provide a written response to the independent evaluation of the application. Such response shall be available to the independent reviewers for consideration prior to issuing a final recommendation to BESE.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10) and R.S. 17:3981.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1361 (July 2008), amended LR 37:869 (March 2011), LR 38:750 (March 2012), repromulgated LR 38:1392 (June 2012), amended LR 38:3118 (December 2012), LR 39:1431 (June 2013).

§515. Charter School Application Components

A. ...

B. A framework of all BESE requests for applications, which shall include an assurance that all required sections are or will be included in the final request for applications, must be submitted to the state board by the department prior to the release of the request. In cases of a type 5 charter operator voluntarily relinquishing its charter, the state superintendent of education may issue an emergency request for applications and BESE shall be notified of such action within two business days. The Department of Education may accept charter applications in a single submission or may structure a process to accept applications in a set of sequential, cumulative submissions.

C. - H.11. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3981, and R.S. 17:3991.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1362 (July 2008), amended LR 37:869 (March 2011), LR 37:2383 (August 2011), LR 38:38 (January 2012), LR 38:750 (March 2012), repromulgated LR 38:1392 (June 2012), amended LR 38:1583 (July 2012), LR 38:3118 (December 2012), LR 39:1432 (June 2013).

§517. Consideration of Charter Applications and Awarding of Charters by BESE

A. - D. ...

E. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3981, and R.S. 17:3983.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1363 (July 2008), amended LR 37:870 (March 2011), LR 38:750 (March 2012), repromulgated LR 38:1392 (June 2012), amended LR 39:1432 (June 2013).

§518. BESE Pre-Opening Procedures Following Approval

A. ...

B. The department must certify completion of the pre-opening requirements prior to the opening of the school.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10) and R.S. 17:3981.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 37:870 (March 2011), amended LR 37:2385 (August 2011), LR 39:1432 (June 2013).

§523. Charter School Replication

A. A charter operator may open and operate up to two additional charter schools under the same chartering authority without making a formal application to its chartering authority if the charter schools currently operated by the charter operator meet the performance criteria outlined below:

1. all charter schools currently operated by the charter operator must meet the following performance criteria:

a. an averaged letter grade of A or B based upon the most recent school performance scores for all charter schools currently in operation under the charter operator;

b. demonstrated growth in student academic achievement as measured by an averaged increased school performance score over the three proceeding school years based upon the school performance scores for all charter schools currently in operation under the charter operator;

c. has received meets expectations designations in the most recent evaluations in organizational performance according to the charter school performance compact for the majority of the charter operator's schools;

d. has received meets expectations designation in the most recent evaluation in financial performance according to the charter school performance compact for the majority of the charter operator's schools; and

2. in addition, at least one of the charter operator's currently operating schools must meet the following performance criteria:

a. currently has a letter grade of A or B;

b. has demonstrated growth in student academic achievement as measured by an increased school performance score over the three proceeding school years;

c. has received a meets expectations designation in the most recent evaluation in organizational performance according to the charter school performance compact; and

d. has received a meets expectations designation in the most recent evaluation in financial performance according to the charter school performance compact;

3. should the charter operator meet the criteria outlined in Paragraphs 1 and 2, above, the charter operator may open and operate up to two additional charter schools for each currently operating charter school meeting the specific criteria outlined in Paragraph 2, above, under the same chartering authority, without making a formal application to the chartering authority;

4. the new charter schools must serve the same grade levels and enrollment boundaries as the operator's charter school that meets the eligibility criteria outlined above in Paragraph 2;

5. the type of charter schools the charter operator may open shall be determined as follows:

Charter School Meeting Eligibility Requirements	Permitted New Types of Charter Schools
Type 1	• Type 1; • May be a Type 3 subject to the permission of the school board.
Type 1B	• Type 1B

Charter School Meeting Eligibility Requirements	Permitted New Types of Charter Schools
Type 2	• New Type 2; • May be a Type 2 conversion charter school upon receiving approval from the professional faculty, staff, and parents or guardians of the pre-existing school, as required in §507; • May be a Type 5 subject to siting by the RSD to transform a current RSD direct-run or Type 5 charter school.
Type 3	• Type 1; • May be a Type 3 subject to the permission of the school board.
Type 4	• Type 4
Type 5	• Type 2; • May be a Type 2 conversion charter school upon receiving approval from the professional faculty, staff, and parents or guardians of the pre-existing school, as required in §507; • May be a Type 5 subject to siting by the RSD to transform a current RSD direct-run or Type 5 charter school.

6. the chartering group shall notify its chartering authority of its intent to open one or two additional charter schools pursuant to this section at least 120 calendar days prior to the day on which each additional school shall enroll students;

7. at least 90 calendar days prior to the day on which each additional school shall enroll students, the chartering authority shall enter into a charter agreement with the chartering group for each additional school and shall notify BESE of its action;

8. the charter operator must complete all processes and required by law and BESE policy to open a school, including, but not limited to the procurement of all required permits, inspections and approvals necessary to safeguard student safety and welfare.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3981, and R.S. 17:3992(A).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education LR 39:1432 (June 2013).

Chapter 9. Opening of Charter School

§901. Timeline for Charter School Opening

A. - C. ...

D. A charter school other than a type 5 shall not begin operation sooner than eight months after approval of the charter school has been granted, unless the chartering authority agrees to a lesser time period.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3981, and R.S. 17:3983.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1363 (July 2008), amended LR 37:870 (March 2011), LR 37:2385 (August 2011), LR 38:751 (March 2012), repromulgated LR 38:1393 (June 2012), amended LR 39:1433 (June 2013).

Chapter 11. Ongoing Review of Charter Schools

§1101. Charter School Evaluation

A. ...

B. The performance of type 2, type 4, and type 5 charter schools will be reviewed and/or evaluated annually in the following categories:

1. student performance;
2. financial performance; and
3. organizational performance.

C. BESE shall approve a charter school performance compact that will articulate the specific criteria the Department of Education will use to annually evaluate the student, financial, and organizational performance of BESE-authorized charter schools. As necessary, the Department of Education may revise the charter school performance compact, subject to BESE approval of all material changes. All criteria used in the charter school performance compact shall correspond to one of the categories listed above.

D. In measuring the organizational and financial performance of schools as part of the charter school performance compact, charter schools will be given one of the following ratings:

1. meets expectations;
2. approaching expectations;
3. fails to meet expectations.

E. The charter school performance compact may include other supporting evidence to be included in evaluating school performance.

F. BESE shall receive a report on the review of type 2, type 4, and type 5 charter schools not later than January of each year. This annual review will be used in charter contract extension determinations.

1. During its renewal term, each charter school will be subject to regular site visits and contract review on a schedule established by the Department of Education.

2. A charter school under long-term renewal (five or more years), whose academic performance declines for three consecutive years, will be subject to a formal evaluation and contract review by LDOE. Based on the results of its evaluation, the department may recommend one of the following actions:

a. the charter school be placed under a memorandum of understanding (MOU) that outlines specific recommendations for improving performance; or

b. revocation.

G. Student Performance

1. Student performance is the primary measure of school quality. BESE shall use the state's assessment and accountability programs as objective and verifiable measures of student achievement and school performance. Student performance is the primary indicator of school quality; therefore, BESE will heavily factor all annual evaluations and contract extensions and renewal decisions on a school's achievement of the student performance standards.

2. Charter schools are required to administer all state assessments and are subject to the Louisiana School and District Accountability System as required by Bulletin 111.

3. Pre-Assessment Index

a. In the fall of each charter school's second year of operation, the Department of Education shall provide each charter school with a pre-assessment index, as available.

b. The pre-assessment index will consist of the test results of the students enrolled in the charter school from the immediately preceding spring state testing prior to the creation of the new charter school, where available.

4. The charter school performance compact shall articulate the specific criteria the Department of Education will use to evaluate academic performance.

H. Financial Performance

1. Charter schools are required to engage in financial practices, financial reporting, and financial audits as set forth

in charter school law, this bulletin, and the charter. The requirements imposed by law, regulation, and contract ensure the proper use of public funds and the successful fiscal operation of the charter school.

2. Charter schools will be evaluated annually on the timely submission of budgets, audits, annual financial reports, and all other financial reporting and compliance with applicable financial budgeting; accounting; and auditing laws, regulations, and procedures.

3. Financial performance shall be assessed annually using the financial risk assessment framework approved and adopted by BESE. The financial risk assessment shall:

a. monitor the following external conditions encountered by charter operators that, if not addressed, could render the school financially vulnerable; and

i. student enrollment factors:

(a). declines in public school enrollment;

ii. trends in fiscal conditions:

(a). total current expenditures per pupil is 90 percent or less of state average:

(i). short-term reaction of school systems is to reduce expenditures. This serves as indicator of ability of school system to cut expenditures if required;

(b). relationship between accountability scores and per pupil expenditure: another measure of ability of school system to cut expenditures and expected outcome on accountability scores;

iii. future obligations:

(a). school systems with 15 percent above the state average of school employees projected to retire within the next five years:

(i). indicates that over 45 percent of school system personnel has 15 or more years of service;

iv. status of business certification of business official:

(a). is current business official in process of being certified under R.S. 17:84.2;

b. identify the following internal factors that could lead to weaknesses or challenges in the financial operations of an operator.

i. Level 1—Fiscal Management/Behavior. School systems meeting the criteria in this category have problems because they have not implemented financial management practices that are designed to ensure good internal controls in their systems; therefore, if not addressed the risk is higher that these smaller problems could lead to more severe problems in the future:

(a). submittal of general fund budget form A by September 30 as required by law (submittal of annual operating budget by July 31 for charter schools);

(b). submittal of final AFR by October 31;

(c). audit opinion—internal control on government auditing standards;

(d). single audits—consecutive audit findings;

(e). known material fraud in any program.

ii. Level 2—Identified Problems Having Fiscal Impact. Items in this category may indicate the mismanagement of a program to the degree that funds must be repaid (referred to as a questioned cost). The school system is required to repay these funds to the federal government, unless a CAROI agreement is established by the LDE. This agreement allows for funds to remain in the school system to correct the systematic problem and enhance the program. These types of problems can be corrected but must be directly addressed and closely monitored to ensure this does not continue:

(a). questioned costs from A–133–single audit report;

(b). questioned costs from program monitoring review;

(c). questioned costs from fiscal monitoring review.

iii. Level 3—Auditing Outcomes. Items in this category may indicate that the independent auditor has found a critical problem in these areas of a school system's financial operations. The severity of the problem will be indicated by the type of the opinion issued. Problems such as these can be corrected but must be directly addressed by the school system and then closely monitored:

(a). audit opinion—general purpose financial statements;

(b). audit opinion—schedule of expenditures of federal programs;

(c). audit opinion—compliance with laws and regulations on federal programs.

iv. Level 4—Problems with Balanced Budgets and Fund Balances. Items in this category may indicate there could be, or there already exists, cash flow problems in a school system. These types of problems must be addressed immediately or the school system could be at risk of insolvency:

(a). general fund deficit spending. General fund deficit spending may be acceptable in certain instances. In such instances correspondence from the district is necessary to justify the deficit spending;

(b). general fund balance as a percentage of general fund revenues.

v. Level 5—Major Events

(a). Going Concern Opinion. Items in this category indicate that problems already exist in a school system that put the entity at risk of being able to continue operations.

(b). New School System or Major Event. A school system categorized in this manner requires LDE to closely monitor the development and implementation of appropriate systems, policies, and procedures to ensure successful provision of educational services to students as a result of being newly formed or having experienced a special event.

4. The financial risk assessment shall be a factor in determining the financial performance of a charter school.

5. The financial risk assessment shall result in one of the following actions:

a. no action. The school's fiscal health is determined to be satisfactory and does not require continued departmental monitoring; or

b. monitoring. The department will monitor specific aspects of the financial risk assessment, in order to assure continued progress in areas that have been problematic in the past; or

c. dialogue. The department will conduct a detailed review of the school's finances and financial practices; follow-up may include, but not be limited to, discussions between department staff and school leadership regarding

issues of major concern, a formal site visit, or recommended action by BESE in order to address deficiencies.

6. Charter schools in their first year of operation shall be provided a financial practices self-assessment in order to

determine the extent to which the school is positioned for strong financial performance.

7. The charter school performance compact shall articulate any other specific criteria the Department of Education will use to evaluate financial performance.

I. Organizational Performance

1. BESE shall evaluate a charter school's performance based on the Department of Education's oversight and monitoring of the charter school's compliance with its statutory, regulatory, and contractual obligations and all reporting requirements.

2. BESE's organizational performance evaluation of each charter school shall be based on, but not limited to, the following indicators. All other requirements in the charter contract that are otherwise captured in the Department of Education's charter school oversight, monitoring, and reporting structure shall be subject to evaluation. In assessing organizational indicators, BESE may consider information from various sources

Indicator	Standard
Special Education and ELL Program	Pursuant to applicable law and regulation and contract provisions
Student Enrollment	Pursuant to applicable law and regulation, and contract provisions
Student Discipline	Pursuant to applicable law and regulation, and contract provisions
Health and Safety	Pursuant to applicable law and regulation, and contract provisions
Governance	Pursuant to applicable law and regulation, and contract provisions
Facilities	Pursuant to applicable law and regulation, and contract provisions

3. BESE will consider a standard not met if a violation indicates a deliberate act of wrongdoing, reckless conduct, or causes a loss of confidence in the abilities or integrity of the school or seriously jeopardizes the rights of students, safety of students, or the continued operation of the school.

4. The charter school performance compact shall articulate the specific criteria the Department of Education will use to evaluate organizational performance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3981, and R.S. 17:3991.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1363 (July 2008), amended LR 37:871 (March 2011), repromulgated LR 37:1124 (April 2011), amended LR 37:2385 (August 2011), LR 38:751 (March 2012), repromulgated LR 38:1393 (June 2012), amended LR 38:3118 (December 2012), LR 39:1433 (June 2013).

§1105. Intervention Process for Charter Schools

A. The charter school performance compact may include an intervention process that articulates the steps the Department of Education may take should a school fall out of compliance with requirements outlined in the charter school performance compact, law, or BESE policy. The stages of the intervention process shall include:

1. good standing. All charter schools will begin at this level;

2. notice of concern. If the Department of Education receives a verified complaint or if regular oversight generates significant concerns or questions, a school will receive a notice of concern. The notice of concern will contain specific actions and due dates required to remedy the concern. Upon remedying the concern the school will return to good standing. Repeated notices of concern may lead to increased oversight by the Department of Education;

3. notice of breach. If a school fails to meet a critical indicator identified in the charter school performance compact, or fails to correct a notice of concern, the school will be issued a notice of breach that will contain specific actions and due dates required to remedy the breach. The Department of Education will monitor the implementation of the steps required to cure the breach. Once a school has fulfilled the notice of breach requirements, the school will return to good standing. Repeated notices of breach may lead to increased oversight by the Department of Education;

4. revocation review. Failure to meet the requirements specified in the notice of breach will result in a revocation review. The review may include additional visits to the school or an in-depth audit to assess financial and/or organizational health. Schools may progress to revocation review if they receive repeated notices of breach in the same school year. Findings from the revocation review will determine whether the Department of Education shall commence revocation proceedings or whether the school will be granted a revised notice of breach.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3981, and R.S. 17:3991.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 39:1435 (June 2013).

Chapter 13. Charter Term

§1303. Extension Review

A. ...

B. Each type 2, type 4, and type 5 charter school's extension review shall be used to determine if the school will receive a one-year extension, as follows.

1. Contract Extension

a. Each charter school shall be reviewed based on academic, financial, and legal and contractual performance data collected by the Department of Education. If such performance data reveal that the charter school is achieving the following goals and objectives, the board shall extend the duration of the charter for a maximum initial term of five years;

i. a current financial performance evaluation that meets or approaches the standards required by the charter school performance compact; and

ii. a current organizational performance evaluation that meets or approaches the standards required by the charter school performance compact; and

iii. one of the following student performance standards:

(a). the school has earned a “D” letter grade or higher based on performance data from the school’s third year of operation;

(b). the assessment index based on performance data from the school’s third year of operation is the equivalent of a “D” letter grade or higher; or

(c). assessment index increase of 15 points from the pre-assessment index.

2. Schools that Fail to Meet Extension Standards

a. If a charter school fails to meet any of the standards set forth in Paragraph B.1 of this Section, BESE

may, at the superintendent's recommendation, take one of the following actions based on information provided by the Department of Education:

i. grant the school a one year probationary extension with conditions or other required actions;

ii. allow the charter to expire at the end of the school's fourth year of operation.

3. - 3.b.ii. ...

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1367 (July 2008), amended LR 37:2387 (August 2011), LR 38:751 (March 2012), repromulgated LR 38:1393 (June 2012), amended LR 38:3118 (December 2012), LR 39:1435 (June 2013).

Chapter 15. Charter Renewal

§1503. Charter Renewal Process and Timeline

A. ...

B. Student Performance

1. Each charter school is required to make demonstrable improvements in student performance over the term of its charter contract.

a. BESE will rely on data from the state's assessment and accountability program as objective and verifiable measures of student achievement and school performance. Student performance is the primary indicator of school quality; therefore, BESE will heavily factor each charter school's student performance data in all renewal decisions.

2. Consistent with the philosophy of rewarding strong performance and providing incentives for schools to strive for continual improvement, the renewal terms for BESE-authorized charter schools will be linked to each school's letter grade (based on the school's performance on the state assessment in the year prior to the renewal application) in accordance with the table that follows.

Maximum Charter Renewal Terms	
Letter Grades	**Maximum Renewal Term**
F	3 years
D	3 Years
C	6 Years
B	7 Years
A	10 years

3. A charter school in its initial term where fewer than 50 percent of its enrolled grades are testable under state accountability will be eligible for a renewal term of three years.

4. A BESE-authorized charter school receiving a letter grade of F, based on performance on the state's assessment and accountability program based on year four test data (or the year prior to the submission of a renewal application for subsequent renewals) will not be eligible for renewal, unless one of these conditions are met:

a. a charter school that by contract serves a unique student population where an alternate evaluation tool has been established between the charter operator and the Board may be renewed for a term not to exceed five years;

b. a charter school in its initial term that a letter grade of F, but where fewer than 30 percent of its enrolled grades are testable under state accountability, may be renewed for a term not to exceed three years;

c. if, in the superintendent's judgment, the non-renewal of a charter school with a letter grade of F in its initial charter term would likely require many students to attend lower performing schools, and the superintendent recommends its renewal, the charter may be renewed for a term not to exceed three years. Prior to recommending such renewal, the superintendent must demonstrate that efforts to find a new, high-quality operator for the school were unsuccessful;

d. The school has made 20 points of assessment index growth from its pre-assessment index.

C. Financial Performance

1. Each charter operator is required to engage in financial practices, financial reporting, and financial audits to ensure the proper use of public funds and the successful fiscal operation of the charter school. The charter school shall be evaluated using the financial risk assessment and the financial indicators included in the charter school performance compact.

2. A charter contract will not be renewed if the charter has failed to demonstrate over the term of its charter, the fundamental ability to operate a fiscally sound charter school, as evidenced by repeated failure to adhere to the financial standards articulated by the financial risk assessment and/or the charter school performance compact.

3. BESE Standards for Financial Performance. BESE may reduce the renewal term by a year for any charter school that has been found to require monitoring or dialogue as part of their most recent fiscal risk assessment. No term shall be less than three years.

D. Organizational Performance

1. BESE will include a charter school's compliance with its statutory, regulatory, and contractual obligations and all reporting requirements in its renewal decision. BESE's evaluation shall be based on, but not limited to, the following organizational indicators as articulated in the charter school performance compact.

Indicator	Standard
Special Education and ELL Program	Pursuant to applicable law and regulation and contract provisions
Student Enrollment	Pursuant to applicable law and regulation and contract provisions
Student Discipline	Pursuant to applicable law and regulation and contract provisions
Health and Safety	Pursuant to applicable law and regulation and contract provisions
Governance	Pursuant to applicable law and regulation and contract provisions
Facilities	Pursuant to applicable law and regulation and contract provisions

2. BESE will consider a standard not met if a violation indicates a deliberate act of wrongdoing, reckless conduct, or causes a loss of confidence in the abilities or integrity of the school or seriously jeopardizes the rights of students, safety of students, or the continued operation of the school.

3. BESE will not renew a charter if it has failed to demonstrate over the term of its contract, the fundamental ability to adhere to the statutory, regulatory, contractual obligations, reporting requirements, and organizational performance standards articulated in the charter school performance compact.

E. - E.5. ...

F. Subsequent Renewal for BESE-Authorized Charter Schools

1. The department will establish a process by which each charter school shall be required to indicate whether it will be seeking a subsequent renewal.

2. Not later than January of the charter school's final contract year, the state superintendent of education will make a recommendation to BESE about the disposition of any school seeking renewal. The basis for the recommendation will be the charter school's student, financial, legal and contractual performance during its current charter contract.

3. Based on the school's academic, financial, and legal and contractual performance over the current charter contract term, the superintendent may recommend one of the following actions:

a. renewal for the maximum term identified in the maximum charter renewal terms table in Subsection B, above, with the addition of one year to the charter term for every year that the school's growth target was met, not to exceed a maximum term of ten years;

b. renewal for a shorter term (based on deficiencies in financial and/or legal/contract performance); or

c. non-renewal.

4. A recommendation for non-renewal may also include a recommendation that a new charter provider operate the school.

G. Automatic Renewal of Charter Schools

1. A charter school which has met or exceeded for the three preceding school years the benchmarks established for it in accordance with the school and district accountability system, has demonstrated growth in student academic achievement for the three proceeding schools years, and has had no significant audit findings during the term of the charter agreement shall be deemed a high-performing school, and such school's charter shall be automatically renewed.

2. A charter school that meets the following conditions shall be automatically renewed and shall be exempted from the renewal process requirements listed in Subsection E or F of this Section, as appropriate:

a. has received a letter grade of A or B;

b. has demonstrated growth in student academic achievement as measured by an increasing school performance score over the three preceding school years;

c. has received a meets expectations designation in its most recent evaluation in organizational performance according to the charter school performance compact; and

d. has received a meets expectations designation in its most recent evaluation in financial performance according to the charter school performance compact.

3. The automatic renewal term shall be in line with the terms specified in Paragraph B.2 of this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3981 and R.S. 17:3992.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 36:479 (March 2010), amended LR 37:871 (March 2011), LR 37:2388 (August 2011), LR 38:752 (March 2012), repromulgated LR 38:1394 (June 2012), amended LR 38:3119 (December 2012), LR 39:1436 (June 2013).

Chapter 25. Charter School Fiscal Responsibilities

§2501. Qualified and Competent Business Professional

A. Each type 2 and type 5 charter operator shall hire or procure the services of one or more qualified and competent business professionals who shall produce all financial and accounting information and reporting required by its charter contract, state law, and BESE policy, except as otherwise provided herein.

B. A qualified and competent business professional shall meet one of the following minimum qualifications:

1. possess a baccalaureate degree with a minimum of 24 hours of business-related courses, such as accounting, finance, or management;

2. possess a certified public accountant license in Louisiana or possess a minimum of two years of full-time, directly relevant accounting and/or bookkeeping experience;

3. possess a master's degree in public or business administration.

C. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3981, R.S. 17:3991, and R.S. 17:3995.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1372 (July 2008), amended LR 38:3120 (December 2012), LR 39:1437 (June 2013).

Chapter 27. Charter School Recruitment and Enrollment

§2709. Enrollment of Students, Lottery, and Waitlist

A. - I. ...

J. Type 5 charter schools transferred to the RSD pursuant to R.S. 17:10.5 and R.S. 17:10.7 shall comply with any unified enrollment system established by the RSD for the parish or region where the charter school is located. Other charter schools located within parishes where the RSD has established a unified enrollment system may participate in the unified enrollment system upon approval by their charter boards. The RSD may create any policies and procedures to implement a unified enrollment system not prohibited by this Chapter, and may conduct one or more central lotteries to enroll students at participating schools, and enroll students applying or requesting transfers after the application period has ended.

1. Upon request of a charter operator, the department shall allow an enrollment preference for students matriculating into eighth grade or below between two BESE-authorized charter schools operated by the same charter operator.

2. In addition, for the process of enrolling students for the 2013-2014 school year, the Department of Education shall manage a pilot program wherein the department shall allow an enrollment preference for those students matriculating or transferring into ninth grade or above between eligible BESE-authorized charter schools for a limited percentage of the seats in the charter school, to be determined by the department. The department shall develop an application process for participation in the pilot program which shall evaluate factors including the applying charter schools' past demonstration of success in preparing at-risk and low-performing students for college and/or career, and the submission of an innovative proposal to utilize the enrollment preference to further this success. The department shall collect relevant data on the pilot program in

order to prepare a report to be presented by the state superintendent to BESE no later than January 2014, at which time BESE shall consider the continuation of the pilot program based on the results of the report. The report shall include data and information including, but not limited to:

a. the demographic and academic backgrounds of students utilizing the preference;

b. the number and percentage of students who matriculated or transferred into participating schools;

c. the number and percentage of students who were admitted to the school utilizing the enrollment preference; and

d. the number and percentage of students attempting to enroll or transfer in the charter school who were ineligible to utilize the enrollment preference.

K. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:3981, and R.S. 17:3991.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education in LR 34:1374 (July 2008), amended LR 38:753 (March 2012), repromulgated LR 38:1395 (June 2012), amended LR 39:1437 (June 2013).

Heather Cope
Executive Director

1306#009

RULE

Board of Elementary and Secondary Education

Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators
(LAC 28:LXXIX.Chapters 1-33)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education amended *Bulletin 741—The Louisiana Handbook for Nonpublic School Administrators*. The policy changes update current policies, correct technical errors, and provide more local flexibility and autonomy.

Title 28
EDUCATION
Part LXXIX. Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators—Programs of Study
Chapter 1. Operation and Administration
§105. Philosophy and Purposes of School

A. - D. …

E. Each school shall maintain on file the following:

1. written statement of philosophy and/or mission statement;

2. goals and objectives for the current year; and

3. plan for implementation of these goals and objectives.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2342 (November 2003), amended LR 31:3073 (December 2005), LR 39:1438 (June 2013).

§107. School Approval

A. In order to benefit from state and federal funds, each approved school shall meet and maintain the following standards:

1. the school must have a state approval classification;

2. the school must be in compliance with Brumfield vs. Dodd; and

3. the school must be a nonprofit institutional day or residential school that provides elementary education, secondary education, or both.

B. This requirement applies to schools submitting an initial application for school approval and schools which are currently approved.

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

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

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

1. Approved (A)—school meets all standards specified in Standards for Approval of Nonpublic Schools. There shall be two types of approved schools:

a. Accredited Approved School – school is:

i. currently accredited by the Southern Association of Colleges and Schools (SACS); or

ii. currently accredited by a member the National Association of Independent Schools (NAIS); and

iii. the school meets all other criteria established by this bulletin for Board of Elementary and Secondary Education (BESE) approval.

iv. The LDE may also accept accreditation from other school accreditation agencies, but may require the submission of additional information from the school so as to ensure consistent quality.

b. Non-Accredited Approved School—school is not currently accredited by SACS or a member of NAIS, but has met all criteria established by this Bulletin for approval.

2. Registered—school is not accredited by SACS or NAIS and has not met the criteria established by the department for approval, or does not wish to seek state approval.

F. Accredited schools shall be approved by BESE for the duration of such accreditation, up to five years. BESE approval shall be reviewed in the school year following the renewal of such accreditation. Each accredited, approved school shall annually demonstrate to the LDE that the school meets the health, safety, and welfare requirements as established in this bulletin. Additionally, each accredited, approved high school shall annually demonstrate to the LDE that it is providing an appropriate four year course of study.

G. The LDE shall conduct an annual review of non-accredited schools seeking approval, and shall recommend to BESE whether such approval should be granted. Any such LDE review may include site visits, and shall include a review of the following:

1. Academic quality, including:
   a. the school's purpose and direction;
   b. the school's leadership;
   c. the school's instructional practices;
   d. the school's curriculum; and

2. Student health, safety, and welfare, pursuant to the guidelines established in this bulletin

H. The LDE shall submit to BESE a yearly report recommending the classification status of the nonpublic schools in accordance with the nonpublic school standards.

I. After the annual school reports are submitted by the State Department of Education (LDE) to the State Board of Elementary and Secondary Education (BESE) for approval, all nonpublic schools seeking to change their classification category must submit their request to the BESE. BESE may, upon the recommendation of the department that standards have been met for the desired approval status, change the classification of a nonpublic school.

J. BESE may revoke any nonpublic school's approval at any time if it determines that the health, safety, or welfare of students has been jeopardized.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2342 (November 2003), amended LR 31:3073 (December 2005), LR 36:2847 (December 2010), LR 37:2145 (July 2011), LR 39:1438 (June 2013).

§115. Pre-Kindergarten/Kindergarten

A. The nonpublic school shall have the option of establishing a pre-kindergarten and/or kindergarten program on a half-day or full-day schedule.

B. - D. …

E. Non-public schools are not required to offer pre-kindergarten programs nor are children required to attend these programs.

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2343 (November 2003), amended LR 31:3073 (December 2005), LR 36:2848 (December 2010), LR 38:1405 (June 2012), LR 39:1439 (June 2013).

§117. Instructional Time

A. Each school shall adopt a calendar that includes at least 175 days consisting of 330 minutes of instructional time. However, each nonpublic school may modify the total number of instructional minutes per day and instructional days per year, provided that 57,750 minutes of instructional time per year are met.

1. Instructional time shall include the scheduled time within the regular school day devoted to teaching courses outlined in the program of studies. Instructional time does not include such things as recess, lunch, change of class time, and parent-teacher conferences.

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2343 (November 2003), amended LR 31:3074 (December 2005), LR 39:1439 (June 2013).

§119. Written Policies

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

B. Each nonpublic school or system shall have written policies and/or regulations to address harassment, bullying, and cyberbulling.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2343 (November 2003), amended LR 31:3074 (December 2005), LR 38:1008 (April 2012), LR 39:1439 (June 2013).

§123. Personnel

A. Each school shall request in writing that the Louisiana Bureau of Criminal Identification and Information (bureau) supply information to ascertain whether an applicant for employment or an employee, including any person employed as provided in Subsection C of this Section has been arrested for or convicted of, or pled *nolo contendere* to, any criminal offense.

1. The request must be on a form prepared by the bureau and signed by a responsible officer or official of the school making the request.

2. The request must include a statement signed by the person about whom the request is made which gives the person's permission for such information to be released.

3. The request must include the person's fingerprints in a form acceptable to the bureau.

   a. A person whose fingerprints have been submitted his or her fingerprints to the bureau may be temporarily hired pending the report from the bureau as to any convictions of, or pleas of *nolo contendere* to, by the person to a crime listed in R.S. 15: 1587.1(C), except 14:74.

B. No person who has been convicted of or has pled *nolo contendere* to a crime listed in R.S. 15:587.1(C) shall be hired by any elementary or secondary school as a teacher, substitute teacher, bus driver, substitute bus driver, janitor, or as a temporary, part-time, or permanent school employee of any kind unless approved in writing by a district judge of the parish and the parish district attorney or if employed on an emergency basis, unless approved in writing by either the superintendent of the school system or school leader.

1. This statement of approval shall be kept on file at all times by the school and shall be produced upon request to any law enforcement officer.

2. Not later than thirty days after its being placed on file by the school, the school principal shall submit a copy of the statement of approval to the state superintendent of education.

C. For purposes of this Section, any person employed to provide cafeteria, transportation, or janitorial or maintenance services by any person or entity that contracts with a school

to provide such services shall be considered to be hired by a school system.

1. This Section shall not apply to any school which contracts with an entity providing any of these services to a school or school system when such school or school system determines that the employees of such contractor will have limited contact with students.

a. In determining whether such a contractor's employee will have limited contact with students, the nonpublic school or nonpublic school system shall consider the totality of the circumstances, including factors such as:

i. the length of time the contractor's employee will be on the school grounds;

ii. whether students will be in proximity with the site where the contractor's employee will be working; and

iii. whether the contractor's employee will be working by himself or with others.

b. If a school or school system has made this determination, it shall take appropriate steps to protect the safety of any students that may come in contact with such a contractor's employee.

D. A school shall dismiss any teacher or any other school employee if such teacher or other school employee is convicted of, or pled *nolo contendere* to, any crime listed in R.S. 15:L587.1(C) except R.S. 14:74.

1. Any school dismissing an employee pursuant to the provisions of this Subsection shall notify the state superintendent of education of the employee's dismissal not later than thirty days after such dismissal.

E. A school may reemploy a teacher or other school employee who has been convicted of, or pled *nolo contendere* to, a crime listed in R.S. 15: 587.1(C), except R.S. 14:74, only upon written approval of the district judge of the parish and the district attorney or upon written documentation from the court in which the conviction occurred stating that the conviction has been reversed, set aside, or vacated.

1. Any such statement of approval of the judge and the district attorney and any such written documentation from the court shall be kept on file at all times by the school and shall be produced upon request to any law enforcement officer.

2. Not later than 30 days after its being placed on file by the school, the school principal shall submit a copy of any such statement of approval or written documentation from the court to the state superintendent of education.

F. A teacher or any other school employee upon his final conviction or plea of guilty or nolo contendere to any criminal offense, excluding traffic offenses, shall report the fact of his conviction or plea to his employer within forty-eight hours of the conviction or plea of guilty or nolo contendere.

1. Any person who fails to report a conviction or plea of guilty or nolo contendere of any criminal offense listed in the provisions of R.S. 15:587.1(C)(1) shall be fined not more than $500 or imprisoned for not more than six months, with or without hard labor, or both.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7 (6); R.S. 17:10; R.S. 17:15; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411; R.S. 17:587.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2344 (November 2003), amended LR 31:3074 (December 2005), LR 39:1439 (June 2013).

Chapter 3. Certification of Personnel

§301. Principal

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

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

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2344 (November 2003), amended LR 31:3075 (December 2005), LR 39:1440 (June 2013).

§303. Instructional Staff

A. - D. …

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

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

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

H. - J.4. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15), R.S. 17:7(6), R.S. 17:10, R.S. 17:22(6), R.S. 17:391.1-391.10, R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2344 (November 2003), amended LR 31:3075 (December 2005), LR 32:1417 (August 2006), LR 32:2237 (December 2006), LR 34:229 (February 2008), LR 34:609 (April 2008), LR 39:1440 (June 2013).

§305. Professional Staff Development

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

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

2003), amended LR 31:3075 (December 2005), LR 36:2849 (December 2010), repealed LR 39:1440 (June 2013).

Chapter 5. Records and Reports

Subchapter A. Maintenance and Use of School Records and Reports

§501. General

A. Each nonpublic school and/or system shall maintain accurate and current information on students, personnel, instructional programs, facilities, and finances.

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10); R.S. 44:411, 20 USC 1400.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003), amended LR 31:3075 (December 2005), LR 39:1441 (June 2013).

§505. Student Records

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

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

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 44:411,20 USC 1232(g), R.S 17:170, R.S 17:182, R.S 17:232, R.S 17:391.3, R.S 17:391.4, R.S 17:400, R.S 17:1944, R.S 17:2112.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003), amended LR 31:3076 (December 2005), LR 39:1441 (June 2013).

§509. Transfer of Student Records from Approved Schools

A. A student transferred from a state-approved school, in- or out-of-state, will be allowed credit for work completed in the former school. When a student transfers from one school to another, a properly certified transcript, showing the students record of attendance, achievement, and the units of credit earned are required.

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:112.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003), amended LR 31:3076 (December 2005), LR 39:1441 (June 2013).

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

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:236.2 R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003), amended LR 31:3076 (December 2005), LR 39:1441 (June 2013).

§515. Students Transferring from Foreign Schools

A. The school shall determine placement of students transferring from foreign schools. This determination shall be accepted by the LDE.

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003), amended LR 31:3076 (December 2005), LR 39:1441 (June 2013).

§517. Textbook Records

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

B. State funds allocated for buying textbooks shall be used to buy secular books and academically related ancillary materials aligned with requirements for nonpublic school approval. Schools must maintain a record of such purchases and shall provide a written assurance each year attesting to meeting the requirements of this Section. The department may audit such records and require repayment of funds as necessary to determine compliance with this section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 17:411. 17:8

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2345 (November 2003), amended LR 31:3076 (December 2005), LR 39:1441 (June 2013).

Subchapter B. School Reports

§525. General

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003), amended LR 31:3077 (December 2005), LR 39:1441 (June 2013).

§527. Annual School Report

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

B. By October 15, the principal shall forward a report through the nonpublic superintendent's or administrator's office, to the LDE, on forms provided for that purpose. This report shall be authorized by the administrative head of the school.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003), amended LR 31:3077 (December 2005), LR 39:1442 (June 2013).

§529. Annual Financial and Statistical Report

A. Information required for the completion of the annual financial and statistical report shall be submitted to the LDE.

B. A copy of this report shall be forwarded to the appropriate office in the State Department of Education.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003), amended LR 31:3077 (December 2005), LR 39:1442 (June 2013).

§531. Reports of High School Credits

A. Before a student may graduate from a nonpublic high school, a transcript shall be submitted to and approved by the LDE.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003), amended LR 31:3077 (December 2005), LR 39:1442 (June 2013).

§533. Reporting Student Progress to Parents

A. Reports covering the students' achievement and progress shall be provided to parents or guardians periodically. These reports shall contain an evaluation of the pupil's scholastic achievement and conduct.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:112; USCS 1232(g).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003), amended LR 31:3077 (December 2005), LR 39:1442 (June 2013).

§535. Other Reports

A. Any other records and reports applicable to nonpublic schools that may be required by BESE or the LDE shall be submitted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(14).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003), amended LR 31:3077 (December 2005), LR 39:1442 (June 2013).

Chapter 7. Scheduling

§703. Secondary Scheduling

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2346 (November 2003), amended LR 31:3077 (December 2005), repealed LR 39:1442 (June 2013).

§705. Length of the School Day

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003), amended LR 31:3077 (December 2005), LR 38:1405 (June 2012), repealed LR 39:1442 (June 2013).

§707. Class Size and Ratio

A. The maximum enrollment allowed in any class or section shall not exceed 35 students except in certain activity classes such as physical education, music, art, etc.

B. The class size for pre-kindergarten developmental programs for four year-olds shall not exceed 20 children for one teacher. Schools that choose to use the assistance of a full-time aide may have a maximum of 30 children per class.

C. The class size for pre-kindergarten developmental programs for three year-olds shall not exceed 13 children for one teacher. Schools that choose to use the assistance of a full-time aide may have a maximum of 20 children per class.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003), amended LR 31:3078 (December 2005, LR 38:1405 (June 2012), LR 39:1442 (June 2013).

Chapter 9. Student Services

§901. Attendance

A. Students who have attained the age of seven years shall attend a public or private school or participate in an approved home study program until they reach the age of 18 years.

B.1. A student is considered to be in attendance when he or she:

a. is physically present at a school site or is participating in an authorized school activity; and

b. is under the supervision of authorized personnel.

2. This definition for attendance would extend to students who are homebound, assigned to and participating in drug rehabilitation programs that contain a state-approved education component, or participating in school-authorized field trips.

a. Half-Day Attendance. A student is considered to be in attendance for one-half day when he or she:

i. is physically present at a school site or is participating in an authorized school activity; and

ii. is under the supervision of authorized personnel for more than 25 percent but not more than half (26 percent-50 percent) of the student's instructional day.

b. Whole-Day Attendance. A student is considered to be in attendance for a whole day when he or she:

i. is physically present at a school site or is participating in an authorized school activity; and

ii. is under the supervision of authorized personnel for more than 50 percent (51 percent-100 percent) of the student's instructional day.

C. In order to be eligible to receive grades, high school students shall be in attendance a minimum of 26,400 minutes (the equivalent of 80 days of 330 minutes each) per course each semester or 52,800 minutes (the equivalent of 160 days of 330 minutes each) per course during a school year for schools not operating on a semester basis. Elementary students shall be in attendance a minimum of 52,800 minutes (the equivalent of 160 days of 330 minutes each) a school year.

1. Students attending high school classes operating in 90 minute blocks of instructional time shall be in attendance 80 days, or its equivalent, in order to be eligible to receive grades.

D. - E. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2347 (November 2003), amended LR 31:3078 (December 2005), LR 39:1442 (June 2013).

Chapter 11. Health

§1101. Immunization

A. Each student entering any school within the state for the first time, at the time of registration or entry, shall present satisfactory evidence of immunity to or immunization against vaccine-preventable diseases according to a schedule approved by the Office of Public Health (OPH), Department of Health and Hospitals (DHH), or shall present evidence of an immunization program in progress.

1. The schedule shall include, but not be limited to measles, mumps, rubella, diphtheria, tetanus, whooping cough, poliomyelitis, and hemophilus influenzae Type B invasive infections.

2. The schedule may provide specific requirements based on age, grade in school, or type of school. At its own discretion, and with the approval of the OPH, a school system or school may require immunizations or proof of immunity more extensive than required by the schedule approved by the OPH.

B. A student transferring from another school in or out of the state shall submit either a certificate of immunization or a letter from his personal physician or a public health clinic indicating immunizations against the diseases in the schedule approved by OPH having been performed, or a statement that such immunizations are in progress.

C. If booster immunizations for the diseases enumerated in the schedule approved by the OPH are advised by that office, such booster immunizations shall be administered before the student enters a school system within the state.

D. The school principal or chief administrator shall be responsible for checking student records to ensure that the requirements of this Section are enforced.

1. The school principal or chief administrator shall ensure immunization records and compliance reports are electronically transmitted to the OPH through the Louisiana Immunization Network for Kids Statewide (LINKS) when the school operates an existing student-specific electronic data system.

E. No student seeking to enter any school shall be required to comply with the provisions of this Section if the student or the student's parent or guardian submits either a written statement from a physician stating that the procedure is contraindicated for medical reasons, or a written dissent from the student or the student's parent or guardian is presented.

F. In the event of an outbreak of a vaccine-preventable disease at the location of a school, the principal is empowered, upon the recommendation of the OPH, to exclude from attendance unimmunized students until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411; R.S. 17:170(D); R.S. 17:170(A)(1).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2348 (November 2003), amended LR 31:3078 (December 2005), LR 35:1232 (July 2009), LR 35:2348 (November 2009), LR 39:1443 (June 2013).

Chapter 17. Instructional Support

§1705. Secondary Libraries/Media Centers

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2349 (November 2003), amended LR 31:3079 (December 2005), repealed LR 39:1443 (June 2013).

Chapter 19. Support Services

§1901. Transportation

A. If transportation is not provided by the public school board, parents of students attending nonpublic schools shall be reimbursed for transportation, provided funds are appropriated.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17: 158 (C) (D) (H); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2349 (November 2003), amended LR 31:3079 (December 2005), LR 39:1443 (June 2013).

§1903. School Food Service

A. Any recognized school of high school grade or under shall be eligible to participate in the school food service programs administered by the LDE, provided that requirements set forth in the agreements with the local educational governing authority are met.

B. Reimbursement payments shall be made only to schools operating under an agreement between the school's governing body, called "school food authority" in the agreement and the LDE agreements shall be signed by the designated representative of each school's governing body. Agreements shall be renewed by a signed statement annually unless an amendment is necessary. These agreements may be terminated by either party or may be canceled at any time by the LDE upon evidence that terms of agreements have not been fully met.

C. Participating schools shall adhere to conditions of agreement and all applicable state and federal laws and United States Department of Agriculture (USDA) regulations and policies governing the USDA Child Nutrition Programs under the LDE.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); 17:82; 17:191; R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2349 (November 2003), amended LR 31:3080 (December 2005), LR 39:1443 (June 2013).

Chapter 21. Curriculum and Instruction

§2102. Carnegie Credit and Credit Flexibility

A. Students may earn Carnegie credit in grades five through twelve two ways:

1. by passing a course in which the student is enrolled and meeting instructional time requirements, as set forth below; or

2. by demonstrating proficiency as set forth below.

B. When awarding credit based on instructional time, schools shall require a minimum of 7,965 minutes for one Carnegie credit. In order to grant one-half Carnegie credit, schools shall require a minimum of 3,983 minutes.

C. When awarding Carnegie credit based on demonstrated proficiency, schools must inform the LDE of the following on behalf of any student or group of students:

1. the name of the examination used to measure proficiency, if nationally recognized; or

2. a copy of the examination used to measure proficiency, if locally developed or not nationally recognized and the score required to demonstrate proficiency; or

3. a listing of requirements to demonstrate proficiency through portfolio submissions.

D. The LDE may require revisions of assessments in order to ensure that they adequately measure proficiency.

E. Students meeting the requirements for Carnegie credit based on proficiency shall have the course title, the year proficiency was demonstrated, P (pass) and the unit of credit earned entered on their transcript.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:1444 (June 2013).

Subchapter B. Elementary Program of Studies

§2103. Minimum Time Requirements

A. Pre-Kindergarten/Kindergarten

1. The pre-kindergarten, and/or kindergarten elementary school grades should be planned to meet the developmental needs of young children and should be informal in nature, with teacher-directed and student-initiated activities.

B. Elementary Schools

1. Nonpublic elementary schools first through eighth grades shall devote no less than 50 percent of the school day to the skill subjects: reading, language arts, and mathematics. The remainder of the school day shall be devoted to social studies, science, health and physical education, and electives such as religion, foreign languages, and visual and performing arts.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2349 (November 2003), amended LR 31:3080 (December 2005), LR 34:229 (February 2008), LR 36:2848 (December 2010), LR 38:1405 (June 2012), LR 39:1444 (June 2013).

§2105. Adding Electives to the Program of Studies for Middle Schools

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2350 (November 2003), amended LR 31:3081 (December 2005), repealed LR 39:1444 (June 2013).

Subchapter C. Secondary Schools

§2109. High School Graduation Requirements

A. For incoming freshmen prior to 2009-2010, the 23 units required for graduation shall include 15 required units and 8 elective units. For incoming freshmen in 2009-2010 and beyond, the 24 units required for graduation shall include 16 required units and 8 elective units for the Louisiana Basic Core Curriculum, or 21 required units and 3 elective units for the Louisiana Core 4 Curriculum.

B. Minimum Requirements (effective for incoming freshmen 1999-2000 to 2008-2009)

1. English—4 units, shall be English I, II, and III, and English IV or Business English.

2. Mathematics—3 units.

a. Effective for incoming freshmen 2005-2006 and beyond, all students must:

i. complete one of the following:

(a). algebra I (1 unit); or

(b). algebra I-pt. 1 and algebra I-pt. 2 (2 units); or

(c). integrated mathematics I (1 unit);

ii. the remaining unit(s) shall come from the following:

(a). integrated mathematics II;

(b). integrated mathematics III;

(c). geometry;

(d). algebra II;

(e). financial mathematics;

(f). advanced mathematics-pre-calculus;

(g). advanced mathematics-functions and statistics;

(h). pre-calculus;

(i). calculus;

(j). probability and statistics;

(k). discrete mathematics.

3. Science—3 units, shall be the following:

a. 1 unit of biology;

b. 1 unit from the following physical science cluster:

i. physical science;

ii. integrated science;

iii. chemistry I;

iv. physics I;

v. physics of technology I;

c. 1 unit from the following courses:

i. aerospace science;

ii. biology II;

iii. chemistry II;

iv. earth science;

v. environmental science;

vi. physics II;

vii. physics of technology II;

viii. agriscience II;

ix. an additional course from the physical science cluster; or

x. a locally initiated science elective;

d. students may not take both integrated science and physical science;

e. agriscience I is a prerequisite for agriscience II and is an elective course.

4. Social Studies—3 units, shall be U.S. history; 1/2 unit of civics, 1/2 unit of free enterprise or 1 full unit of civics or AP American government; and one of the following: world history, world geography, western civilization, or AP European history.

5. Health and Physical Education—2 units, shall be health and physical education I and health and physical education II, or adapted physical education for eligible special education students.

NOTE: The substitution of JROTC is permissible. A maximum of four units may be used toward graduation.

6. Electives (including a maximum of four credits in religion)—8 units.

7. Total—23 units.

C. Beginning with incoming freshmen in 2009-2010, all ninth graders will be enrolled in the Louisiana Core 4 Curriculum.

1. After the student has attended high school for a minimum of two years, as determined by the school, the student, the student's parent, guardian, or custodian may request that the student be exempt from completing the Louisiana Core 4 Curriculum.

2. The following conditions shall be satisfied for consideration of the exemption of a student from completing the Louisiana Core 4 Curriculum.

a. The student, the student's parent, guardian, or custodian and the school counselor (or other staff member who assists students in course selection) shall meet to discuss the student's progress and determine what is in the student's best interest for the continuation of his educational pursuit and future educational plan.

b. During the meeting, the student's parent, guardian, or custodian shall determine whether the student will achieve greater educational benefits by continuing the Louisiana Core 4 Curriculum or completing the Louisiana Core Curriculum.

c. The student's parent, guardian, or custodian shall sign and file with the school a written statement asserting their consent to the student graduating without completing the Louisiana Core 4 Curriculum and acknowledging that one consequence of not completing the Louisiana Core 4 Curriculum may be ineligibility to enroll in into a Louisiana four-year public college or university. The statement will then be approved upon the signature of the principal or the principal's designee.

3. The student in the Louisiana Core Curriculum may return to the Louisiana Core 4 Curriculum, in consultation with the student's parent, guardian, or custodian and the school counselor (or other staff member who assists students in course selection).

4. After a student who is 18 years of age or older has attended high school for two years, as determined by the school, the student may request to be exempt from completing the Louisiana Core 4 Curriculum by satisfying the conditions cited in Subparagraph 2.c with the exception of the requirement for the participation of the parent, guardian, or custodian, given that the parent/guardian has been notified.

D. For incoming freshmen in 2009-2010 and beyond who are completing the Louisiana Core 4 Curriculum, the minimum course requirements shall be the following:

1. English—4 units, shall be English I, II, III, and IV;

2. mathematics—4 units, shall be:

a. algebra I (1 unit) or algebra I-Pt. 2;

b. geometry;

c. algebra II;

d. the remaining unit shall come from the following: financial mathematics, math essentials, advanced mathematics-pre-calculus, advanced mathematics-functions and statistics, pre-calculus, calculus, probability and statistics, discrete mathematics, AP Calculus BC, or a locally-initiated elective approved by BESE as a math substitute;

3. science—4 units, shall be:

a. biology;

b. chemistry;

c. two units from the following courses: physical science, integrated science, physics I, physics of technology I, aerospace science, biology II, chemistry II, earth science, environmental science, physics II, physics of technology II, agriscience II, anatomy and physiology, or a locally initiated elective approved by BESE as a science substitute;

i. students may not take both integrated science and physical science.

ii. agriscience I is a prerequisite for agriscience II and is an elective course;

4. social studies—4 units, shall be:

a. 1 unit of civics or AP American government, or 1/2 unit of civics or AP American Government and 1/2 unit of free enterprise;

b. 1 unit of U.S. history;

c. 1 unit from the following: world history, world geography, western civilization, or AP European history;

d. 1 unit from the following: world history, world geography, western civilization, AP European history, law studies, psychology, sociology, African American studies, economics, world religions, history of religion, or religion I, II, III, or IV;

5. health and physical education—2 units;

6. foreign language—2 units, shall be 2 units from the same foreign language or 2 speech courses;

7. arts—1 unit, shall be one unit of art (§2305), dance (§2309), media arts (§2324), music (§2325), theatre, or fine arts survey;

NOTE: Students may satisfy this requirement by earning half credits in two different arts courses.

8. electives—3 units;

9. total—24 units.

E. For incoming freshmen in 2009-2010 and beyond who are completing the Louisiana Basic Core Curriculum, the minimum course requirements for graduation shall be the following.

1. English—4 units, shall be English I, II, III, and IV or senior applications in English

2. Mathematics—4 units, shall be:

a. algebra I (1 unit) or algebra I-pt. 1 and algebra I-pt. 2 (2 units);

b. geometry;

c. the remaining units shall come from the following:

i. algebra II;

ii. financial mathematics;

iii. math essentials;

iv. advanced mathematics-pre-calculus;

v. advanced mathematics-functions and statistics;

vi. pre-calculus;

vii. calculus;

viii. probability and statistics;

ix. discrete mathematics, or

x. a locally initiated elective approved by BESE as a math substitute.

3. Science—3 units, shall be:

a. biology;

b. 1 unit from the following physical science cluster:

i. physical science;

ii. integrated science;

iii. chemistry I;

iv. physics I;

v. physics of technology I;

c. 1 unit from the following courses:

i. aerospace science;

ii. biology II;

iii. chemistry II;

iv. earth science;

v. environmental science;

vi. physics II;

vii. physics of technology II;

viii. agriscience II;

ix. anatomy and physiology;

x. an additional course from the physical science cluster; or

xi. a locally initiated elective approved by BESE as a science substitute.

(a). Students may not take both integrated science and physical science.

(b). Agriscience I is a prerequisite for agriscience II and is an elective course.

4. Social Studies—3 units, shall be:

a. 1 unit of civics and/or AP American government, or 1/2 unit of civics or AP American government and 1/2 unit of free enterprise;

b. 1 unit of U.S. history;

c. 1 unit from the following: world history, world geography, western civilization, or AP European history.

5. Health and physical education—2 units.

6. Electives—8 units.

7. Total—24 units.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2351 (November 2003), amended LR 30:2776 (December 2004), LR 31:3081 (December 2005), LR 34:2099 (October 2008), LR 36:2849 (December 2010), LR 37:2142, 2144 (July 2011), repromulgated LR 37:2390 (August 2011), amended LR 37:2597 (September 2011), LR 38:769 (March 2012), LR 38:1008 (April 2012), LR 39:1444 (June 2013).

§2111. State Diploma

A. A nonpublic high school choosing to issue a state diploma shall meet state requirements.

B. Any approved nonpublic school may award a school diploma to any student who meets the state minimum high school graduation requirements.

1. Any approved nonpublic school that participates in the state Exit Testing Program shall award a state and/or school diploma to a student who successfully completes the state's minimum graduation requirements and meets the assessment requirements below.

a. Students entering the ninth grade prior to 2010-2011 must pass the English Language Arts and Mathematics components, and either the Science or Social Studies component of the Graduation Exit Examination.

b. For incoming freshmen in 2010-2011 and beyond, students must pass three End-of-Course Tests in the following categories:

i. English II or English III;

ii. Algebra I or Geometry;

iii. Biology or American History.

2. A student who attends a school that opts to participate in the state Exit Testing Program but who does not successfully complete the state's minimum graduation requirements and meet the assessment requirements shall not be eligible for either a state or a school diploma.

C.1. Any state-approved nonpublic school that wishes to award the state diploma to its students shall contact the state department for time lines and other administrative guidelines for administering the State Exit Testing Program.

2. Any nonpublic school that opts to participate in the state Exit Testing Program shall follow rules and regulations set by BESE including the test security policy as defined in *Bulletin 118—Statewide Assessment Standards and Practice*.

D. Any approved nonpublic school that does not choose to participate in the state Exit Testing Program may grant a school diploma, which shall carry the same privileges as one issued by a state-approved public school.

E. The awarding of high school diplomas shall in no way affect the school approval classifications of any school.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2351 (November 2003), amended LR 31:636 (March 2005), LR 31:3082 (December 2005), LR 36:1498 (July 2010), LR 39:1446 (June 2013).

§2113. State Diplomas

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2352 (November 2003), amended LR 31:3082 (December 2005), repealed LR 39:1446 (June 2013).

§2117. High School Credit for Elementary Students

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2352 (November 2003), amended LR 31:3082 (December 2005), repealed LR 39:1446 (June 2013).

§2119. Proficiency Examination for High School Students

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2352 (November 2003), amended LR 31:3083 (December 2005), repealed LR 39:1447 (June 2013).

§2120. Credit Recovery

A. Credit recovery refers to instructional programs for students who have failed courses taken previously.

B. Schools may develop credit recovery programs which are self-paced and competency-based.

1. Students earning Carnegie credit in a credit recovery course must have previously taken and failed the course.

2. Students shall not be required to meet attendance requirements in §901.C for credit recovery courses, provided students have met attendance requirements when they took the course previously or the students' combined attendance during the previous course and the credit recovery course meet the attendance requirements.

3. Credit recovery courses taught in a classroom setting using computer software programs designed for credit recovery must be facilitated by a qualified teacher.

a. Additional instruction to cover content not included in the software programs shall be provided by a teacher properly qualified in the content area.

4. For a student to earn Carnegie credit in a credit recovery course, the student must meet the minimum requirements for passing the course according to the school's grading policy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:2348 (November 2009), amended LR 39:1447 (June 2013).

§2125. Adding Electives Course to the Program of Studies

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2360 (November 2003), amended LR 31:3083 (December 2005), repealed LR 39:1447 (June 2013).

§2127. Approval of Career and Technical Education Experimental Programs

A. Experimental programs are programs which deviate from established standards. Such programs shall be approved by the LDE and carried out under controlled conditions.

B. Approval of experimental programs shall be granted on a yearly basis not to exceed three years, after which time permanent approval shall be considered using the following procedures.

1. A letter of intent containing the following information shall be submitted to the LDE at least 90 days prior to the anticipated date of implementation:

a. proposed title of program;

b. name and address of school;

c. name and address of local school system;

d. name and signature of principal/superintendent;

e. name, title, address, and telephone number of the person submitting proposal;

f. units of credit to be granted;

g. source of funding.

2. A brief narrative report stating the intent of the program and how the program will be conducted and evaluated, and the following:

a. a statement documenting support for the intended program;

b. a statement outlining the exact guideline deviations necessary to implement the program;

c. a statement outlining specific time lines for the planning implementing phases of the program, including intended procedures;

d. a statement of the evaluation procedures to be used in determining the program's effectiveness (these procedures should spell out specific objectives to be accomplished);

e. a statement indicating approximate number of students to be involved in the project;

f. a statement of qualifications or certification of instructional personnel; and

g. a statement stipulating that applicable local, state, and federal regulations will be followed.

C. An evaluation by the local governing authority shall be submitted annually at the close of the school year to the Division of Student Standards and Assessments until permanent status is granted.

D. Southern Association of Colleges and Schools member schools should comply with appropriate Southern Association Standards.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2360 (November 2003), amended LR 31:3083 (December 2005), LR 39:1447 (June 2013).

§2129. Correspondence Study Courses

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2361 (November 2003), amended LR 31:3084 (December 2005), repealed LR 39:1447 (June 2013).

§2131. High School Credit for College Credit Courses (Applies to Student Attending College Part Time)

A. The principal of the school shall approve the advanced offering to be taken by the student in college.

B. The student shall meet the entrance requirements established by the college.

C. The student shall earn at least two or three college hours of credit per semester. A course consisting of at least

two college hours shall be counted as no more than one unit of credit toward high school graduation.

D. The high school administrator shall establish a procedure with the college to receive reports of the student's class attendance and performance at six or nine-week intervals.

E. College courses shall be counted as high school subjects for students to meet eligibility requirements to participate in extracurricular activities governed by voluntary state organizations.

F. Students may participate in college courses and special programs during regular or summer sessions.

G. Entry into a college course of credit shall be stated in the gifted or talented student's Services Plan, if applicable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2361 (November 2003), amended LR 31:3084 (December 2005), LR 39:1447 (June 2013).

§2133. High School Credit for College Courses for Evaluated Gifted Students

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2361 (November 2003), amended LR 31:3084 (December 2005), repealed LR 39:1448 (June 2013).

§2135. Early College Admissions Policy (Applies Only to High School Students Attending College Full Time)

A. High school students of high ability may be admitted to a college on a full-time basis.

B. A student shall have maintained a "B" or better average on all work pursued during the preceding three years (six semesters) of high school.

C. The student shall have earned a minimum composite score of 25 on the ACT or the equivalent SAT score; this score must be submitted to the college.

D. - F.2. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2361 (November 2003), amended LR 31:3085 (December 2005), LR 39:1448 (June 2013).

Chapter 23. High School Program of Studies

§2307. Computer/Technology Education

A. Computer education/technology course offerings shall be as follows.

Course Title	Unit(s)
Computer Applications	1
Computer Architecture	1
Computer Science I	1
Computer Science II	1
Computer Systems and Networking I	1
Computer Systems and Networking II	1
Computer/Technology Literacy	½ or 1
Desktop Publishing	½ or 1
Digital Graphics and Animation	1/2
Multimedia Productions	½ or 1
Web Mastering	1/2
Independent Study in Technology Application	1

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2353 (November 2003), amended LR 31:3085 (December 2005), LR 39:1448 (June 2013).

§2313. English

A. Four units of English shall be required for graduation.

1. For the Louisiana Core 4 Curriculum, the required units shall be English I, II, III, and IV.

2. For the Basic Core Curriculum, the required units shall be English I, II, III, and English IV or Senior Applications in English.

B. The English course offerings shall be as follows.

Course Title(s)	Units
English I, II, III, and IV	1 each
Business English (for incoming freshmen prior to 2008-2009)	1
Senior Applications in English	1
Reading I	1
Reading II	1
English as a Second Language (ESL) I, II, III, and IV	1 each

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2353 (November 2003), amended LR 31:3085 (December 2005), LR 34:2101 (October 2008), LR 39:1448 (June 2013).

§2319. Health and Physical Education

A. Two units of Health and Physical Education shall be required for graduation. They shall be Health and Physical Education I and Health and Physical Education II, or Adapted Physical Education for eligible special education students. The Health and Physical Education course offerings shall be as follows.

B. The physical education course offerings shall be as follows.

Course Title(s)	Units
Adapted Physical Education I, II, III, IV	1 each
Physical Education I, II, III, IV	1 each
Marching Band	½
Cheering	½
Extracurricular Sports	½
Dance Team	½

1. It is recommended that Physical Education I and II be taught in the ninth and tenth grades.

2. A minimum of 30 hours of Health Instruction shall be taught in each of the two required Health and Physical Education units.

3. Cardiopulmonary Resuscitation (CPR) is required.

B. No more than four units of Health and Physical Education shall be allowed for meeting high school graduation requirements.

C. In schools having approved Junior Reserve Officer Training Corps (R.O.T.C.) training, credits may, at the option of the local school board, be substituted for the required credits in Health and Physical Education, including required hours in health instruction.

D. Marching band, cheering, extracurricular sports, and dance team may be substituted for Physical Education II credit and shall:

1. include a minimum of 100 minutes of physical activity per week, and.

2. encourage the benefits of a physically active lifestyle.

E. Students shall be exempted from the requirements in Health and Physical Education for medical reasons only; however, the minimum number of credits required for graduation shall remain 24.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411..

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2354 (November 2003), amended LR 31:3086 (December 2005), LR 39:1448 (June 2013).

§2323. Mathematics

A. Effective for 2009-2010 incoming freshmen, 4 units of mathematics shall be required for graduations.

1. Louisiana Core Four Curriculum. Four units of math are required. They shall be the following:

a. algebra I (1 unit), Applied Algebra I, or algebra I-pt. 2;

b. geometry;

c. Algebra II

d. one unit from the following:

i. financial mathematics;

ii. math essentials;

iii. advanced mathematics—Pre-Calculus;

iv. advanced mathematics—Functions and Statistics;

v. pre-calculus;

vi. calculus;

vii. probability and statistics;

viii. discrete mathematics;

ix. AP Calculus BC; or

x. a locally-initiated elective approved by BESE as a math substitute.

2. Basic Core Curriculum. Four units of math are required. They shall be the following:

a. algebra I, applied algebra I, or algebra I-pt.1 and algebra I-pt. 2 (2 units);

b. geometry

c. the remaining unit(s) shall come from the following:

i. algebra II;

ii. financial mathematics;

iii. math essentials;

iv. advanced math—pre-calculus;

v. advanced math—functions and statistics;

vi. pre-calculus;

vii. calculus;

viii probability and statistics

ix. discrete mathematics;

x. AP Calculus BC; or

xi. a locally-initiated elective approved by BESE as a math substitute.

B. Three units of mathematics are required for graduation. Effective for incoming freshmen between 2005-2006 and 2008-2009, all students must:

1. complete one of the following:

a. algebra I (1 unit); or

b. algebra I-pt. 1 and algebra I-pt. 2 (2 units); or

c. integrated mathematics I (1 unit);

2. the remaining unit(s) shall come from the following:

a. integrated mathematics II;

b. integrated mathematics III;

c. geometry;

d. algebra II;

e. financial mathematics;

f. advanced mathematics I;

g. advanced mathematics II;

h. pre-calculus;

i. calculus;

j. probability and statistics;

k. discrete mathematics.

Course Title	Unit(s)
Advanced Mathematics I	1
Advanced Mathematics II	1
Algebra I	1
Algebra I-Part I	1
Algebra 1-Part II	1
Algebra II	1
Calculus	1
Discrete Mathematics	1
Financial Mathematics	1
Geometry	1
Integrated Mathematics I	1
Integrated Mathematics II	1
Integrated Mathematics III	1
Pre-Calculus	1
Probability and Statistics	1
Math Essentials	1
AP Calculus BC	1

D. Financial mathematics may be taught by the Business Education Department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2354 (November 2003), amended LR 30:2776 (December 2004), LR 31:3086 (December 2005), LR 34:2101 (October 2008), LR 36:2849 (December 2010), LR 38:771 (March 2012), LR 39:1449 (June 2013).

§2325. Music

A. Music course offerings shall be as follows.

Course Title	Unit(s)
Beginning Band	1
Beginning Choir	1
Beginning Orchestra	1
Guitar Class	1
Intermediate Band	1
Intermediate Choir	1
Intermediate Orchestra	1
Jazz Ensemble	1
Music Theory I, II	1 each
Piano class	1

Course Title	Unit(s)
Sectional Rehearsal	1
Studio Piano, I, II, III	1 each
Advanced Band	1
Advanced Choir	1
Advanced Orchestra	1
Applied Music	1
Small Vocal Ensemble	1
Wind Ensemble	1
Sectional Rehearsal	1
Studio Strings I, II, III	1 each
Music and Media	1
Music and Technology	1

B. Advanced choir, advanced band, advanced orchestra, intermediate choir, intermediate band, intermediate orchestra, studio strings III, sectional rehearsal, small vocal ensemble, wind ensemble, applied music, jazz ensemble, and studio piano III are performance classes with new literature each year; they may be repeated more than once.

C. Refer to §2741 for credit for private piano and studio strings instruction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2355 (November 2003), amended LR 31:3087 (December 2005), LR 39:1449 (June 2013).

§2327. Reserve Officer Training

A. Reserve Officer Training course offerings shall be as follows.

Course Title	Unit(s)
JROTC I, II, III, IV	1 each

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2355 (November 2003), amended LR 31:3087 (December 2005), LR 39:1450 (June 2013).

§2329. Science

A. Effective for incoming freshmen 2009-2010 and beyond, the science graduation requirements shall be as follows:

1. Louisiana Core 4 Curriculum. Four units of science are required. They shall be the following:

a. 1 unit of biology;

b. 1 unit of chemistry;

c. 2 units from the following courses:

i. physical science;

ii. integrated science;

iii. physics I;

iv. physics of technology I;

v. aerospace science;

vi. biology II;

vii. chemistry II;

viii. earth science;

ix. environmental science;

x. physics II;

xi. physics of technology II;

xii. agriscience II (See Subsection C below.);

xiii. anatomy and physiology

xiv. a locally initiated science elective approved by BESE as a science course.

3. Louisiana Basic Core Curriculum. Three units of science are required. They shall be the following:

a. 1 unit of biology;

b. 1 unit from the following physical science cluster:

i. physical science;

ii. integrated science;

iii. chemistry I;

iv. physics I;

v. physics of technology I;

c. 1 unit from the following courses:

i. aerospace science;

ii. biology II;

iii. chemistry II;

iv. earth science;

v. environmental science;

vi. physics II;

vii. physics of technology II;

viii. agriscience II (See Subsection C below.);

ix. anatomy and physiology

x. an additional course from the physical science cluster; or

xi. a locally initiated science elective.

B. Students may not take both integrated science and physical science.

C. Agriscience I is a prerequisite for agriscience II and is an elective course.

D. The science course offerings shall be as follows.

Course Title	Unit(s)
Aerospace Science	1
Agriscience II	1
Anatomy and Physiology	1
Biology I, II	1 each
Chemistry I, II	1 each
Earth Science	1
Environmental Science	1
Integrated Science	1
Physical Science	1
Physics I, II	1 each
Physics for Technology I, II	1 each

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2355 (November 2003), amended LR 31:3087 (December 2005), LR 34:2101 (October 2008), LR 39:1450 (June 2013).

§2331. Social Studies

A. Effective for incoming freshmen 2009-2010 and beyond, the social studies graduation requirements shall be as follows:

1. Louisiana Core 4 Curriculum. Four units of social studies are required. They shall be the following:

a. U.S. history;

b. 1 unit of civics, and/or AP American government, or 1/2 unit of civics or AP American Government and 1/2 unit of free enterprise;

c. one of the following: world history, world geography, western civilization, or AP European history~~.~~; and

d. one additional social studies course.

2. Louisiana Basic Core Curriculum. Three units of social studies are required. They shall be the following:

a. U.S. history;

b. 1 unit of civics, and/or AP American government, or 1/2 unit of civics or AP American Government and 1/2 unit of free enterprise; and

c. one of the following: world history, world geography, western civilization, or AP European history.

B. Social studies course offerings shall be as follows.

Course Title	Unit(s)
African American Studies	1
American Government	1
U.S. History	1
Civics	1 (or 1/2)
Economics	1
Free Enterprise System	1/2
Law Studies	1
Psychology	1
Sociology	1
Western Civilization	1
World Geography	1
World History	1
AP European History	1

C. One unit of religious studies (§2335) may be used as the fourth social studies course required for the Louisiana Core 4 curriculum.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2356 (November 2003), amended LR 31:3088 (December 2005), LR 34:2102 (October 2008), LR 37:2144 (July 2011), LR 37:2598 (September 2011), LR 38:771 (March 2012), LR 39:1450 (June 2013).

§2339. Course Credit for Private Piano and Studio Strings Lessons

A. Approval by the LDE shall be granted before private piano and studio strings instruction can be given for credit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2356 (November 2003), amended LR 31:3088 (December 2005), LR 39:1451 (June 2013).

Chapter 25. Career/Technical Education Course Offerings

§2501. Agricultural Education

A. The Agricultural Education course offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)
Exploratory Agriscience	7-8	1
Agribusiness	10-12	½ - 1
Agricultural Education Elective, I, II	9-12	1
Agriscience I	9-12	1
Agriscience II	10-12	1
Agriscience III	11-12	1/2
Agriscience-Construction Technology	11-12	½ - 1
Agriscience Elective I, II	9-12	½ - 3
Agriscience-Leadership	9 -12	½ - 1
Animal Science	11-12	½ - 1
Aquaculture	11-12	1/2
Biotechnology in Agriscience	11-12	1
CASE Animal Science	10-12	1
CASE Plant Science	10-12	1
Cooperative Agriscience Education I	11-12	3
Cooperative Agriscience Education II	12	3
Environmental Studies in Agriscience	11-12	½ - 1
Equine Science	11-12	½ - 1
Floristry	11-12	1
Forestry	11-12	½ - 1
Horticulture I	11-12	½ - 1
Landscape Design, Construction and Maintenance	10-12	1
Meat Processing	11-12	1
Precision Instrumentation in Agriscience	11-12	1½ - 1
NCCER Welding Technology I, II	11-12	1-3
NCCER Carpentry	11-12	1-3
NCCER Electricity	11-12	1-3
NCCER Pipefitting	11-12	1-3

B. Cooperative Agriscience Education I is offered to students who are enrolled or have completed another agriscience course. Cooperative Agriscience Education II is offered to students who have completed Cooperative Agriscience Education I.

C. Semester courses are designed to be offered in the place of, or in addition to, Agriscience III and/or IV.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2356 (November 2003), amended LR 31:3088 (December 2005), LR 39:1451 (June 2013).

§2503. Business Education

A. Business Education course offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)
Exploratory Keyboarding (Middle School)	6-8	-
Accounting I	10-12	1
Accounting II	11-12	1
Administrative Support Occupations	11-12	1
Business Communications	10-12	1
Business Computer Applications	10-12	1
Business Education Elective I, II	9-12	½ -3
Business English	12	1
Business Law	11-12	1
Computer Technology Literacy	9-12	1
Computer Multimedia Presentations	11-12	1/2
Cooperative Office Education (COE)	12	3
Desktop Publishing	11-12	1
Economics	10 -12	1
Entrepreneurship	11-12	1
Financial Mathematics	10-12	1
Introduction to Business Computer Applications	9-12	1
Keyboarding	9-12	1/2
Keyboarding Applications	9-12	1/2
Lodging Management I	10-12	1-3
Lodging Management II	11-12	1-3
Principles of Business	9-12	1
Telecommunications	10-12	1
Web Design	10-12	1/2
Word Processing	11-12	1 or 1/2

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2357 (November 2003), amended LR 31:3089 (December 2005), LR 39:1451 (June 2013).

§2505. General Career and Technical Education

A. General Career and Technical course offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)
CTE Internship I	11-12	2
CTE Internship II	12	2
General Cooperative Education I	11-12	3
General Cooperative Education II	12	3
Education for Careers I	11-12	½
Education for Careers II	11-12	½
STAR I	11-12	1
STAR II	12	1
Advanced Television Broadcasting I	10-12	1-3
Advanced Television Broadcasting II	11-12	1-3
Digital Media I	10-12	1-3
Digital Media II	11-12	1-3
Oracle Internet Academy		
Database Design and Programming	11-12	1/2
Introduction to SQL	11-12	1/2
Finance Academy		
Business Economics	11-12	1/2
Financial Services	9-12	1/2
Financial Planning	9-12	1/2
Ethics in Business	11-12	1/2
Insurance	11-12	1/2
International Finance	11-12	1/2
Principles of Finance	11-12	1
Principles of Accounting	9-12	½
Managerial Accounting	10-12	½
Applied Finance	11-12	½
Principles of Hospitality and Tourism	10 -12	½
Delivering Great Customer Service	10 -12	½
Sports Entertainment and Event Management	11-12	½
Geography for Tourism	9-12	½
Sustainable Tourism	11-12	½
Hospital Marketing	11-12	½
Entrepreneurship	11-12	½
Principles of Information Technology	11-12	½
Computer Networking	10 -12	½
Web Design	11-12	½
Database Design	11-12	½
Computer Systems	9-12	½
Introduction to Programming	10-12	½
Digital Video Production	9-12	½
Journey to Careers	7-9	1
Journey to Careers I	7-9	½
Journey to Careers II	7-9	½

B. General Cooperative education courses shall be limited to students who meet the specific prerequisites and requirements of one of the specialized cooperative education programs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2357 (November 2003), amended LR 31:3089 (December 2005), LR 39:1452 (June 2013).

§2507. Health Science

A. Health Occupations course offerings shall be as follows.

Course Title	Grade Level	Unit(s)
AHEC of a Summer Career Exploration	9-12	1/2
Allied Health Services I	10- 12	1-2
Allied Health Services II	10-12	1-2
Cooperative Health Occupations	11-12	3
Dental Assistant I	10 - 12	1-2
Dental Assistant II	11 - 12	2-3
Emergency Medical Technician—Basic	12	2-3
First Responder	10 -12	1/2-2
Health Occupations Elective I, II	9-12	1/2-3
Health Science I	11-12	1-2
Health Science II	12	1-2
Introduction to Health Occupations	9 - 12	1
Introduction to Pharmacy Assistant	10-12	1
Medical Assistant I	10-12	1-2
Medical Assistant II	11-12	1-2
Medical Assistant III	12	1-2
Medical Terminology	9-12	1
Nursing Assistant I	10-12	2-3
Patient Care Technician	12	3
Pharmacy Technician	12	1-2
Sports Medicine I	10-12	½
Sports Medicine II	11-12	½
Sports Medicine III	11-12	1

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2357 (November 2003), amended LR 31:3089 (December 2005), LR 39:1452 (June 2013).

§2508. Law, Public Safety, Corrections and Security Education

A. The Law and Public Safety Education course offerings shall be as follows.

Course Title(s)	Recommended Grade Level	Units
Criminal Justice Elective I, II	9-12	1/2-3

AUTHORITY NOTE: Promulgated in accordance with R.S 17:7 and R.S. 17:24.4.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:1452 (June 2013).

§2509. Family and Consumer Sciences Education

A. Family and Consumer Sciences Education course offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)
Exploratory FACS	7-8	-
Family and Consumer Sciences I	9-12	1
Family and Consumer Sciences II	10-12	1
Food Science	10-12	1
Adult Responsibilities	11-12	1/2
Child Development	10-12	1/2
Personal and Family Finance	10-12	1/2
Family Life Education	10-12	1/2
Clothing and Textiles	10-12	1/2
Housing and Interior Design	10-12	1/2
Family Life Education	10-12	1/2
Clothing and Textiles	10-12	1/2
Housing and Interior Design	10-12	½
Nutrition and Food	10-12	1/2
Parenthood Education	110-12	1/2
Advanced Child Development	10-12	1/2
Advanced Clothing and Textiles	10-12	1/2
Advanced Nutrition and Food	10-12	1/2
FACS Elective I, II	9-12	½ -3
Occupational Courses		
Baking and Pastry Arts I	11-12	1-3
Baking and Pastry Arts II	11-12	1-3
Clothing & Textile Occupations I	11-12	1-3
Clothing & Textile Occupations II	12	1-3
Early Childhood Education I	11-12	1-3
Early Childhood Education II	12	1-3
Food Services I	11-12	1-3
Food Services II	11-12	1-3
Food Service Technician	11-12	1
Housing & Interior Design Occupations	11-12	1-3
ProStart I	11-12	1-3
ProStart II	12	1-3
Cooperative FACS Education	12	3

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2358 (November 2003), amended LR 31:3090 (December 2005), LR 39:1452 (June 2013).

§2511. Technology Education

A. Technology education course (formerly industrial arts) offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)
Communication/Middle School	6-8	-
Construction/Middle School	6-8	-
Manufacturing Technology/Middle School	6-8	-
Transportation Technology/Middle School	6-8	-
Advanced Electricity/Electronics	10-12	1
Advanced Metal Technology	10-12	1
Advanced Technical Drafting	10-12	1
Advanced Wood Technology	10-12	1
Architectural Drafting	10-12	1
Basic Electricity/Electronics	9-12	1
Basic Metal Technology	9-12	1
Basic Technical Drafting	9-12	1
Basic Wood Technology	9-12	1
Communication Technology I	9-12	1
Construction Technology	10-12	1
Cooperative Technology Education	10-12	3
Energy, Power, and Transportation	9-12	1
General Technology Education	9-12	1
Manufacturing Technology	9-12	1
Materials and Processes	10-12	1
Marine Engineering	11-12	1
Modular Technology/Middle School	6-8	-
Oil and Gas Production Operations	11-12	1
Physics of Technology I	10-12	1
Physics of Technology II	11-12	1
T2 Safety Systems for Oil and Gas Production	11-12	1
Power Mechanics	9-12	1
Technology Education Computer Applications	9-12	1
Technology Education Elective I, II	9-12	1/2-3
Welding Technology	10-12	1
Aerospace Engineering	11-12	1
Manufacturing Tools and Equipment	10-12	1
Civil Engineering and Architecture	11-12	1
Automation in Manufacturing	10-12	1
Engineering Design I, II	11-12	1
Engineering Design and Development	11-12	1
Introduction to Engineering Design	8-12	1
Manufacturing Process and Team Building	9-12	
Computer Integrated Manufacturing	11-12	1
Digital Electronics	9-10	1
Introduction to Fabrication P-Tech and Manufacturing	10-12	1
Process Technician I, II	11-12	1
NCCER Carpentry I, II TE	11-12	1-3
NCCER Electrical I, II TE	11-12	1-3
NCCER Insulating	11-12	1-3
NCCER Instrumentation Control Mechanic I, II	11-12	1-3
NCCER Pipe Fitter I, II TE	11-12	1-3
NCCER Welding Technology I, II TE	11-12	1-3

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2358 (November 2003), amended LR 31:3090 (December 2005), LR 39:1453 (June 2013).

§2513. Marketing Education

A. Marketing Education course offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)
Advertising and Sales Promotion	11-12	1/2, 1 or 3
Cooperative Marketing Education I	11-12	3
Cooperative Marketing Education II	12	3
Entrepreneurship	11-12	1/2, 1 or 3
Marketing Education Elective I, II	9-12	1/2-3
Marketing Management	11-12	1/2, 1 or 3
Marketing Research	11-12	1/2, 1 or 3
Principles of Marketing I	9-12	1
Retail Marketing	10 -12	1
Tourism Marketing	10 -12	1

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2359 (November 2003), amended LR 31:3090 (December 2005), LR 39:1453 (June 2013).

§2515. Trade and Industrial Education

A. Trade and Industrial Education course offerings shall be as follows.

Course Title	Recommended Grade Level	Unit(s)
Air Conditioning/ Refrigeration I, II	11-12	1-3
Air Conditioning/ Refrigeration III, IV	11-12	2-3
Auto Body Repair I, II	11-12	1-3
Auto Body Repair III, IV	11-12	2-3
Automotive Technician I, II	11-12	1-3
Automotive Technician III, IV, V, VI	11-12	1-3
General Automotive Maintenance	11-12	1-3
G. M. Technician I, II	11-12	1-3
NCCER Carpentry I, II	11-12	1-3
NCCER Electrical I, II	11-12	1-3
NCCER Instrumentation Control Mechanic I, II	11-12	1-3
NCCER Pipe Fitter I, II	11-12	1-3
NCCER Welding Technology I, II	11-12	1-3
Masonry I-II	11-12	1-3
Barber I-IV	9-12	2
Cabinetmaking I-II	11-12	1-3
Carpentry I-II	11-12	1-3
Carpentry III, IV	11-12	2-3
Culinary Occupations I-II	11-12	1-3
Culinary Occupations III, IV	11-12	2-3
Custom Sewing I-II	11-12	1-3
Computer Electronics I-II	11-12	1-3
Computer Service Technology I, II	11-12	1-3
Commercial Art I-II	11-12	1-3
Trade and Industrial Cooperative Education (TICE) I	11-12	1-3
T & I Cooperative Education (TICE) II	12	1-3
T & I Elective	11-12	1-3
Cosmetology I-II	11-12	1-3
Cosmetology III, IV	11-12	2-3
Diesel Mechanics I-II	11-12	1-3
Diesel Mechanics III, IV	11-12	2-3
Drafting and Design Technology I-II	11-12	1-3
Drafting and Design Technology III, IV	11-12	2-3
Basic Electricity I-II	11-12	1-3
Electronics I-II	11-12	1-3
Industrial Electronics I-II	11-12	1-3
Electrician I-II	11-12	1-3
Electrician III, IV	11-12	2-3
Graphic Arts I-II	11-12	1-3
Graphic Arts III, IV	11-12	2-3
Horticulture I-II	11-12	1-3
Hull Shipbuilding	11-12	1/2
Industrial Engines I-II	11-12	1-3
Laboratory Technology I-II	11-12	1-3
Industrial Machine Shop I-II	11-12	1-3
Industrial Machine Shop III, IV	11-12	2-3
Marine Operations I-II	11-12	1-3
Networking Basics	10-12	1-3
Photography I, II	11-12	1-3
Plumbing I, II	11-12	1-3
Printing I, II	11-12	1-3
Routers and Routing Basics	10-12	1-3
Sheet Metal I, II	11-12	1-3
Switching Basics and Intermediate Routing	11-12	2-3
Outdoor Power Equipment Technician I, II	11-12	1-3
Outdoor Power Equipment Technician III, IV	11-12	2-3
Television Production I, II	11-12	1-3
Upholstery I, II	11-12	1-3
WAN Technologies	11-12	2-3
Welding I, II	11-12	1-3
Welding III, IV	11-12	2-3

B. A school may offer a one-hour trade and industrial education program for one unit of credit at the ninth or tenth grade level as a prerequisite to enrollment in a related trade and industrial education program at the tenth, eleventh, or twelfth grade level. The course shall be in the programmatic area in which the trade and industrial education instructor is certified to teach.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2359 (November 2003), amended LR 31:3091 (December 2005), LR 39:1453 (June 2013).

§2517. Credit for Career and Technical Education Courses

A. Request for partial credit for two- or three-hour blocks of career and technical education courses because of unusual or extenuating circumstances shall be made by the school. Documentation shall be kept in the student's cumulative folder.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2360 (November 2003), amended LR 31:3091 (December 2005), LR 39:1454 (June 2013).

§2519. Secondary Students Attending a Private Cosmetology School

A. Secondary students attending an approved cosmetology school, licensed by the Louisiana State Board of Cosmetology, may receive trade and industrial education credit if requirements for Carnegie units are met.

B. A copy of the written agreement between the school and the private cosmetology school shall be on file in the school office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2360 (November 2003), amended LR 31:3092 (December 2005), LR 39:1454 (June 2013).

§2521. High School Credit for College Courses in Career/Technical Education (Applies to Students Attending College Part Time)

A. The student shall meet the entrance requirements established by the college.

1. The principal of the school shall approve the advanced offering to be taken by the student in college.

2. The high school administrator shall establish a procedure with the college to receive reports of the student's class attendance and performance at six or nine-week intervals.

3. The awarding of the Carnegie units of credit will be in accordance with individual program requirements as stated in Bulletin 741.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2361 (November 2003), amended LR 31:3092 (December 2005), LR 39:1454 (June 2013).

Chapter 27. Summer Schools

Subchapter A. Elementary Summer Schools

§2701. General

A. An elementary summer school shall be organized and operated under the administrative and supervisory control of the chief administrative officer of the school system.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3093 (December 2005), LR 39:1455 (June 2013).

§2703. Administration

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3093 (December 2005), LR 34:230 (February 2008), repealed LR 39:1455 (June 2013).

§2705. Faculty

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3093 (December 2005), repealed LR 39:1455 (June 2013).

§2707. Instruction

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3093 (December 2005), repealed LR 39:1455 (June 2013).

§2709. Attendance

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3093 (December 2005), repealed LR 39:1455 (June 2013).

§2711. Time Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3093 (December 2005), repealed LR 39:1455 (June 2013).

§2713. Classification Categories

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3094 (December 2005), repealed LR 39:1455 (June 2013).

§2715. Sanctions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3094 (December 2005), repealed LR 39:1455 (June 2013).

Subchapter B. Secondary Summer Schools

§2717. General

A. Schools which offer summer school may do so to enable students to schedule courses which tend to enrich their experiences, to take new subjects, and to enable students who have failed in subjects to remove deficiencies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3094 (December 2005), LR 39:1455 (June 2013).

§2719. Administration

Repealed

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3094 (December 2005), repealed LR 39:1455 (June 2013).

§2721. Application

Repealed

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2362 (November 2003), amended LR 31:3094 (December 2005), repealed LR 39:1455 (June 2013).

§2723. Faculty

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003), amended LR 31:3094 (December 2005), repealed LR 39:1455 (June 2013).

§2725. Instruction

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003), amended LR 31:3094 (December 2005), repealed LR 39:1455 (June 2013).

§2727. Attendance

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003), amended LR 31:3094 (December 2005), repealed LR 39:1455 (June 2013).

§2729. Time Requirements

Repealed

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003), amended LR 31:3094 (December 2005), repealed LR 39:1456 (June 2013).

§2731. Classification Categories

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003), amended LR 31:3094 (December 2005), repealed LR 39:1456 (June 2013).

§2733. Sanctions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003), amended LR 31:3095 (December 2005), repealed LR 39:1456 (June 2013).

§2735. Instruction by Private Teachers

A. Credit may be allowed for high school work completed under private instructors, subject to the following conditions.

1. The instruction must be under the direction of a private tutor only when the tutor is eligible for regular employment in an approved nonpublic high school.

2. The time requirements for credits in a regular high school will apply.

3. The necessary facilities peculiar to a particular subject must be available for instructional purposes.

4. Prior to enrolling a privately tutored course, a student must obtain written approval from the principal of the high school in which he/she is enrolled.

B. Southern Association of Colleges and Schools members school should comply with Principle D Standard 6. (Member schools shall not give credit for private tutoring.)

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2363 (November 2003), amended LR 31:3095 (December 2005), LR 39:1456 (June 2013).

Chapter 29. Standards for Approval of Alternative Schools/Programs

Subchapter A. Operation and Administration

§2901. Philosophy and Need for Alternative Schools/Programs

A. If alternative school programs are to be developed and established, they shall respond to particular educational needs within the community.

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

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003), amended LR 31:3095 (December 2005), LR 39:1456 (June 2013).

§2903. Approval of Alternative Schools/Programs

A. Alternative schools/programs shall comply with prescribed policies and standards for regular schools, except for those deviations granted by BESE.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003), amended LR 31:3095 (December 2005), LR 39:1456 (June 2013).

§2905. Final Approval to Operate

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003), amended LR 31:3095 (December 2005), repealed LR 39:1456 (June 2013).

§2907. Special Education

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003), amended LR 31:3096 (December 2005), repealed LR 39:1456 (June 2013).

§2909. The Earning of Carnegie Units for Use in Meeting Graduation Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003), amended LR 31:3096 (December 2005), repealed LR 39:1456 (June 2013).

§2911. Program Evaluation

Repealed

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2364 (November 2003), amended LR 31:3096 (December 2005), repealed LR 39:1456 (June 2013).

§2913. Operation and Administration

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2365 (November

2003), amended LR 31:3096 (December 2005), repealed LR 39:1456 (June 2013).

Chapter 30. Health and Safety Rules and Regulations for Approved Non-Public School Three-Year-Old Programs

§3003. Policies and Procedures Related to Children

A. Rest Time

1. Children who are three-years of age shall have a daily rest period of at least one hour. Schools that serve children in half-day programs are not required to schedule napping periods for these children.

2. Children shall be under direct supervision at all times including naptime. Children shall never be left alone in any room or outdoors without a staff present. All children sleeping shall be in the sight of the staff.

B. Discipline

1. The school shall have written procedures for behavior management appropriate for three-year-olds, including positive techniques, such as modeling, redirection, positive reinforcement and encouragement. The procedures are provided to and discussed with parents at the time of enrollment.

2. The discipline policy shall:

a. be based on an understanding of each child's individual needs and development;

b. be clear, consistent and developmentally appropriate rules;

c. allow children to solve their own conflicts with appropriate guidance and used to facilitate the development of self-discipline in children;

d. not allow punishment as discipline or guidance;

i. the following punishments are never used: abusive or neglectful treatments of children, including corporal punishment, isolation, verbal abuse, humiliation, and denial of outdoor time, food or basic needs; and punishment of soiling, wetting or not using the toilet, including forcing a child to remain in soiled clothing, to remain on the toilet, or any other unusual or excessive practices for toileting;

e. address children without an IEP or Student Services Plan who continually cause physical harm to himself/herself or others or continually impede the learning of himself/herself and others because of other challenging behavior.

C. Abuse and Neglect

1. As mandated reporters, all school staff shall report any suspected abuse and/or neglect of a child in accordance with R.S. 14:403 to the local child protection agency. This written policy as well as the local child protection agency's telephone number shall be posted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S.17:24.8; R.S. 17:222(C); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 38:1226 (May 2012), LR 39:1457 (June 2013).

Chapter 31. Addendum

§3101. Test Security Policy

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 (A)(10), (11), (15); R.S. 17:7(6); R.S. 17:10; R.S. 17:22(6); R.S. 17:391.1-391.10; R.S. 44:411.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2365 (November 2003), amended LR 31:3096 (December 2005), repealed LR 39:1457 (June 2013).

Chapter 33. Glossary

§3301. Abbreviations/Acronyms

ADA—Americans with Disabilities Act

AP—Advanced Placement

BESE—Board of Elementary and Secondary Education

CPR—Cardiopulmonary Resuscitation

CTE—Career/Technical Education

LDE —Department of Education

GED—General Educational Development Test

GEE—Graduation Exit Examination

IDEA—Individuals with Disabilities Education Act; The Special Education Law

IAP—Individualized Accommodation Program

IB—International Baccalaureate

IBC—Industry-Based Certification

JROTC—Junior Reserve Officer Training Corps

LEA—Local Education Agency

LEAP—Louisiana Educational Assessment Program

LHSAA—Louisiana High School Athletic Association

LMA—Louisiana Montessori Association

MPS—Minimum Proficiency Standards

NAEP—National Assessment of Educational Progress

NCLB—No Child Left Behind

SAPE—Substance Abuse Prevention Education

TOPS—Taylor Opportunity Program for Students

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6; R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary, Education, LR 34:230 (February 2008), amended LR 39:1457 (June 2013).

§3303. Definitions

Academically Able Student—a student who is functioning at grade level as determined by the local school system. For special education students identified in accordance with Bulletin 1508—Pupil Appraisal Handbook, the Student Services Plan Committee shall determine the student's eligibility to receive foreign language instruction, provided the student is performing at grade level.

Accommodation—any technique that alters the academic setting or environment. An accommodation generally does not change the information or amount of information learned. It enables students to show more accurately what they actually know.

Activity Class—any class such as band, theatre, or chorus for which a large class size is acceptable due to the nature of the instruction.

Adapted Physical Education—specially designed physical education for those exceptional students for whom significant deficits in the psychomotor domain have been identified according to Bulletin 1508—Pupil Appraisal Handbook, and who, if school-aged, are unable to participate in regular physical education programs on a full-time basis.

Adult Education—instruction below the college level for adults who have not been awarded a regular high school diploma and who are not currently required to be enrolled in school.

Advanced Placement Program the Advanced Placement Program of the College Board—gives students the

opportunity to pursue college-level studies while still in secondary school and to receive advanced placement and/or credit upon entering college.

Annual School Report—the report of the implementation by a school of the standards/regulations of this bulletin. It is submitted annually to the LDE by each school.

Articulated Credit—promotes a smooth transition from secondary to postsecondary education. It serves as a vehicle for high school students to earn postsecondary credit while enrolled in high school or upon entering postsecondary study.

Assessment—the act or process of gathering data in order to better understand the strengths and weaknesses of a student learning as by observation, testing, interviews, etc.

Attendance (Half-Day)—a student is considered to be in attendance for one-half day when he or she:

1. is physically present at a school site or is participating in an authorized school activity; and
2. is under the supervision of authorized personnel for more than 25 percent but more than half (26-50 percent) of the student's instructional day.

Attendance (Whole-Day)—a student is considered to be in attendance for a whole day when he or she:

1. is physically present at a school site or is participating in an authorized school activity; and
2. is under the supervision of authorized personnel for more than 50 percent (51-100 percent) of the student's instructional day.

BESE Policy—a comprehensive statement that has been adopted by BESE pursuant to the APA process and that has the force and effect of law to govern and to bring uniformity in education throughout Louisiana

Certification—a licensing process whereby qualified professionals become legally authorized to teach or to perform designated duties in the schools under the jurisdiction of the State Board of Elementary and Secondary Education (BESE).

Class Size—the maximum enrollment allowed in a class or section.

Cooperative Education—programs that provide opportunities for career and technical education students to receive on-the-job training and related classroom instruction in the areas of agriculture, business, health, family and consumer science, marketing, and trade and industrial education programs.

Credit Exam—an examination for the purpose of verifying a student has mastered a course taken under conditions that do meet the requirements for awarding Carnegie credit, such as teacher certification or time requirements.

Cumulative Record—a current record of academic, health, and other special types of information maintained for each student throughout his progress in school.

Education Records—

1. those records, files, documents, and other materials which:
   a. contain information directly related to a student; and
   b. are maintained by an educational agency or institution or by a person acting for such agency or institution;
2. the term education records does not include:
   a. records of instructional, supervisory, and administrative personnel and educational personnel ancillary thereto which are in the sole possession of the maker thereof and which are not accessible or revealed to any other person except a substitute;
   b. records maintained by a law enforcement unit of the educational agency or institution that were created by that law enforcement unit for the purpose of law enforcement;
   c. in the case of persons who are employed by an educational agency or institution but who are not in attendance at such agency or institution, records made and maintained in the normal course of business which relate exclusively to such person in that person's capacity as an employee and are not available for use for any other purpose; or
   d. records on a student who is 18 years of age or older, or is attending an institution of postsecondary education, which are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in his professional or paraprofessional capacity, or assisting in that capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student, and are not available to anyone other than persons providing such treatment, except that such records can be personally reviewed by a physician or other appropriate professional of the student's choice.

Elementary School—a school composed of any span of grades pre-kindergarten through the eighth grade.

Equivalent Day—the number of minutes that reflect the required number of school and/or instructional day. School days may equal 180 days or 59,400 minutes. Instructional days may equal 175 days or 57,750 minutes.

Equivalent Major—the number of credit hours awarded from a regionally accredited college or university to meet the required content hours needed to teach in a core content area.

Evaluation—the in-depth process of review, examination, and interpretation of intervention efforts, test results, interviews, observations, and other assessment information relative to predetermined criteria.

Exceptional Child— a child who is defined in accordance with Bulletin 1706, Regulations for Implementation of Exceptional Children's Act (R.S. 17:1941 et seq.) and who is determined eligible according to Bulletin 1508, Pupil Appraisal Handbook, to have an exceptionality that adversely affects educational performance to the extent that special education is needed.

Gifted—children or youth who demonstrate abilities that give evidence of high performance in academic and intellectual aptitude.

High School—a school composed of any span of grades nine through twelve.

Home Study Program (Approved)—program in which an approved curriculum can be implemented under the direction and control of a parent or a tutor (i.e., court appointed guardian under Louisiana law).

Industry-Based Certification—a portable, recognized credential (tangible evidence) that an individual has successfully demonstrated skill competencies on a core set of content and performance standards in a specific set of

work related tasks, single occupational area, or a cluster of related occupational areas.

Instructional Time—shall include the scheduled time within the regular school day devoted to teaching courses outlined in the Program of Studies. Instructional time does not include such things as recess, lunch, change of class time, and parent-teacher conferences.

Internship—student internships are situations where students work for an employer for a specified period of time to learn about a particular industry or occupation. Students' workplace activities may include special projects, a sample of tasks from different jobs, or tasks from a single occupation. These may or may not include financial compensation.

Knowledge of the Learner and the Learning Environment—course requirements that provide the prospective teacher with a fundamental understanding of the learner and the teaching and learning process. Coursework should address the needs of the regular and the exceptional child, such as:

1. child/adolescent development/psychology;
2. educational psychology;
3. the learner with special needs;
4. classroom organization and management;
5. multicultural education.

Language Arts—a broad subject area which includes reading, literature, speaking, listening, oral and written composition, English grammar, and spelling. (Foreign language may be included as part of the language arts program.)

Least Restrictive Environment—the educational placement of an exceptional child in a manner consistent with the Least Restrictive Environment Requirements in of Bulletin 1706—Regulations for Implementation for the Exceptional Children's Act R.S. 17:1941 et seq.

Locally Initiated Elective—an elective course developed by a school and submitted to the DOE for approval according to the standards in §2125.

Middle School—a school composed of any span of grades five through nine that includes grade seven and eight and that excludes grades prekindergarten through four and ten through twelve.

Modification—any technique that alters the work product in some way that makes it different from the work required of other students in the same class. A modification generally does change the work format or amount of work required of students. It encourages and facilitates academic success.

Paraprofessional—a person who is at least 18 years of age, possesses a certificate of good health signed by a physician, possesses an appropriate permit, and assists in the delivery of special educational services under the supervision of a special education teacher or other professional who has the responsibility for the delivery of services to exceptional children.

Pre-Kindergarten—developmental programs for children ages 3-4, the minimum age being three by September 30 of the school year in which the student enters pre-kindergarten.

Procedures—specific actions or steps developed and required by the DOE to implement standards or regulations of BESE.

Proficiency Exam—an examination taken by a student to demonstrate mastery of a course.

Pupil Appraisal Personnel—professional personnel who meet the certification requirements for school personnel for such positions and who are responsible for delivery of pupil appraisal services included in §410-436 of Bulletin 1706—Regulations for Implementation of the Exceptional Children's Act, and R.S. 17:1941 et seq.

Qualified Teacher—a teacher is considered qualified to teach in nonpublic schools if all of the following criteria are met:

1. has a bachelor's degree from a regionally accredited institution;
2. has a college major or the equivalent in the area of his/her teaching assignment; and
3. has earned 12 semester hours of Knowledge of the Learner and the Learning Environment

Special Education—specially designed instruction, at no cost to the parent, to meet the unique needs of the student with an exceptionality.

Student Services Plan—a written statement that describes the special education and related services the LEA will provide to a parentally-placed student with an exceptionality enrolled in a private school who has been designated to receive services, including the location of the services and any transportation necessary, consistent with Bulletin 1706, Regulations for Implementation of Exceptional Children's Act (R.S. 17:1941 et seq.) and Bulletin 1530, the IEP Handbook.

Talented—children or youth who give evidence of measurable abilities of unique talent in visual and/or performing arts.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6 and R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary, Education, LR 34:230 (February 2008), amended LR 36:2848 (December 2010), LR 38:1405 (June 2012), LR 39:1457 (June 2013).

Heather Cope
Executive Director

1306#010

RULE

Board of Elementary and Secondary Education

Bulletin 746—Louisiana Standards for State Certification of School Personnel
(LAC 28:CXXXI.233, 235, 237, 240, 243, 348, 405, 409, 605, 607, 609, 629, 630, 631, 633, 648, 659, 703, 705, 707, 721, and 723)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education amended *Bulletin 746—Louisiana Standards for State Certification of School Personnel*: §233, The Practitioner Teacher Program Alternative Path to Certification (Minimum Requirements); §235, The Master's Degree Program Alternative Path to Certification (Minimum Requirements); §237, Certification-Only Program Alternative Path to Certification; §240, Educational Leader Practitioner (Residency) Program; §243, PRAXIS Exams and Scores; §348, Math for Professionals Certificate; §405, Counselor K-12 (Counselor in a School Setting); §409,

School Librarian; §605, Requirements to add Early Childhood (Grades PK-3); §607, Requirements to add Elementary (Grades 1-5); §609, Requirements to add Middle School (Grades 4-8) Specialty Area Endorsement for English, Mathematics, Science, or Social Studies; §629, Requirements to add Mild/Moderate; §630, Requirements to add Mild/Moderate (1-5), (4-8) and (6-12) —Mandatory 7/1/2010; §631, Requirements to add Significant Disabilities 1-12; §633, Requirements to add Visual Impairments/Blind K-12; §648, Algebra I; §659, Counselor K-12 (Counselor in a School Setting); §703, Introduction; §705, Educational Leader Certificate Level 1 (EDL1); §707, Educational Leader Certificate Level 2 (EDL2); §721, Out-of-State Principal Level 1 (OSP1); and §723, Out-of-State Principal Level 2 (OSP2). The proposed policy will allow the adoption of the Praxis Chinese (Mandarin): World Language exam; replace the current School Superintendent Assessment (1020) which is being retired by Educational Testing Service (ETS) with a new edition of School Superintendent Assessment (6021); and provide updates to include the computer-delivered versions of all Praxis assessments that the Louisiana Department of Education currently accepts and remove old passing scores and test codes that are no longer acceptable for licensure. Additionally, the proposed policy removes the requirement that districts must provide a district educational leadership induction program and educators must participate to transition from an educational leader certificate 1 to an educational leader certificate 2. The district educational leadership induction requirement will be optional for LEAs. The removal of the district educational leadership induction program aligns with *Bulletin 741—Louisiana Handbook for School Administrators.*

Title 28

EDUCATION

Part CXXXI. Bulletin 746—Louisiana Standards for State Certification of School Personnel

Chapter 2. Louisiana Educator Preparation Programs

Subchapter B. Alternate Teacher Preparation Programs

§233. The Practitioner Teacher Program Alternative Path to Certification (Minimum Requirements)

A. - B.4. …

5. pass the Praxis content-specific examinations:

a. candidates for grades PK-3, pass—Elementary Education: Content Knowledge (0014 or 5014);

b. candidates for grades 1-5 (regular education and mild/moderate), pass—Elementary Education: Content Knowledge (0014 or 5014);

B.5.c. - L. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1790 (October 2006), amended LR 34:1387 (July 2008), LR 35:1477 (August 2009), LR 36:2261 (October 2010), LR 36:2263 (October 2010), LR 37:549 (February 2011), LR 37:558 (February 2011), LR 37:3208 (November 2011), LR 39:1460 (June 2013).

§235. The Master's Degree Program Alternative Path to Certification (Minimum Requirements)

A. - C.3. …

4. pass the Praxis content-specific subject area examination:

a. candidates for PK-3 (regular education)—Elementary Education: Content Knowledge (0014 or 5014);

b. candidates for grades 1-5 (regular education and mild/moderate)—Elementary Education: Content Knowledge (0014 or 5014);

c. - e. …

f. candidates for special education early interventionist birth to five years, significant disabilities 1-12, hearing impaired k-12, visual impairments/blind K-12—Elementary Education: Content Knowledge (0014 or 5014);

C.5. - E.2. ...

3. passed the specialty examination (Praxis) for the area of certification (this test was required for admission);

a. grades PK-3 (regular education)—Elementary Education: Content Knowledge (0014 or 5014);

b. grades 1-5 (regular education and mild/moderate)—Elementary Education: Content Knowledge (0014 or 5014);

c. - e. …

f. special education early interventionist (birth to five years), significant disabilities 1-12, hearing impaired K-12, and visual impairments/blind K-12—Elementary Education: Content Knowledge (0014 or 5014) specialty examination;

4. passed the pedagogy examination (Praxis):

a. grades PK-3—Principles of Learning and Teaching Early Childhood (0621 or 5621);

b. grades 1-5—Principles of Learning and Teaching K-6 (0622 or 5622);

c. grades 4-8—Principles of Learning and Teaching 5-9 (0623 or 5623);

d. grades 6-12—Principles of Learning and Teaching 7-12 (0624 or 5624);

e. all-level K-12 certification—Principles of Learning and Teaching K-6, 5-9, or 7-12;

f. general-special education mild/moderate—Special Education: Core Knowledge and Mild to Moderate Applications (0543 or 5543) in addition to one of the following aligned to candidates grade level:

i. grades 1-5—Principles of Learning and Teaching K-6 (0622 or 5622);

ii. grades 4-8—Principles of Learning and Teaching 5-9 (0623 or 5623);

iii. grades 6-12—Principles of Learning and Teaching 6-12 (0624 or 5624);

g. special education early interventionist birth to five years—Special Education: Core Knowledge and Applications (0354) and Principles of Learning and Teaching: Early Childhood (0621 or 5621);

h. special education significant disabilities 1-12—Special Education: Core Knowledge and Severe to Profound Applications (0545 or 5545);

i. special education hearing impaired K-12—Special Education: Core Knowledge and Applications (0354 or 5354) and Education of Exceptional Students: Hearing Impairment (0271);

j. special education visual impairments/blind K-12—Special Education: Core Knowledge and Applications (0354 or 5354);

5. - 5.b. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1792 (October 2006), amended LR 35:1480 (August 2009), LR 36:2262 (October 2010), LR 36:2263 (October 2010), LR 37:549 (February 2011), LR 37:3209 (November 2011), LR 39:1460 (June 2013).

§237. Certification-Only Program Alternative Path to Certification

A. - C.4.a. …

b. pass the Praxis content-specific subject area examination:

i. candidates for PK-3 (regular education)—Elementary Education: Content Knowledge (0014 or 5014);

ii. candidates for grades 1-5—Elementary Education: Content Knowledge (0014 or 5014);

iii. - v. …

vi. candidates for special education early interventionist birth to five years, significant disabilities 1-12, hearing impaired K-12, and visual impairments/blind K-12—Elementary Education: Content Knowledge (0014 or 5014).

D. - D.4.b. ...

c. the reading competency assessment for early childhood PK-3, elementary 1-5, and special education candidates is the Praxis—Teaching Reading exam (0204 or 5204). (Middle grades 4-8 and secondary grades 6-12 will be required to take the required reading course credit hours or equivalent contact hours until an appropriate reading competency assessment is developed and adopted.)

D.5. - E.2.a. …

b. passed the pedagogy examination (Praxis):

i. grades PK-3—Principles of Learning and Teaching Early Childhood (0621 or 5621);

ii. grades 1-5—Principles of Learning and Teaching K-6 (0622 or 5622);

iii. grades 4-8—Principles of Learning and Teaching 5-9 (0623 or 5623);

iv. grades 6-12—Principles of Learning and Teaching 7-12 (0624 or 5624);

v. all-level K-12 certification—Principles of Learning and Teaching K-6, 5-9, or 7-12;

vi. special education early interventionist birth to five years—Special Education: Core Knowledge and Applications (0354) and Principles of Learning and Teaching Early Childhood (0621 or 5621);

vii. special education significant disabilities 1-12—Special Education: Core Knowledge and Severe to Profound Applications (0545 or 5545);

viii. special education hearing impaired K-12—Special Education: Core Knowledge and Applications (0354 or 5354) and Education of Exceptional Students: Hearing Impairment (0271);

ix. special education visual impairments/blind K-12—Special Education: Core Knowledge and Applications (0354 or 5354);

c. completed all requirements of the certification-only alternative certification path as verified to the Louisiana Department of Education by the program provider.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1794 (October 2006), amended LR 35:1482 (August 2009), LR 36:2262 (October 2010), LR 36:2263 (October 2010), LR 37:550 (February 2011), LR 37:3210 (November 2011), LR 39:1461 (June 2013).

Subchapter C. Alternate Educational Leader Preparation Programs

§240. Educational Leader Practitioner (Residency) Program

A. - A.8.f. …

9. On-Going Support (second and third year). Program providers will give support services to educational leaders who have completed the practitioner leader program and are serving as school leaders during their second and third years in the program.

10. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 33:818 (May 2007), amended LR 38:42 (January 2012), amended LR 38:765 (March 2012), LR 39:1461 (June 2013).

Subchapter D. Testing Required for Licensure Areas

§243. Praxis Exams and Scores

A. A teacher applicant for certification must successfully complete the appropriate written or computer delivered tests[1] identified prior to Louisiana teacher certification.

1. Pre-Professional Skills Tests[2]. Teacher applicants in all content areas must pass all three Praxis I pre-professional skills tests.

Pre-Professional Skills Test "Paper Administrations"	Test #	Score	Effective Date
PPST:R—Pre-Professional Skills Test: Reading	0710	176	Effective 7/1/10
PPST:W—Pre-Professional Skills Test: Writing	0720	175	
PST:M—Pre-Professional Skills Test: Mathematics	0730	175	

Pre-Professional Skills Test "Computer Based Administrations"	Test #	Score	Effective Date
PPST:R—Pre-Professional Skills Test: Reading	5710	176	Effective 7/1/10
PPST:W—Pre-Professional Skills Test: Writing	5720	175	
PPST:M—Pre-Professional Skills Test: Mathematics	5730	175	

[1]To differentiate the computer delivered tests, Educational Testing Service has placed the number "5" or "6" preceding the current test code. The Department will accept computer delivered passing test scores for licensure.

[2]Note: Effective September 1, 2006: An ACT composite score of 22 or a SAT combined verbal and math score of 1030 may be used in lieu of Praxis 1 PPST Exams by prospective teachers in Louisiana.

2. Principles of Learning and Teaching (PLT) Exams

PLT Exam	Test #	Score	Effective Date
Principles of Learning and Teaching : Early Childhood	0621 or 5621	157	Effective 1/1/12
Principles of Learning and Teaching: K-6	0622 or 5622	160	
Principles of Learning and Teaching: 5-9	0623 or 5623	160	
Principles of Learning and Teaching: 7-12	0624 or 5624	157	

B. Content and Pedagogy Requirements

Certification Area	Name of Praxis Test	Content Exam Score	Pedagogy: Principles of Learning & Teaching		
			PLT K-6 (#0622 or 5622)	PLT 5-9 (#0623 or 5623)	PLT 7-12 (#0624 or 5624)
Early Childhood PK-3	Elementary Content Knowledge (0014 or 5014)	150	PLT: Early Childhood 0621 or 5621 (Score 157)		
Grades 1-5	Elementary Content Knowledge (0014 or 5014)	150	160	---	---
Grades 4-8 Mathematics	Middle School Mathematics (0069)	148	---	160	---
Grades 4-8 Science	Middle School Science (0439)	150	---	160	---
Grades 4-8 Social Studies	Middle School Social Studies (0089 or 5089)	149	---	160	---
Grades 4-8 English/ Language Arts	Middle School English/Language Arts (0049 or 5049)	160	---	160	---

C. Certification Areas

1. Grades 6-12 Certification

Grades 6-12 Certification Areas					
		Score			PLT 7-12
Agriculture	Agriculture (0700)	510	---	---	157
Biology	Biology: Content Knowledge (0235 or 5235)	150	---	---	157
Business	Business Education: Content Knowledge (0101 or 5101)	154	---	---	157
Chemistry	Chemistry: Content Knowledge (0245 or 5245)	151			157
Chinese	Chinese (Mandarin): World Language (5665)	164	PLT7-12 (Score 157) until 6/30/13; After 6/30/13 World Languages Pedagogy 0841 (Score 158)		
English	English Language, Literature, and Composition: Content Knowledge (0041 or 5041) Pedagogy (0043)	160 130	---	---	157
Family and Consumer Sciences	Family and Consumer Sciences (0121 or 5121)	141	---	---	157
French	French: World Language (5174)	157	PLT7-12 (Score 157) until 6/30/13; After 6/30/13 World Languages Pedagogy 0841 (Score 158)		
General Science	General Science: Content Knowledge (0435 or 5435)	156	---	---	157

Grades 6-12 Certification Areas					
		Score			PLT 7-12
German	German: World Language (5183)	157	PLT7-12 (Score 157) until 6/30/13; After 6/30/13 World Languages Pedagogy 0841 (Score 158)		
Mathematics	Mathematics: Content Knowledge (0061 or 5061)	135	---	---	157
Physics	Physics: Content Knowledge (0265 or 5265)	141			157
Social Studies	Social Studies: Content and Interpretation (0086 or 5086)	160	---	---	157
Spanish	Spanish: World Language (5195)	157	PLT7-12 (Score 157) until 6/30/13; After 6/30/13 World Languages Pedagogy 0841 (Score 158)		
Speech	Speech Communications (0221)	146	---	---	157
Technology Education	Technology Education (0051)	159	---	---	157
Computer Science Earth Science Environmental Science Journalism Latin Marketing	At this time, a content area exam is not required for certification in Louisiana.	---	---	---	157

2. All-Level K-12 Certification

All-Level K-12 Certification Areas							
		Score	PLT K-6		PLT 5-9		PLT 7-12
Grades K-12 Art	Art: Content Knowledge (0134 or 5134)	159	160	or	160	or	157
Grades K-12 Dance	None Available**	---	160		160	or	157
Grades K-12 Foreign Languages	Chinese (Mandarin):World Language (5665)	164	PLT K-6 (Score 160) or PLT 5-9 (Score 160) or PL7-12 (Score 157) until 6/30/13; After 6/30/13 World Languages Pedagogy 0841 (Score 158)				
	French: World Language (5174)	157					
	German: World Language (5183)	157					
	Spanish: World Language (5195)	157					

All-Level K-12 Certification Areas							
		Score	PLT K-6		PLT 5-9		PLT 7-12
Grades K-12 Music	Music: Content Knowledge (0113 or 5113)	151	160		160	or	157
Grades K-12 Health and Physical Education	Phys. Education: Content Knowledge (0091 or 5091)	146	160	or	160	or	157

**At this time, a content area exam is not required for certification in Louisiana.

D. Special Education Areas

All Special Education Area(s)				
Area	Content Exam	Score	Pedagogy Requirement	Score
Early Interventionist	Elementary Content Knowledge (0014 or 5014)	150	Special Education: Core Knowledge and Applications (0354 or 5354) and Principles of Learning and Teaching: Early Childhood (0621 or 5621)	145 157
Hearing Impaired	Elementary Content Knowledge (0014 or 5014)	150	Special Education: Core Knowledge and Applications (0354 or 5354) and Education of Deaf and Hard of Hearing Students (0271)	145 160
Mild to Moderate Disabilities	ALL Candidates must pass a content area exam appropriate to certification level 1-5, 4-8, 6-12 (e.g., 0014, or core subject-specific exams for middle or secondary grades)		Special Education: Core Knowledge and Mild to Moderate Applications (0543 or 5543)	153
Significant Disabilities	Elementary Content Knowledge (0014 or 5014)	150	Special Education: Core Knowledge and Severe to Profound Applications (0545 or 5545)	153
Visual Impairments/Blind	Elementary Content Knowledge (0014 or 5014)	150	Special Education: Core Content Knowledge and Applications (0354 or 5354)	145

E. Administrative and Instructional Support Areas

Certification Area	Name of Praxis Test	Area Test Score
Educational Leader—Level 1	School Leaders Licensure Assessment (1011or 6011)	166
Educational Leader—Level 3	School Superintendent Assessment (6021)	160
School Librarian	Library Media Specialist (0311 or 5311)	136

All Praxis scores used for certification must be sent directly from ETS to the State Department of Education electronically, or the original Praxis score report from ETS must be submitted with candidate's application.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1833 (October 2006), amended LR 36:485 and 488 (March 2010), LR 36:2265 (October 2010), LR 37:551 (February 2011), LR 37:556 (February 2011), LR 37:3210 (November 2011), LR 39:1461 (June 2013).

Chapter 3. Teaching Authorizations and Certifications

Subchapter C. Ancillary Teaching Certificates

§348. Math for Professionals Certificate

A. - B.1.a.ii. …

iii. successful passing of the Praxis Mathematics: Content Knowledge test (0061 or 5061).

B.1.b. - B.3. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:220 (February 2009), amended LR 39:1463 (June 2013).

Chapter 4. Ancillary School Service Certificates

Subchapter A. General Ancillary School Certificates

§405. Counselor K-12 (Counselor in a School Setting)

A. - B.2.b. …

3. completion of the PRAXIS examination in school guidance and counseling (0421 or 5421)

C. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1807 (October 2006), amended LR 38:1400 (June, 2012), LR 39:1463 (June 2013).

§409. School Librarian

A. - A.1.a. …

b. passing score on Praxis Library Media Specialist examination (0311 or 5311).

2. - 2.b. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1808 (October 2006), repromulgated LR 33:1617 (August 2007), amended LR 36:489 (March 2010), LR 39:1463 (June 2013).

Chapter 6. Endorsements to Existing Certificates

Subchapter A. Regular Education Level and Area Endorsements

§605. Requirements to add Early Childhood (Grades PK-3)

A. Individuals holding a valid elementary certificate (e.g., 1-4, 1-5, 1-6, or 1-8) must achieve one of the following:

1. passing score for Praxis—Principles of Learning and Teaching Early Childhood (0621 or 5621); or

2. 12 semester hours of combined nursery school and kindergarten coursework.

B. Individuals holding a valid upper elementary or middle school certificate (e.g., 4-8, 5-8, 6-8), secondary school certificate (e.g., 6-12, 7-12, 9-12), special education certificate (other than early interventionist), or an all-level K-12 certificate (art, dance, foreign language, health, physical education, health and physical education, music) must achieve the following:

1. passing score for Praxis—Elementary Education: Content Knowledge exam (0014 or 5014);

2. passing score for Praxis—Principles of Learning and Teaching Early Childhood (0621 or 5621) or accumulate 12 credit hours of combined nursery school and kindergarten coursework;

C. Individuals holding a valid early interventionist certificate must achieve the following:

1. passing score for Praxis—Elementary Education: Content Knowledge exam (0014 or 5014);

2. 12 credit hours of combined nursery school and kindergarten coursework (art, math, science, social studies); and

3. 9 semester hours of reading coursework or passing score for Praxis—Teaching Reading exam (0204 or 5204).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1815 (October 2006), amended LR 37:883 (March 2011), repromulgated LR 37:1561 (June 2011), amended LR 37:3215 (November 2011), amended LR 38:44 (January 2012), LR 39:1464 (June 2013).

§607. Requirements to add Elementary (Grades 1-5)

A. Individuals holding a valid early childhood certificate (e.g., PK-K, PK-3) must achieve the following:

1. passing score for Praxis—Elementary Education: Content Knowledge exam (0014 or 5014);

2. passing score for Praxis—Principles of Learning and Teaching K-6 exam; and

3. nine semester hours of reading or passing score for Praxis—Teaching Reading exam (0204 or 5204).

B. Individuals holding a valid upper elementary or middle school certificate (e.g., 4-8, 5-8, 6-8), secondary certificate (e.g., 6-12, 7-12, 9-12), special education certificate, or all-level K-12 certificate (art, dance, foreign language, health, physical education, health and physical education, and music) must achieve the following:

1.a. passing score for Praxis—Elementary Education: Content Knowledge exam (0014 or 5014); or

b. accumulate:

i. 12 semester hours of mathematics;

ii. 12 semester hours of science;

iii. 12 semester hours of English language arts; and

iv. 12 semester hours of social studies;

2. passing score for Praxis Principles of Learning and Teaching K-6 exam; and

3. nine semester hours of reading.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1815 (October 2006), amended LR 38:44 (January 2012), LR 39:1464 (June 2013).

§609. Requirements to add Middle School (Grades 4-8) Specialty Area Endorsement for English, Mathematics, Science, or Social Studies

A. - A.2. …

3. six semester hours of reading or passing score for Praxis Teaching Reading exam (0204 or 5204).

B. - B.3. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1815 (October 2006), amended LR 37:881 (March 2011), LR 39:1464 (June 2013).

Subchapter B. Special Education Level and Area Endorsements

§629. Requirements to add Mild/Moderate

A. - .A.1.e. …

2. passing score for Praxis exams—Special Education: Core Knowledge and Mild to Moderate Applications (0543 or 5543);

3. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1817 (October 2006), amended LR 35:221 (February 2009), LR 35:1485 (August 2009), LR 37:553 (February 2011), LR 39:1464 (June 2013).

§630. Requirements to add Mild/Moderate (1-5), (4-8) and (6-12)—Mandatory 7/1/2010

A. - A.1.f. …

2. passing score for Praxis exams—Special Education: Core Knowledge and Mild to Moderate Applications (0543 or 5543).

B. - B.1.f. …

2. passing score for Praxis exams—Special Education: Core Knowledge and Mild to Moderate Applications (0543 or 5543), Principles of Learning and Teaching (PLT): K-6, and Elementary Content Knowledge Exam (0014 or 5014).

C. - C.1.f. …

2. passing score for Praxis exams:

a. Mild/Moderate (4-8) and (6-12)—Special Education: Core Knowledge and Mild to Moderate Applications (0543 or 5543); and

C.2.b. - D.1.f. …

2. passing score for Praxis exams:

a. mild/moderate (4-8) and (6-12)—Special Education: Core Knowledge and Mild to Moderate Applications (0543 or 5543); and/or

D.2.b.-E.1.f. …

2. passing score for Praxis exams:

a. mild/moderate (4-8) and (6-12)—Special Education: Core Knowledge and Mild to Moderate Applications (0543 or 5543); and/or

b. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 35:1485 (August 2009), amended LR 37:553 (February 2011), LR 39:1464 (June 2013).

§631. Requirements to add Significant Disabilities 1-12

A. - A.2. …

3. passing score for Praxis exams—Special Education: Core Knowledge and Severe to Profound Applications (0545 or 5545).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1818 (October 2006), amended LR 37:555 (February 2011), LR 39:1465 (June 2013).

§633. Requirements to add Visual Impairments/Blind K-12

A. - A.2. …

3. a passing score for Praxis—Special Education: Core Knowledge and Applications (0354 or 5354).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1818 (October 2006), amended LR 37:556 (February 2011), LR 39:1465 (June 2013).

Subchapter C. All Other Teaching Endorsement Areas

§648. Algebra I

A. - A.3. …

4. Pass the Praxis—Principles of Learning and Teaching (PLT) 7-12 exam (0624 or 5624) or a college-level course addressing the same content covered on the Praxis exam.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 34:1386 (July 2008), amended LR 39:1465 (June 2013).

§659. Counselor K-12 (Counselor in a School Setting)

A. - B.3.b. …

4. completion of the Praxis examination in school guidance and counseling (0421 or 5421).

C. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1819 (October 2006), amended LR 33:1618 (August 2007), LR 38:1401 (June, 2012), LR 39:1465 (June 2013).

Chapter 7. Administrative and Supervisory Credentials

Subchapter A. The Educational Leadership Certificate

§703. Introduction

A. The educational leadership certification structure provides for four levels of leader certification: teacher leader; educational leader level 1; educational leader level 2; and educational leader level 3. The teacher leader certificate is an option for a teacher to be identified as a teacher leader; it is not a state required credential for a specific administrative position. The educational leader level 1 certificate is an entry-level certificate for individuals seeking to qualify for school and/or district leadership positions (e.g., assistant principals, principals, parish or city supervisors of instruction, supervisors of child welfare and attendance, special education supervisors, or comparable school/district leader positions). An individual moves from a level 1 to a level 2 certificate after successfully meeting standards of effectiveness for three years pursuant to Bulletin 130 and R.S. 17:3902, and completing the required years of experience. The level 3 certificate qualifies an individual for employment as a district superintendent.

B. - B.3. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1822 (October 2006), amended LR 33:819 (May 2007), LR 38:42 (January 2012), LR 38:3138 (December 2012); LR 39:1465 (June 2013).

§705. Educational Leader Certificate Level 1 (EDL 1)

A. - A.5.b. …

6. Districts may require participation in an education leader induction administered by the LEA.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1823 (October 2006), amended LR 33:819 (May 2007), LR 38:43 (January 2012), LR 38:3138 (December 2012); LR 39:1465 (June 2013).

§707. Educational Leader Certificate Level 2 (EDL 2)

A. To receive an EDL 2, the individual must:

1. hold a valid EDL 1 certificate, Louisiana provisional principal certification, or comparable level out-of-state educational leader certificate;

2. have three years of teaching experience in his/her area(s) of certification;

3. participate in an education leader induction administered, if required by the LEA; and

4. meet the standards of effectiveness as an Educational Leader for three years pursuant to Bulletin 130 and R.S.17:3902.

B. - B.1. …

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1823 (October 2006), amended LR 33:820 (May 2007), LR 38:43 (January 2012), LR 38:3138 (December 2012), LR 39:1465 (June 2013).

Subchapter B. Out-of-State Administrative Certification Structure

§721. Out-of-State Principal Level 1 (OSP1)

A. - A.1.d. …

2. Districts may require participation in an education leader induction administered by the LEA.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1824 (October 2006),

amended LR 35:2325 (November 2009), LR 38:43 (January 2012), LR 39:1465 (June 2013).

§723. Out-of-State Principal Level 2 (OSP2)

A - A.1.b.ii. …

iii. the local superintendent (or designee) of the employing Louisiana public school system has recommended him/her for continued administrative employment in the following school year;

c. participation in an education leader induction if required by the LEA;

d. successfully meeting the standards of effectiveness as an educational leader during the validity period of the OSP1 certificate.

2. Renewal Requirements. For renewal of OSP2 certificate, candidates must successfully meet the standards of effectiveness for at least three years during the five-year initial or renewal period pursuant to Bulletin 130 and R.S. 17:3902.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1825 (October 2006), amended LR 35:2325 (November 2009), LR 36:882 (March 2011), LR 38:43 (January 2012), LR 38:3139 (December 2012), LR 39:1466 (June 2013).

Heather Cope
Executive Director

1306#006

RULE

Department of Environmental Quality
Office of the Secretary
Legal Division

Lead Notification (LAC 33:III.2801, 2803, 2807, 2811, 2813, 2815, 2817, 2819 and 2821)(AQ336)

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.2801, 2803, 2807, 2811, 2813, 2815, 2817, 2819 and 2821 (AQ336).

This Rule will enact Acts 733 and 736 of the 2012 Regular Legislative Session. It will require inspectors and owners and/or operators of new daycare centers, preschools, or certain elementary schools that qualify as child-occupied facilities to notify LDEQ and the state health officer within 90 days of receipt of reports of lead hazards, lead abatement activities, or any lead testing performed at a facility or its grounds that exceed applicable standards. It also requires notification to all parents or legal guardians of each child enrolled at the facility of the exceedances of applicable lead standards either by written or electronic means. The basis and rationale for this rule is to incorporate Act Nos. 733 and 736 into the regulations to promote lead safety for children ages six and younger in child-occupied facilities. 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.

Title 33
ENVIRONMENTAL QUALITY
Part III. Air

Chapter 28. Lead-Based Paint Activities—Recognition, Accreditation, Licensure, and Standards for Conducting Lead-Based Paint Activities

§2801. Scope and Applicability

A. This Chapter contains procedures and requirements for the recognition of lead-based paint activities training providers, procedures and requirements for the accreditation of individuals, and licensure of contractors engaged in lead-based paint activities, project notifications, work practice standards for performing such activities, data collection, and reporting of lead hazards at *child occupied facilities (COFs)*, as defined in LAC 33:III.2803 and as specified in LAC 33:III.2813.B and LAC 33:III.2815 (e.g., daycare centers, preschools, or public and nonpublic elementary school facilities). Except as discussed below, all *lead-based paint activities*, as defined in this Chapter, shall be performed by accredited individuals, laboratories, and licensed contractors.

B. This Chapter applies to all persons and contractors who are engaged in lead-based paint activities in *target housing*, as defined in LAC 33:III.2803, and COFs, except persons who perform these activities within residential dwellings that they own, unless the residential dwelling is occupied by a person or persons other than the owner or the owner's immediate family while these activities are being performed, or a child residing in the building has been identified as having an elevated blood lead level.

C. - G. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054 and 2351 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 23:1662 (December 1997), amended LR 24:1686 (September 1998), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 28:2335 (November 2002), amended by the Office of the Secretary, Legal Division, LR 39:1466 (June 2013).

§2803. Definitions

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

* * *

Child-Occupied Facility (COF)—a building or portion of a building or common area, other than the child's principal residence, constructed prior to 1978, that meets at least one of the following criteria.

a. A building qualifies as a COF when visited regularly by the same child, 6 years of age or younger, on at least two different days within any week, provided that each day's visit lasts at least three hours, with the combined weekly visit lasting at least six hours, and that the combined annual visits last at least 60 hours. Examples of child-occupied facilities/common areas include, but are not limited to, public and nonpublic schools, day care centers, parks, playgrounds, and community centers.

b. A building qualifies as a COF when it has been determined by the department, in conjunction with the state health officer, to be a significant risk because of its contribution to lead poisoning or lead exposure to children who are 6 years of age or younger.

c. A building qualifies as a COF when used as a child-occupied unit and common area in a multi-use building.

* * *

Interim Controls—a set of measures designed to temporarily prevent or reduce human exposure or likely exposure to lead-based paint hazards found in dust, paint, or soil, including specialized cleaning, repairs, maintenance, painting, temporary containment, temporary barriers for contaminated soils, the ongoing monitoring of lead-based paint hazards or potential hazards, and the establishment and operation of lead hazard management plans for buildings and grounds subject to the provisions of this Chapter and occupant education programs.

* * *

Lead Hazard Notification (LHN)—the notification document required by the department to report lead hazards in accordance with LAC 33:III.2813.B.

* * *

Recognized Laboratory—an environmental laboratory accredited by the Louisiana Environmental Laboratory Accreditation Program (LELAP) in accordance with LAC 33:I.Chapter 45 through 57, and accredited to perform an analysis of lead and lead compounds in paint, soil, and dust.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054 and 2351 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 23:1663 (December 1997), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 28:2335 (November 2002), amended by the Office of Environmental Assessment, LR 30:2022 (September 2004), amended by the Office of the Secretary, Legal Division, LR 39:1466 (June 2013).

§2807. Accreditation of Individuals

A. - B.2. …

C. Reaccreditation

1. To maintain accreditation individuals shall be annually recertified by the Office of Environmental Services.

2. To maintain continuous accreditation, an individual shall perform the following:

a. successfully complete the appropriate refresher course given by a recognized training provider 60 days prior to the accreditation expiration date;

b. submit a copy of the refresher course completion certificate to the Office of Environmental Services;

c. submit a 1" x 1¼" photograph of the applicant issued by the recognized training provider;

d. submit a signed and completed application form; and

e. submit the appropriate fees as required in LAC 33:III.223.

3. If the individual seeking reaccreditation receives refresher training earlier than 60 days prior to expiration or any time after the expiration date on the accreditation certificate, then the individual will receive a new expiration date.

4. If the individual fails to receive refresher training within one year after the accreditation expiration date, the individual must complete a refresher training course with a course test and hands-on assessment, as applicable, for the appropriate discipline in order to become recertified.

5. If an individual has not completed a refresher course within three years, the department shall require the applicant to:

a. pass the state lead certification examination in the appropriate discipline; or

b. complete a refresher training course with a course test and hands-on assessment, as applicable.

6. If an individual has not completed a refresher course within five or more years, the department shall require the applicant to complete a refresher training course with a course test and hands-on assessment, as applicable, and pass the state lead certification examination in the appropriate discipline.

D. Suspension and Revocation of Accreditations of Individuals Engaged in Lead-Based Paint Activities

1. The department may suspend or revoke an individual's accreditation if an individual has:

a. obtained training documentation through fraudulent means;

b. gained admission to and completed a recognized training course through misrepresentation of admission requirements;

c. obtained accreditation through misrepresentation of accreditation requirements or related documents dealing with education, training, professional registration, or experience;

d. performed work requiring accreditation at a job site without having proof of accreditation;

e. permitted the duplication or use of the individual's own certificate or photo identification by another;

f. performed work for which accreditation is required, but for which appropriate accreditation has not been received;

g. failed to comply with state lead-based paint statutes or regulations; or

h. failed to comply with the appropriate work practice standards for lead-based paint activities.

2. When suspension of accreditation credentials occurs, it shall be for no less than one year. When revocation occurs, it shall be for no less than three years. Penalties may also be assessed according to R.S. 30:2351.25(D).

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054 and 2351 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 23:1669 (December 1997), amended LR 24:2240 (December 1998), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2459 (November 2000), LR 28:2337 (November 2002), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2446 (October 2005), LR 33:643 (April 2007), LR 33:2092 (October 2007), amended by the Office of the Secretary, Legal Division, LR 39:1467 (June 2013).

§2811. Work Practice Standards for Conducting Lead-Based Paint Activities for Target Housing and Child-Occupied Facilities

A. - B.4.i. …

j. specific locations and the condition (i.e., good, fair, poor) of each painted component tested for the presence of lead-based paint;

B.4.k. - D.9. …

10. Any collected paint chip, dust, or soil samples shall be analyzed by a recognized Louisiana Environmental Laboratory Accreditation Program (LELAP) laboratory accredited for the media and methods used to determine the concentration of lead. The program requirements are described in LAC 33:I.Subpart 3.

D.11. - E.4.a. …

b. The project shall not start before the start date noted on the *Lead Project Notification (LPN)* form, as defined in LAC 33:III.2803. The Office of Environmental Services shall be notified if the operation will stop for a day or more during the project time noted on the LPN or if the project has been canceled or postponed. The firm shall also give notice 24 hours before the completion of a project. Notice shall be submitted to the department with written follow-up and fax notification to the appropriate regional office.

c. A notification of less than five working days constitutes an emergency notification. For emergencies during normal working hours, the contractor shall provide notification either by FAX or email to the Office of Environmental Services and the DEQ regional office responsible for inspecting the project site within 24 hours of the start of the project. After working hours, the contractor shall provide notification by FAX, email, or voice mail to the Office of Environmental Services and the DEQ regional office responsible for inspecting the project site within 24 hours of the start of the project. The completed notification form shall be submitted within five working days and shall be accompanied by the appropriate processing fees (LAC 33:III.223).

d. An amended LPN shall be submitted to the department and appropriate regional office when changes occur in the completion dates, methodology, and square footage.

e. Failure to submit a complete and accurate notification or failure to submit appropriate fees will cause the notification to be rejected and constitutes a failure to notify.

5. - 7. …

8. If conducted, soil abatement shall be conducted in one of the following ways.

a. If soil is removed, the lead-contaminated soil shall be replaced with soil that is not lead-contaminated. Any lead-contaminated soil that is removed shall not be used as top soil at another residential property or COF.

b. If soil is not removed, soil abatement shall be conducted in one of the following ways.

i. The lead-contaminated soil shall be *permanently covered*, as defined in LAC 33:III.2803.

ii. An interim control of a permeable barrier shall be applied and covered with 3 to 6 inches of clean top soil per EPA and The Department of Housing and Urban Development guidelines, as described in Paragraph F.1 of this Section.

9. - 10.c. …

11. An abatement report shall be prepared by an accredited lead project supervisor or an accredited project designer and submitted to the department within 30 days of the completion of the project. The abatement report shall include the following information:

11.a. - 13. …

F. Interim Controls

1. Interim controls, which require monitoring to maintain lead-safe conditions, may be used in lieu of abatement to manage lead hazards in paint, dust, and soil. Various types of interim controls are outlined in the HUD guidelines: *The Evaluation and Control of Lead-based Paint in Public Housing*; and EPA guidelines, (e.g. the *Superfund Lead-Contaminated Residential Sites Handbook* (August 2003)).

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054 and 2351 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 23:1672 (December 1997), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2459 (November 2000), repromulgated LR 27:39 (January 2001), amended LR 28:2338 (November 2002), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2446 (October 2005), LR 33:644 (April 2007), LR 33:2092 (October 2007), amended by the Office of the Secretary, Legal Division, LR 39:1467 (June 2013).

§2813. Recordkeeping and Reporting Requirements for Lead-Based Paint Activities

A. All records, reports, and plans required by this Chapter for inspections, hazard screens, risk assessments, and abatements shall be maintained by the owner of the residence, in the case of target housing, or the owner or operator of a residential dwelling or COF, during the life of the facility and no less than 3 years thereafter, and by the contractor or accredited individual who conducted the activities, for. The contractor or accredited individual shall provide copies of these reports to the owner/operator who contracted for its services. Any person who is required by this Chapter to maintain records may utilize the services of competent organizations such as industry trade associations and employee associations to maintain such records.

B. For a licensed day care center, preschool, or public or nonpublic elementary school facility that qualifies as a COF, the owner, inspector, or risk assessor shall jointly provide notification using Form LHN-7348 to DEQ within 90 days of receipt of reports of lead hazards, lead abatement activities, or any lead testing performed that exceeds the clearance standards outlined in this Chapter. A copy of the notification shall be displayed in a prominent location at the COF.

C. A licensed day care center, preschool, or public or nonpublic elementary school facility that qualifies as a COF shall provide notification to all parents or legal guardians of each child enrolled at the facility of lead abatement activities, lead testing that exceeds the clearance standards outlined in this Chapter, or lead hazard reduction activities performed at the facility or on its grounds. The notification shall be made by written or electronic means (e.g., email, posting on the facility's website, or posting on a bulletin board).

D. The notifications required in Subsections B and C of this Section shall not be required if a facility or its grounds has been inspected or has been subject to lead abatement or remediation prior to August 1, 2012. If a portion of the facility or its grounds has not been inspected or been the subject of lead abatement or remediation prior to August 1, 2012, then that portion of the facility or its grounds shall be subject to the provisions of this Section. The owner or

operator of the facility shall maintain documentation that the inspection, lead abatement, or remediation activities were conducted in accordance with applicable requirements outlined in this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054 and 2351 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 23:1676 (December 1997), amended by the Office of the Secretary, Legal Affairs Division, LR 33:644 (April 2007), amended by the Office of the Secretary, Legal Division, LR 39:1468 (June 2013).

§2815. Data Collection

A. The owner of any licensed day care center, preschool, or public or nonpublic elementary school facility that qualifies as a COF and that was first placed in operation after August 1, 2012, shall have an inspector or risk assessor conduct a thorough inspection of the facility and grounds for the presence of lead hazards within 30 days of starting operation. No inspection shall be required if the facility or its grounds has been inspected or has been the subject of lead abatement or remediation since 1978. If a portion of the facility or its grounds has not been inspected or been the subject of lead abatement or remediation since 1978, then those portions of the facility or its grounds shall be subject to the provisions of this Section. The owner or operator of the facility shall maintain documentation that the inspection, lead abatement, or remediation activities were conducted in accordance with the applicable standards outlined in this Chapter.

B. The owner or operator of COFs that are licensed day care centers, preschools, and elementary schools shall maintain documentation that the inspection, lead abatement, or remediation activities were conducted in accordance with LAC 33:III.Chapter 28 and LAC 33:VI. If a lead hazard is found to be present, the inspector and the owner shall report those findings to the Inspection Division, Office of Environmental Compliance using the Lead Hazard Notification (LHN) for Child Occupied Facilities, Form 7348. These records shall be maintained at COFs for the life of the facility to show that the hazards were removed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011 and 2351 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of the Secretary, Legal Division, LR 39:1469 (June 2013).

§2817. Enforcement
[Formerly §2815]

A. For failure to comply with the regulations of this Chapter, knowingly submitting false or inaccurate information, or directing others in such actions, civil and criminal penalties may be assessed under R.S. 30:2025 and R.S. 30:2351.25.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2025, 2054, and 2351 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 23:1676 (December 1997), amended by the Office of the Secretary, Legal Division, LR 39:1469 (June 2013).

§2819. Reciprocity
[Formerly §2817]

A. Individuals seeking accreditation from the department for a specific discipline, based upon accreditation by EPA or an EPA-approved state or Indian tribal program, shall submit copies of the following documents:

1. a current training course completion certificate from an EPA authorized state or tribal program;

2. a copy of the photo identification card (or equivalent) issued upon receipt of current accreditation; and

3. a completed application for accreditation in the specific discipline and one 1" x 1 1/4" photograph of the applicant, with the appropriate fees.

B. Exception. An individual who seeks accreditation as a lead project supervisor for the purpose of obtaining a letter of approval (LAC 33:III.2809) shall take the Louisiana state examination for that discipline.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054 and 2351 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 23:1676 (December 1997), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 28:2339 (November 2002), amended by the Office of the Secretary, Legal Division, LR 39:1469 (June 2013).

§2821. Fees
[Formerly §2819]

A. Fees are defined in R.S. 30:2351.59 and listed in LAC 33:III.223.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054 and 2351 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 23:1676 (December 1997), amended by the Office of the Secretary, Legal Division, LR 39:1469 (June 2013).

Herman Robinson, CPM
Executive Counsel

1306#023

RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Facility Need Review
Exception Criteria for Bed Approvals
(LAC 48:I.12533 and 12535)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 48:I.12533 and has adopted §12535 in the Medical Assistance Program as authorized by R.S. 36:254 and R.S. 40:2116. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 5. Health Planning

Chapter 125. Facility Need Review

§12533. Declared Disasters and Emergency Events

A. The facility need review bed approvals for a licensed and Medicaid certified nursing facility, ICF/DD, or for a licensed adult residential care provider (ARCP) located in an area or areas which have been affected by an executive order or proclamation of emergency or disaster issued in

accordance with R.S. 29:724 or R.S. 29:766 shall remain in effect and shall not be terminated, revoked or considered to have expired for a period not to exceed two years for a nursing facility or ARCP, and one year for an ICF/DD, following the date of such executive order or proclamation, provided that the following conditions are met:

1. the nursing facility, ICF/DD, or ARCP shall submit written notification to the Health Standards Section within 60 days of the date of the executive order or proclamation of emergency or disaster that:

a. the nursing facility, ICF/DD, or ARCP has experienced an interruption in the provisions of services as a result of events that are the subject of such executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766;

b. the nursing facility, ICF/DD, or ARCP intends to resume operation as a nursing facility, ICF/DD, or ARCP in the same service area;

i. - NOTE ...

2. A nursing facility, ICF/DD, or ARCP resumes operating as a nursing facility, ICF/DD, or ARCP in the same service area, within two years for a nursing facility or ARCP and within one year for an ICF/DD, of the executive order or proclamation of emergency or disaster in accordance with R.S. 29:724 or R.S. 29:766; and

3. the nursing facility, ICF/DD, or ARCP continues to submit the required documentation and information to the department.

B. The provisions of this Section shall not apply to:

1. a nursing facility, ICF/DD, or ARCP which has voluntarily surrendered its facility need review bed approval; or

2. a nursing facility, ICF/DD, or ARCP which fails to resume operations as a nursing facility, ICF/DD, ARCP in the same service area, within two years for a nursing facility or ARCP and within one year for an ICF/DD, of the executive order or proclamation of emergency or disaster in accordance with R.S. 29:724 or R.S. 29:766.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2116.

HISTORICAL NOTE: Repealed and repromulgated by the Department of Health and Hospitals, Office of the Secretary, LR 21:812 (August 1995), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 34:2621 (December 2008), amended LR 35:2439 (November 2009), LR 39:1469 (June 2013).

§12535. Other Emergency Events (Non-Declared)

A. This section applies to emergency situations for which an executive order or proclamation of emergency or disaster, pursuant to R.S. 29:724 or R.S. 29:766, has not been issued.

B. The facility need review bed approvals for a licensed and Medicaid certified nursing facility or ICF/DD, or for a licensed ARCP that is rendered unable to provide services to the public because of an emergency situation or disaster, including, but not limited to, fire, flood, tornado or other condition for which the provider is not primarily responsible, shall remain in effect and shall not be terminated, revoked or considered to have expired for a period not to exceed two years for a nursing facility or ARCP, and one year for an ICF/DD, following the date of such emergency situation or disaster, provided that the following conditions are met:

1. the nursing facility, ICF/DD, or ARCP shall submit written notification to the Health Standards Section within 30 days of the date of the emergency situation or disaster that:

a. the nursing facility, ICF/DD, or ARCP has experienced an interruption in the provisions of services as a result of conditions that are described in §12535.B;

b. the nursing facility, ICF/DD, or ARCP intends to resume operation as a nursing facility, ICF/DD, or ARCP in the same service area;

i. if the ICF/DD was approved through an RFP, the ICF/DD must conform to the requirements of the RFP as defined by the department; and

c. includes an attestation that the emergency situation or disaster is the sole causal factor in the interruption of the provision of services;

2. the nursing facility, ARCP, or ICF/DD resumes operating as a nursing facility or ICF/DD in the same service area, within two years for a nursing facility or ARCP, and within one year for an ICF/DD, of the disaster or catastrophic condition; and

3. the nursing facility, ARCP, or ICF/DD continues to submit the required documentation and information to the department.

E. The provisions of this Section shall not apply to:

1. a nursing facility, adult residential care facility, or ICF/DD which has voluntarily surrendered its facility need review bed approval; or

2. a nursing facility, ARCP, or ICF/DD which fails to resume operations as a nursing facility or ICF/DD in the same service area, within two years for a nursing facility or ARCP, and within one year for an ICF/DD, of the emergency condition or disaster .

F. Failure to comply with any of the provisions of this Section shall be deemed a voluntary surrender of the facility need review bed approvals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2116.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:1470 (June 2013).

Kathy H. Kliebert
Interim Secretary

1306#061

RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services
Non-Rural, Non-State Public Hospitals
Reimbursement Methodology (LAC 50:V.963)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:V.963 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 9. Non-Rural, Non-State Hospitals
Subchapter B. Reimbursement Methodology
§963. Public Hospitals

A. - D.2. …

E. In the event that there is allowable non-state public upper payment limit that is not utilized, additional non-state public hospitals as defined by the department may be qualified for this payment.

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

HISTORICAL NOTE: HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:2772 (November 2012), amended LR 38:3181 (December 2012), repromulgated LR 39:95 (January, 2013), amended LR 39:1471 (June 2013).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Kathy H. Kliebert
Interim Secretary

1306#062

RULE

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Aging and Adult Services

Nursing Facilities—Standards for Payment
Level of Care Determinations
(LAC 50:II.10154 and 10156)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services have amended LAC 50:II.10154 and §10156 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part II. Medical Assistance Program
Subpart 3. Standards for Payment
Chapter 101. Standards for Payment for Nursing Facilities
Subchapter G. Levels of Care
§10154. Nursing Facility Level of Care Determinations

A. - E. ...

F. If on an audit review or other subsequent face-to-face LOC assessment, the LOC findings are determined to be incorrect or it is found that the individual no longer meets level of care, the audit or subsequent face-to-face LOC assessment findings will prevail.

G. ...

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, Division of Long Term Supports and Services, LR 32:2083 (November 2006), amended by the Office of Aging and Adult Services, LR 34:1032 (June 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:341 (January 2011), LR 39:1471 (2013).

§10156. Level of Care Pathways

A. - D. ...

1. The intent of this pathway is to determine the individual's self-care performance in activities of daily living during a specified look-back period (e.g., the last seven days, last three days, etc. from the date the LOC assessment was completed) , as specified in prescribed screening and assessment tools.

D.2. - E.1.c. ...

2. In order for an individual to be approved under the Cognitive Performance Pathway, the individual must have any one of the conditions noted in a. through m. below:

a. be severely impaired in daily decision making (never or rarely makes decisions);

b. have a short term memory problem and daily decision making is moderately impaired (e.g., the individual's decisions are consistently poor or unsafe, cues or supervision is required at all times);

c. have a short term memory problem and daily decision making is severely impaired (e.g., never or rarely makes decisions);

d. have a memory problem and is sometimes understood (e.g., the individual's ability is limited to making concrete requests);

e. have a short term memory problem and is rarely or never understood;

f. be moderately impaired in daily decision making (e.g., the individual's decisions are consistently poor or unsafe, cues or supervision is required at all times) and the individual is usually understood, (e.g., the individual has difficulty finding words or finishing thoughts and prompting may be required);

g. be moderately impaired in daily decision making (e.g., the individual's decisions are consistently poor or unsafe, cues or supervision is required at all times) and the individual is sometimes understood (e.g., his/her ability is limited to making concrete requests);

h. be moderately impaired in daily decision making (e.g., the individual's decisions are consistently poor or unsafe, cues or supervision is required at all times) and the individual is rarely or never understood;

i. …

j. be severely impaired in daily decision making (e.g., never or rarely makes decisions) and the individual is sometimes understood (e.g., his/her ability is limited to making concrete requests);

k. …

l. be minimally impaired in daily decision making (e.g., the individual has some difficulty in new situations or his/her decisions are poor and requires cues and supervision in specific situations only) and the individual is sometimes understood (e.g., the individual's ability is limited to making concrete requests); or

m. be minimally impaired in daily decision making (e.g., the individual has some difficulty in new situations or his/her decisions are poor, cues and supervision are required

in specific situations only) and the individual is rarely or never understood.

F. - F.2. ...

3. In order for an individual to be approved under the Physician Involvement Pathway, the individual must have one day of doctor visits and at least four new order changes within the last 14 days and:

a. at least two days of doctor visits and at least two new order changes within the last 14 days; or

b. supporting documentation for the specific condition(s) identified and deemed applicable by OAAS. Acceptable documentation may include:

i. a copy of the physician's orders;

ii. the home health care plans documenting the diagnosis, treatments and conditions within the designated time frames; or

iii. the appropriate form designated by OAAS to document the individual's medical status and condition.

F.3.c. - F.3.c.iii. Repealed.

F.4. - G.1.e. ...

f. daily respiratory therapy provided by a qualified professional in the last 14 days;

G.1.g. - G.2. ...

a. any one of the conditions listed in §10156.G.1.a.-h.; and

G.2.b - H.1. ...

2. In order for an individual to be approved under the Skilled Rehabilitation Therapies Pathway, the individual must have:

a. received at least 45 minutes of active physical therapy, occupational therapy, and/or speech therapy during the last seven days; or

b. at least 45 minutes of active physical therapy, occupational therapy, and/or speech therapy scheduled for the next seven days as specified in the applicable screening/assessment tool and supporting documentation for the specific condition(s) identified and deemed applicable by OAAS. Acceptable documentation may include:

i. a copy of the physician's orders for the scheduled therapy;

ii. the home health care plan notes indicating the therapy received during the required look-back period;

iii. progress notes indicating the physical, occupational, and/or speech therapy received or scheduled;

iv. nursing facility or hospital discharge plans indicating the therapy received for the required look-back period or therapy scheduled for the required look-forward period; or

v. the appropriate form designated by OAAS to document the individual's medical status and condition.

H.2.c. - H.2.c.v. Repealed.

3. This pathway is approved for limited stay/length of service as deemed appropriate by OAAS.

I. Behavior Pathway

1. The intent of this pathway is to identify individuals who have experienced repetitive behavioral challenges which have impacted his/her ability to function in the community during the specified screening/assessment look-back period. The behavior challenges may include:

a. - b. …

c. socially inappropriate behavior; or

d. …

2. In order for an individual to be approved under the Behavior Pathway, the individual must have:

a. exhibited any one of the following behaviors four to six days of the look-back period, but less than daily as specified in the prescribed screening/assessment tool:

i - iii. ...

iv. socially inappropriate or disruptive.

v. Repealed.

b. - b.iv. ...

v. Repealed.

c. ...

J. Service Dependency Pathway

1. The intent of this pathway is to identify individuals who are currently in a nursing facility or receiving services through the Adult Day Health Care Waiver, the Community Choices Waiver, Program of All Inclusive Care for the Elderly (PACE) or receiving long-term personal care services.

2. - 3. ...

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, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:342 (January 2011), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:1471 (June 2013).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Kathy H. Kliebert
Interim Secretary

1306#063

RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services
Non-Rural, Non-State Public Hospitals
Supplemental Payments
(LAC 50:V.5315, 5515, 5717, 5915 and 6117)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:V.5315, §5515, §5717, §5915 and §6117 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 5. Outpatient Hospitals
Chapter 53. Outpatient Surgery
Subchapter B. Reimbursement Methodology
§5315. Non-Rural, Non-State Public Hospitals

A. Effective for dates of service on or after October 1, 2012, quarterly supplemental payments may be issued to qualifying non-rural, non-state public hospitals for outpatient

surgical services rendered during the quarter. Payment amounts may be reimbursed up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying criteria. In order to qualify for the quarterly supplemental payment, the non-rural, non-state public acute care hospital must be designated as a major teaching hospital by the department in state fiscal year 2011 and have provided at least 17,000 Medicaid acute care and distinct part psychiatric unit paid days for state fiscal year 2010 dates of service.

2. Each qualifying hospital may receive quarterly supplemental payments for the outpatient services rendered during the quarter. Quarterly payments may be the difference between each qualifying hospital's outpatient Medicaid billed charges and the Medicaid payments the hospital receives for covered outpatient services provided to Medicaid recipients. Medicaid billed charges and payments will be based on a 12 consecutive month period for claims data selected by the department.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2867 (December 2010), amended LR 39:1473 (June 2013).

Chapter 55. Clinic Services

Subchapter B. Reimbursement Methodology

§5515. Non-Rural, Non-State Public Hospitals

A. Effective for dates of service on or after October 1, 2012, quarterly supplemental payments may be issued to qualifying non-rural, non-state public hospitals for clinic services rendered during the quarter. Payment amounts may be reimbursed up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying criteria. In order to qualify for the quarterly supplemental payment, the non-rural, non-state public acute care hospital must be designated as a major teaching hospital by the department in state fiscal year 2011 and have provided at least 17,000 Medicaid acute care and distinct part psychiatric unit paid days for state fiscal year 2010 dates of service.

2. Each qualifying hospital may receive quarterly supplemental payments for the outpatient services rendered during the quarter. Quarterly payments may be the difference between each qualifying hospital's outpatient Medicaid billed charges and the Medicaid payments the hospital receives for covered outpatient services provided to Medicaid recipients. Medicaid billed charges and payments will be based on a 12 consecutive month period for claims data selected by the department.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2867 (December 2010), amended LR 39:1473 (June 2013).

Chapter 57. Laboratory Services

Subchapter B. Reimbursement Methodology

§5717. Non-Rural, Non-State Public Hospitals

A. Effective for dates of service on or after October 1, 2012, quarterly supplemental payments may be issued to qualifying non-rural, non-state public hospitals for laboratory services rendered during the quarter. Payment amounts may be reimbursed up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying criteria. In order to qualify for the quarterly supplemental payment, the non-rural, non-state public acute care hospital must be designated as a major teaching hospital by the department in state fiscal year 2011 and have provided at least 17,000 Medicaid acute care and distinct part psychiatric unit paid days for state fiscal year 2010 dates of service.

2. Each qualifying hospital may receive quarterly supplemental payments for the outpatient services rendered during the quarter. Quarterly payments may be the difference between each qualifying hospital's outpatient Medicaid billed charges and the Medicaid payments the hospital receives for covered outpatient services provided to Medicaid recipients. Medicaid billed charges and payments will be based on a 12 consecutive month period for claims data selected by the department.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2868 (December 2010), LR 39:1473 (June 2013).

Chapter 59. Rehabilitation Services

Subchapter B. Reimbursement Methodology

§5915. Non-Rural, Non-State Public Hospitals

A. Effective for dates of service on or after October 1, 2012, quarterly supplemental payments may be issued to qualifying non-rural, non-state public hospitals for rehabilitation services rendered during the quarter. Payment amounts may be reimbursed up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying criteria. In order to qualify for the quarterly supplemental payment, the non-rural, non-state public acute care hospital must be designated as a major teaching hospital by the department in state fiscal year 2011 and have provided at least 17,000 Medicaid acute care and distinct part psychiatric unit paid days for state fiscal year 2010 dates of service.

2. Each qualifying hospital may receive quarterly supplemental payments for the outpatient services rendered during the quarter. Quarterly payments may be the difference between each qualifying hospital's outpatient Medicaid billed charges and the Medicaid payments the hospital receives for covered outpatient services provided to Medicaid recipients. Medicaid billed charges and payments will be based on a 12 consecutive month period for claims data selected by the department.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2867 (December 2010), amended LR 39:1473 (June 2013).

Chapter 61. Other Outpatient Hospital Services

Subchapter B. Reimbursement Methodology

§6117. Non-Rural, Non-State Public Hospitals

A. Effective for dates of service on or after October 1, 2012, quarterly supplemental payments may be issued to qualifying non-rural, non-state public hospitals for outpatient services other than clinic services, diagnostic laboratory services, outpatient surgeries and rehabilitation services rendered during the quarter. Payment amounts may be

reimbursed up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying criteria. In order to qualify for the quarterly supplemental payment, the non-rural, non-state public acute care hospital must be designated as a major teaching hospital by the department in state fiscal year 2011 and have provided at least 17,000 Medicaid acute care and distinct part psychiatric unit paid days for state fiscal year 2010 dates of service.

2. Each qualifying hospital may receive quarterly supplemental payments for the outpatient services rendered during the quarter. Quarterly payments may be the difference between each qualifying hospital's outpatient Medicaid billed charges and the Medicaid payments the hospital receives for covered outpatient services provided to Medicaid recipients. Medicaid billed charges and payments will be based on a 12 consecutive month period for claims data selected by the department.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2867 (December 2010), amended LR 39:1473 (June 2013).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Kathy H. Kliebert
Interim Secretary

1306#064

RULE

Department of Natural Resources
Office of Coastal Management

Mitigation Bank Review Procedures
(LAC 43:I.700 and 724)

Under the authority of R.S. 49:214.21-49:214.41, and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:450 et seq., the Department of Natural Resources, Office of Coastal Management amends LAC 43:I.700 and 724 relative to the review of mitigation bank proposals, and related matters.

This Rule amendment is intended to assist in streamlining the present mitigation bank review process: make mitigation bank review more consistent with federal agencies' review; make the state review process of mitigation banks less burdensome on mitigation bank sponsors; and reduce the time required for mitigation bank proposal review.

Title 43
NATURAL RESOURCES
Part I. Office of the Secretary
Chapter 7. Coastal Management
Subchapter A. Definitions
§700. Definitions

Administrator—the administrator of the Office of Coastal Management of the Department of Natural Resources.

* * *

Coastal Resources—wetlands, beaches, dunes, salt domes, reefs, Cheniers, and other rare or ecologically sensitive areas as determined by the secretary.

* * *

Geologic Review Procedure—a process by which alternative methods, including alternative locations, for oil and gas exploration are evaluated on their environmental, technical, and economic merits on an individual basis; alternative methods, including alternative locations, of oil and gas production and transmission activities which are specifically associated with the proposed exploration activity shall also be evaluated in this process. These alternative methods, including alternative locations, are presented and evaluated at a meeting by a group of representatives of the involved parties. A geologic review group is composed, at a minimum, of representatives of the applicant, a petroleum geologist and a petroleum engineer representing the Office of Coastal Management and/or the New Orleans District Corps of Engineers, and a representative of the Office of Coastal Management Permit Section, and may include, but is not limited to, representatives of the Louisiana Department of Wildlife and Fisheries, the Louisiana Department of Environmental Quality, the U.S. Army Corps of Engineers, the U.S. Fish and Wildlife Service, the U.S. National Marine Fisheries Service, and the U.S. Environmental Protection Agency.

* * *

Louisiana Coastal Wetlands Conservation Plan—this Plan, an agreement between the State and the Environmental Protection Agency (EPA), U.S. Army Corps of Engineers (USACE), and U.S. Fish and Wildlife Service (USFWS), delineates an area of current and historic tidally influenced wetlands in the Louisiana coastal area. As one of the elements of this plan, the state of Louisiana pledged a goal of no net loss of coastal wetland value due to permitted activities.

* * *

Mitigation Measure—any activity that provides a net ecological benefit to wetland habitat—an ecological enhancement. These measures seek to restore and/or enhance coastal wetland habitat. Examples of *mitigation measures* include but are not limited to:

1. vegetation plantings;
2. marsh creation;
3. hydrology improvement;
4. converting a non-wetland site to a wetland;
5. etc.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 49:214.21-49:214.41.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 21:835 (August 1995), amended by the Office of Coastal Restoration and Management, LR 28:516 (March 2002), amended by the Department of Natural Resources, Office of the Secretary, LR 35:2183 (October 2009), amended by the Department of Natural Resources, Office of Coastal Management, LR 39:1474 (June 2013).

Subchapter C. Coastal Use Permits and Mitigation
§724. Rules and Procedures for Mitigation

A. - D.2. …

E. Compensatory Mitigation Options

1. Compensatory mitigation shall be accomplished through one or more of the following compensatory mitigation options as approved by the secretary:

a. implementation of an individual mitigation measure or measures to offset the unavoidable ecological value losses associated with the permitted activity, pursuant to §724.H;

b. use or acquisition of an appropriate type and quantity of mitigation credits from a mitigation bank approved by the secretary, pursuant to §724.F, or use of an appropriate type and quantity of mitigation credits from a bank that has been approved by the secretary after department review of that bank's mitigation banking instrument, once that instrument is executed by a USACE district engineer;

c. monetary contribution to the Louisiana Wetlands Conservation and Restoration Fund (Coastal Mitigation Account), pursuant to §724.I; and Question: Is there justification for deleting "affected landowner, affected parish, and/or the " in this subsection?

d. other compensatory mitigation options determined to be appropriate by the secretary.

F. Mitigation Banks

1. The secretary shall provide, without charging a fee, potential mitigation bank sponsors an opportunity to present a preliminary proposal and to receive informal input from the department prior to formally initiating the review process described in the remainder of this Subsection.

2. The secretary shall consider proposals by federal and state agencies, boards, commissions, departments, political subdivisions, corporate bodies, local governing bodies, and private persons or entities to establish wetland mitigation banks. In all cases when a proposed mitigation bank would have impacts on coastal waters, the secretary shall ensure that the department's rules and regulations are incorporated into the review process and agreement document prior to the department becoming a signatory agency.

3. All formal proposals for establishing mitigation banks shall be considered as follows:

a. applications for mitigation bank formal review must be submitted in writing and contain the following:

i. the mitigation bank initial evaluation fee identified in Paragraph 3 of this Subsection;

ii. if the mitigation bank must be permitted, the applicant must state that all necessary permits have been obtained;

iii. a scope of work that does the following:

(a). identifies the coastal resources or habitat restoration activity that the applicant is proposing (e.g., marsh creation, shoreline protection, planting, etc.);

(b). describes the proposed construction activities; and

(c). provides information on how the proposed restoration activity will establish and/or sustain coastal plant communities;

iv. a detailed explanation providing the reasons the proposed site requires coastal resources re-establishment or habitat restoration (i.e., What is the coastal resource or habitat problem or opportunity and why is the proposed measure needed? For example: the shoreline is retreating, the site is a prior converted coastal resource with restoration opportunity, the existing habitat is degraded, etc.);

v. on-site habitat loss rates. The average land loss rate (acres-per-year) and the shoreline erosion rate (linear feet per year) shall be provided;

vi. geographic location. The exact limits/location (latitude and longitude) of the proposed coastal resources or habitat restoration site, center coordinate (GCS NAD 83), plan view plats with the exact coordinates for all boundary corners, and a legal description of the property including section, township, range, and parish where the restoration is to occur;

vii. a list of landowner(s) and addresses for the proposed coastal resources or habitat restoration site; and

viii. the extent of the proposed work: total acreage benefited by the proposed work;

ix. a detailed description of the existing site condition. A description of the soils, drainage patterns/hydrology, and a list all manmade structures occurring on the site shall be provided. Based on the conditions of the site, the secretary may request additional site information;

x. list the proposed habitat type(s): as forested wetland, fresh marsh, intermediate marsh, brackish marsh, saline marsh, fresh swamp, submerged aquatic vegetation and/or bottomland hardwoods;

xi. a long-term protection and maintenance plan (Marsh creation/restoration sites shall be maintained for 20 years, forested wetland sites shall be maintained for 50 years.). A plan for establishing coastal resource vegetation in the event the initial planting fails; a plan for invasive and exotic species management; and a plan for all maintenance and/or management activities (include all timber stand improvement activities);

xii. a planting plan shall include:

(a). planting density of trees per acre;

(b). seedlings size and type of container;

(c). number of marsh grass transplants planted;

(d). size of marsh grass transplants and type of container;

(e). number of total acres to be planted; and

(f). expected survival rate after two growing seasons;

xiii. submittal information:

(a). the party responsible for the submittal and the name of the applicant or landowner;

(b). the domiciliary address;

(c). the name of the agent or contact if different from applicant; and

(d). the mailing address of the agent if different.

4. In determining the acceptability and appropriateness of establishing a mitigation bank, the secretary shall consider the following factors:

a. the entirety of the potential mitigation bank sponsor's history of compliance with governmental programs, including, but not limited to, federal, state, county/parish and local laws, rules and/or regulations;

b. the time period the mitigation bank sponsor can operate and maintain the mitigation bank through the life of the bank (i.e., 20 years for marsh mitigation banks or 50 years for forested wetland mitigation banks) as outlined in the mitigation banking instrument;

c. the mitigation bank's potential to create, restore, protect, enhance, and/or under certain circumstances, preserve coastal resources;

d. the mitigation bank's potential effect (positive or negative) on coastal resource values such as fish and wildlife habitat (particularly rare habitat or habitat for rare fauna), floodwater storage, water quality improvement, storm surge protection, etc.;

e. the mitigation bank's potential effect (positive or negative) on lands and coastal resources values adjacent to or in the vicinity of the bank;

f. whether the proposed project is included on, consistent with, or in conflict with any state and/or federal project list, general plan, or other effort designed to create, restore, protect, enhance, or preserve coastal resources, including, but not limited to, the Louisiana comprehensive master plan for a sustainable coast and any future such plan as well as any iteration or revision of such plan.

5. The secretary will process applications for mitigation banks according to §723 and consistent with operating procedures and federal regulations on consistency at 15 CFR 930. All necessary federal, state, and local authorizations required to construct the mitigation bank must be obtained by the bank sponsor. In addition to the fees identified at §723.C.3.a.i-ii, nonrefundable fees shall be charged for the initial evaluation, habitat evaluation, establishment, and periodic review of mitigation banks according to the following table.

Proposed Mitigation Bank Acreage	Informal Review	Initial Evaluation Fee	Habitat Evaluation Fee	Establishment Fee	Periodic Review Fee
0 - 100	$0	$ 75	$ 350	$ 75	$ 50
101 - 500	$0	$150	$ 700	$150	$100
501 - 1,000	$0	$225	$1,050	$225	$200
1,001 - 5,000	$0	$300	$1,400	$300	$300
> 5,000	$0	$375	$1,750	$375	$400

a. Within 90 days of the secretary's acceptance of the request as complete, the secretary shall render a preliminary determination as to whether the project would be acceptable as a mitigation bank and:

i. if the project is preliminarily determined to be acceptable as a mitigation bank, the secretary shall inform the potential sponsor of such determination in writing; or

ii. if a project is preliminarily determined to be unacceptable as a mitigation bank, the secretary shall advise the potential bank sponsor, in writing, of the reasons for such a determination and, if applicable, the secretary may suggest modifications which could render the project preliminarily acceptable as a mitigation bank; and

iii once the project is preliminarily determined to be acceptable as a mitigation bank, the secretary shall require the potential bank sponsor, within 30 days of written notice, to remit the mitigation bank habitat evaluation fee.

6. Within 90 days of receipt of the mitigation bank habitat evaluation fee, the secretary, in collaboration with the members of the interagency review team (IRT), shall determine the quantity, by habitat type, of mitigation habitat credits potentially available for donation, sale, trade, or use from the proposed mitigation bank as follows.

a. The secretary shall invite the members of the IRT and the potential mitigation bank sponsor to participate in the determination of potential mitigation habitat credits. The secretary shall consider the comments of the members of the IRT and the potential mitigation bank sponsor made during each field investigation or other meeting held to determine the type and quantity of potentially available mitigation habitat credits.

b. The total quantity of potential mitigation habitat credits, by habitat type, attributable to the proposed mitigation bank shall be evaluated by applying the methodology described in §724.C. The sponsor shall ensure that data gathering techniques of sufficient quality and intensity are used to allow replication of habitat response assessments throughout the mitigation bank life.

c. Mitigation habitat credits which are donated, sold, traded, or otherwise used for compensatory mitigation shall be referred to as debited credits.

d. The secretary shall render a final determination as to whether the project proposal would be acceptable as a mitigation bank. If the project is determined to be acceptable as a mitigation bank, the secretary and the mitigation bank sponsor shall be a signing party to the mitigation banking instrument which fulfills the requirements of §724.F.7. The mitigation banking instrument shall serve as the formal document which designates a project as a mitigation bank. The Department of the Army (DA), each state advisory agency, and each federal advisory agency may indicate its approval of the mitigation bank by signing the mitigation banking instrument.

e. If a permit modification is necessary and is requested by the permittee in accordance with §723.D, the secretary shall process the request for modification in accordance with §723.D.

7. The formal mitigation banking instrument shall, at a minimum, include the following:

a. a statement of need for bank establishment;

b. a statement describing the goals and objectives of the mitigation bank and timing for performing the specified mitigation;

c. present ownership of the lands upon which the mitigation bank will be located, to include but not limited to:

i. the legal name of the property owner and nature and verification of the arrangement between the landowner and sponsor; and

ii. a statement describing any right not held by the bank sponsor the exercise of which would interfere with the sponsors operation of the bank;

d. total acreage of bank, physical boundaries, a legal description of the property where the bank is to be located, including section, township, range, and parish and a description of baseline conditions, including descriptions and acreage of existing coastal resource types on the

property, land uses (prior, existing and projected), topography, description and map of soil types, and description of hydrologic conditions (including location of existing and proposed levees, water control structures, pumps, drainage ditches, and other drainage features);

e. a description of the mitigation plan, that includes but is not limited to:

i types and acreage of coastal resources to be created, restored, protected, enhanced, and/or preserved; and

ii a detailed description of all work that will be conducted to implement the mitigation plan and thereby produce the mitigation habitat credits, pertinent maps, drawings, aerial photography, planting specifications, and all proposed construction features such as plugs, water control structures, dikes, and land leveling;

f. a long-term maintenance and bank management plan that specifies the period of operation and maintenance of the mitigation bank (i.e. 20 years for marsh habitat and 50 years for forested habitat);

g. identification of the habitat assessment methodology utilized to establish the quantity of mitigation to be credited and the performance standards and success criteria to be used to determine credit availability and the need for remedial action;

h. a monitoring plan and reporting protocol;

i. a narrative statement describing contingency and remedial action plans and responsibilities including but not limited to revegetation and invasive and exotic species control;

j. the financial assurance established by the sponsor to guarantee the implementation and long-term management, maintenance, and monitoring of the mitigation bank, which may include a letter of credit, surety bond, escrow account or other mechanism if found to be acceptable by the secretary;

k. a calculation of mitigation habitat credits or mitigation/management potential based on the projected net increase in habitat value of the coastal resource area;

l. the geographic service area for the mitigation bank;

m. a narrative explanation of the credit reporting protocol and accounting procedures to be used by the sponsor for the mitigation bank;

n. the provisions for protecting the mitigation bank, including the details of the conservation servitude or other appropriate protection instrument;

o. a statement that to be effective all modifications, including transfer of ownership, to the mitigation banking instrument must be in writing and executed by all parties to the mitigation banking instrument; and

p. a statement that addresses provisions for force majeure damages.

8. Mechanisms for Ensuring Remediation, Operation, and Maintenance of Mitigation Bank Features

a. Mitigation habitat credits shall be made available to the mitigation bank sponsor incrementally over the life of the bank based on periodic review of provisions specified in the mitigation banking instrument, provided that:

i. the mitigation bank sponsor has established and recorded a conservation servitude pursuant to §724.F.8.b or other appropriate legal instrument for the conservation and/or protection of the property included in the mitigation bank;

ii. the mitigation bank sponsor provides financial assurance that will insure the availability of funds, for the life of the bank, for remediation (as may be needed for expected and unexpected events), operation, and/or maintenance of the mitigation bank;

iii. the mitigation bank sponsor shall provide for long-term maintenance and operation as specified in the mitigation banking instrument. Should the sponsor fail to remediate, operate, or maintain the mitigation bank in accordance with the mitigation banking instrument, corrective actions shall take place as specified in the mitigation banking instrument;

iv. the mitigation banking instrument has been executed by the parties thereto; and

v. the regulatory permit(s) required to perform the mitigative work has/have been issued.

b. If a conservation servitude is utilized for conservation and protection of the property included in the mitigation bank, it shall be established in accordance with R.S. 9:1271 et seq., and shall:

i. cover all the property located within the mitigation bank;

ii. if timber harvesting will occur, contain specific language regarding the extent of allowable timber harvesting;

iii. contain specific language regarding the extent of other allowable activities;

iv. prohibit all other activities which may reduce the ecological value of the site;

v. specify the term to be 20 years or more for marsh habitats and 50 years or more for forested habitats as outlined in the mitigation banking instrument;

vi. designate the holder of the servitude;

vii. convey a third party right of enforcement to any interested mitigation banking instrument signatory or other party as may be mutually agreed to by the secretary and the mitigation bank sponsor; and

viii. be recorded in the official conveyance records of the clerk of court for the parish in which the property is located.

c. The financial assurance established by the mitigation bank sponsor shall be acceptable to the secretary and shall:

i. ensure payment of the designated amount for remediation, operation, or maintenance of the mitigation measures for a period equal to the life of the mitigation bank; and

ii. ensure that such payments would be made to a party designated in the mitigation banking instrument in the event that the mitigation bank sponsor fails to perform the remediation, operation, or maintenance specified in the mitigation banking instrument.

9. Periodic Review

a. When the secretary determines that a periodic review of the mitigation bank habitat value is warranted, which review shall, in any event, occur at least every five years, the sponsor will be notified in writing and an invoice for payment of the periodic review fee will be issued to the bank sponsor.

i. Payment of the fee will be made to the department within 60 calendar days of being requested to do so by the secretary.

ii. Failure to make payment within 60 days may result in suspension or termination of the authority to issue credits.

iii. The state, members of the IRT, and the mitigation bank sponsor may be invited to participate in each mitigation bank success criteria review; the secretary shall give due consideration to the comments of the members of the IRT and the mitigation bank sponsor made during, or received in writing within 20 days of, each field investigation or other meeting related to these reviews.

iv. The purpose of periodic reviews is to:

(a). evaluate actual bank performance based upon the criteria set forth in the mitigation banking instrument;

(b). develop, where possible, suggestions that the bank sponsor may implement to improve and/or enhance habitat function and bank performance; and

(c). determine if any remediation or adjustments to the prescribed operation or maintenance will be required to avoid a reduction in habitat value credit.

b. If any periodic review or field investigation of the bank indicates that the mitigation measures are not functioning as projected, habitat credit issuance and the sale of credits shall be suspended pending the recalculation of projected credits and/or it is demonstrated that the mitigation measures are functioning as predicted.

c. Credits shall be made available to the mitigation bank sponsor in accordance with the credit release schedule contained in the mitigation banking instrument.

10. Use of Mitigation Banks for Meeting Compensatory Mitigation Obligations

a. The mitigation bank shall not be considered operational until the following have been met:

i. the mitigation bank sponsor has submitted to the department the mitigation bank establishment fee (§724.F.5);

ii. the mitigation banking instrument has been executed by the parties thereto and all required regulatory permits have been acquired;

iii. the bank sponsor has satisfied the requirements that it has in place, a satisfactory mechanism for ensuring remediation, operation, and maintenance of mitigation bank features as provided for above in this Section; and

iv. the compensatory mitigation measures described in an executed mitigation banking instrument have been fully implemented; or at least the initial phase of the mitigation measures have been implemented if the executed mitigation banking instrument calls for phased implementation.

b. A permit applicant may acquire, subject to prior approval by the secretary, mitigation habitat credits from the sponsor of an approved mitigation bank to meet compensatory mitigation requirements; the applicant is required to provide written evidence from the bank sponsor to the secretary that such acquisition has taken place; the applicant's responsibility for this component of the compensatory mitigation requirement ceases upon receipt of such evidence by the secretary; mitigation habitat credits may be acquired as compensatory mitigation for activities which are not subject to this Chapter, provided that the secretary is advised of any such transactions; acquired credits shall be debited from available credits.

c. The bank sponsor shall maintain an account of total, available, and debited credits for each approved mitigation bank as set forth in the mitigation banking instrument, and provide an accounting within 30 days of request by the secretary and as specified in the mitigation banking instrument.

11. Any donation, sale, trade, use, or other transfer of mitigation habitat credits, for any purpose other than satisfying compensatory mitigation obligations must receive prior written approval by the secretary, and must be deducted from the amount of available credits.

12. These regulations (as amended) will only be effective after their effective date and any applications for mitigation banks pending as of the effective date of these regulations (as amended) will be governed by the regulations in effect at the time of its filing.

G. - K.7.d.ii …

AUTHORITY NOTE: Promulgated in accordance with R.S. 49:214.21-49:214.41.

HISTORICAL NOTE: Promulgated by the Department of Natural Resources, Office of the Secretary, LR 21:835 (August 1995), amended by the Department of Natural Resources, Office of Coastal Management, LR 39:1474 (June 2013).

Stephen Chustz
Interim Secretary

1306#026

RULE

Department of Public Safety and Corrections
Office of the State Fire Marshal

Code Enforcement and Building Safety
Fire Protection (LAC 55:V.103 and 303)

In accordance with the provisions of R.S. 40:1578.6(A), relative to the authority of the Office of State Fire Marshal to promulgate and enforce rules, the Office of State Fire Marshal hereby amends the following Rule regarding the establishment of minimum standards.

Title 55
PUBLIC SAFETY
Part V. Fire Protection

Chapter 1. Preliminary Provisions

§103. General Provisions

A. It shall be the policy of the State Fire Marshal that in all instances or specifications provided in the statutes or in the codes referenced by the statutes, or by any specific references in administrative rulings by the State Fire Marshal, that the *Standard Building Code* published by the Southern Building Code Congress International, and the *International Building Code* published by the International Code Council, and the *National Fire Codes* published by the National Fire Protection Association as specifically identified in the following list, shall be used as the materials for determinations by the State Fire Marshal.

NFPA 1	2012 Edition	Fire Code
NFPA 10	2013 Edition	Standard for Portable Fire Extinguishers
NFPA 11	2010 Edition	Standard for Low-, Medium-, and High-Expansion Foam
NFPA 12	2011 Edition	Standard on Carbon Dioxide Extinguishing Systems
NFPA 12A	2009 Edition	Standard on Halon 1301 Fire Extinguishing Systems
NFPA 13	2013 Edition	Standard for the Installation of Sprinkler Systems
NFPA 13D	2013 Edition	Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes
NFPA 13R	2013 Edition	Standard for the Installation of Sprinkler Systems in Low-Rise Residential Occupancies
NFPA 14	2013 Edition	Standard for the Installation of Standpipes and Hose Systems
NFPA 15	2012 Edition	Standard for Water Spray Fixed Systems for Fire Protection
NFPA 16	2011 Edition	Standard for the Installation of Foam-Water Sprinkler and Foam-Water Spray Systems
NFPA 17	2013 Edition	Standard for Dry Chemical Extinguishing Systems
NFPA 17A	2013 Edition	Standard for Wet Chemical Extinguishing Systems
NFPA 18	2011 Edition	Standard on Wetting Agents
NFPA 20	2013 Edition	Standard for the Installation of Stationary Pumps for Fire Protection
NFPA 22	2013 Edition	Standard for Water Tanks for Private Fire Protection
NFPA 25	2011 Edition	Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems
NFPA 30	2012 Edition	Flammable and Combustible Liquids Code
NFPA 30A	2012 Edition	Code for Motor Fuel Dispensing Facilities and Repair Garages
NFPA 30B	2011 Edition	Code for the Manufacture and Storage of Aerosol Products
NFPA 31	2011 Edition	Standard for the Installation of Oil-Burning Equipment
NFPA 32	2011 Edition	Standard for Dry Cleaning Plants
NFPA 33	2011 Edition	Standard for Spray Application Using Flammable or Combustible Materials
NFPA 34	2011 Edition	Standard for Dipping, Coating, and Printing Processes Using Flammable or Combustible Liquids
NFPA 37	2010 Edition	Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines
NFPA 45	2011 Edition	Standard on Fire Protection for Laboratories Using Chemicals
NFPA 51	2013 Edition	Standard for the Design and Installation of Oxygen-Fuel Gas Systems for Welding, Cutting, and Allied Processes
NFPA 51B	2009 Edition	Standard for Fire Prevention During Welding, Cutting, and Other Hot Work
NFPA 52	2013 Edition	Vehicular Gaseous Fuel Systems Code
NFPA 53	2011 Edition	Recommended Practice on Materials, Equipment, and Systems Used in Oxygen-Enriched Atmospheres
NFPA 54	2012 Edition	National Fuel Gas Code
NFPA 55	2013 Edition	Compressed Gases and Cryogenic Fluids Code
NFPA 58	2011 Edition	Liquefied Petroleum Gas Code
NFPA 59A	2013 Edition	Standard for the Production, Storage, and Handling of Liquefied Natural Gas (LNG)
NFPA 61	2013 Edition	Standard for the Prevention of Fires and Dust Explosions in Agricultural and Food Processing Facilities
NFPA 68	2007 Edition	Standard on Explosion Protection by Deflagration Venting
NFPA 69	2008 Edition	Standard on Explosion Prevention Systems
NFPA 70	2011 Edition	National Electrical Code
NFPA 72	2013 Edition	National Fire Alarm and Signaling Code
NFPA 80	2013 Edition	Standard for Fire Doors and Other Opening Protectives
NFPA 82	2009 Edition	Standard on Incinerators and Waste and Linen Handling Systems and Equipment
NFPA 88A	2011 Edition	Standard for Parking Structures
NFPA 90A	2012 Edition	Standard for the Installation of Air-Conditioning and Ventilating Systems
NFPA 90B	2012 Edition	Standard for the Installation of Warm Air Heating and Air-Conditioning Systems
NFPA 92A	2009 Edition	Standard for Smoke-Control Systems Utilizing Barriers and Pressure Differences
NFPA 92B	2009 Edition	Guide for Smoke Management Systems in Malls, Atria, and Large Spaces
NFPA 96	2011 Edition	Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations
NFPA 99	2012 Edition	Standard for Health Care Facilities
NFPA 99B	2010 Edition	Standard for Hypobaric Facilities
NFPA 101	2012 Edition	Life Safety Code
NFPA 101A	2013 Edition	Guide on Alternative Approaches to Life Safety
NFPA 102	2011 Edition	Standard for Grandstands, Folding and Telescopic Seating, Tents, and Membrane Structures
NFPA 105	2013 Edition	Standard for the Installation of Smoke Door Assemblies and Other Opening Protectives
NFPA 110	2013 Edition	Standard for Emergency and Standby Power Systems
NFPA 111	2013 Edition	Standard on Stored Electrical Energy Emergency and Standby Power Systems
NFPA 140	2013 Edition	Standard on Motion Picture and Television Production Studio Soundstages, Approved Production Facilities, and Production Locations
NFPA 150	2013 Edition	Standard on Fire and Life Safety in Animal Housing Facilities
NFPA 160	2011 Edition	Standard for the Use of Flame Effects Before an Audience
NFPA 170	2012 Edition	Standard for Fire Safety and Emergency Symbols
NFPA 204	2012 Edition	Standard for Smoke and Heat Venting
NFPA 211	2013 Edition	Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances
NFPA 220	2012 Edition	Standard on Types of Building Construction
NFPA 221	2012 Edition	Standard for High Challenge Fire Walls, Fire Walls, and Fire Barrier Walls
NFPA 303	2011 Edition	Fire Protection Standard for Marinas and Boatyards
NFPA 307	2011 Edition	Standard for the Construction and Fire Protection of Marine Terminals, Piers, and Wharves

NFPA 400	2013 Edition	Hazardous Materials Code
NFPA 407	2012 Edition	Standard for Aircraft Fuel Servicing
NFPA 409	2011 Edition	Standard on Aircraft Hangars
NFPA 415	2013 Edition	Standard on Airport Terminal Buildings, Fueling Ramp Drainage, and Loading Walkways
NFPA 418	2011 Edition	Standard for Heliports
NFPA 484	2012 Edition	Standard for Combustible Metals
NFPA 495	2013 Edition	Explosive Materials Code
NFPA 654	2013 Edition	Standard for the Prevention of Fire and Dust Explosions from the Manufacturing, Processing, and Handling of Combustible Particulate Solids
NFPA 664	2012 Edition	Standard for the Prevention of Fires and Explosions in Wood Processing and Woodworking Facilities
NFPA 701	2010 Edition	Standard Methods of Fire Tests for Flame Propagation of Textiles and Films
NFPA 703	2012 Edition	Standard for Fire-Retardant Treated Wood and Fire-Retardant Coatings for Building Materials
NFPA 750	2010 Edition	Standard on Water Mist Fire Protection Systems
NFPA 801	2008 Edition	Standard for Fire Protection For Facilities Handling Radioactive Materials
NFPA 820	2012 Edition	Standard for Fire Protection in Wastewater Treatment and Collection Facilities
NFPA 901	2011 Edition	Standard Classifications for Incident Reporting and Fire Protection Data
NFPA 909	2010 Edition	Code for the Protection of Cultural Resource Properties - Museums, Libraries, and Places of Worship
NFPA 914	2010 Edition	Code for Fire Protection of Historic Structures
NFPA 1031	2009 Edition	Standard for Professional Qualifications for Fire Inspector and Plan Examiner
NFPA 1123	2010 Edition	Code for Fireworks Display
NFPA 1124	2013 Edition	Code for the Manufacture, Transportation, Storage, and Retail Sales of Fireworks and Pyrotechnic Articles
NFPA 1126	2011 Edition	Standard for the Use of Pyrotechnics before a Proximate Audience
NFPA 1221	2013 Edition	Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems
NFPA 1402	2012 Edition	Guide to Building Fire Service Training Centers
NFPA 1403	2012 Edition	Standard on Live Fire Training Evolutions
NFPA 1961	2013 Edition	Standard on Fire Hose
NFPA 1962	2013 Edition	Standard for the Inspection, Care, and Use of Fire Hose, Couplings, and Nozzles and the Service Testing of Fire Hose
NFPA 2001	2012 Edition	Standard on Clean Agent Fire Extinguishing Systems

B. All inspections and other evaluations of buildings constructed or remodeled pursuant to plans submitted to the Office of State Fire Marshal for review shall be made utilizing new construction requirements set forth in the *Life Safety Code* published by the National Fire Protection Association and the "Special Provisions for High-Rise Building" Section of the *Standard Building Code* published by the Southern Building Code Congress International as follows.

Building Constructed or Remodeled	Life Safety Code Edition	Section/Standard Building Code Edition	Sections/ International Building Code Edition
prior to 1/1/1975	1967	-	-
1/1/1975 to 12/31/1979	1973	518 / 1974 Chapter 4 revisions to 1973	-
1/1/1980 to 8/31/1981	1976	518 / 1974 Chapter 4 revisions to 1973	-
9/1/1981 to 8/31/1986	1981	506 / 1979	-
9/1/1986 to 2/18/1989	1985	506 / 1985	-
2/19/1989 to 5/31/1992	1988	506 / 1985	-
6/1/1992 to 1/4/1995	1991	506 / 1988	-
1/5/1995 to 5/31/1998	1994	506 / 1991	-
6/1/1998 to 6/30/2001	1997	412 / 1994	-
7/1/2001 to 12/31/2001	2000	412 / 1994	-
1/1/2002 to 6/30/2004	2000	412 / 1997	-
7/1/2004 to 9/30/2007	2003	-	-
10/1/2007 to 6/30/2010	2006	-	-
7/1/2010 to 12/31/2013	2009	-	-
after 1/1/2014	2012	-	9 & 10 / 2012

C. - K. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1651(B).

HISTORICAL NOTE: Promulgated by the Department of Public Safety, Office of Fire Protection, LR 1:145 (February 1975), amended LR 5:468 (December 1979), LR 6:71 (February 1980), amended by the Office of the State Fire Marshal, LR 7:588 (November 1981), LR 9:417 (June 1983), amended by the Department of Public Safety and Corrections, Office of the State Fire Marshal, LR 15:96 (February 1989), LR 17:1114 (November 1991), LR 23:1688 (December 1997), LR 27:857 (June 2001), LR 27:2257 (December 2001), repromulgated LR 29:183 (February 2003), amended LR 30:1303 (June 2004), LR 33:671 (April 2007), LR 36:1564 (July 2010), LR 39:1478 (June 2013).

Chapter 3. Buildings

§303. Plans and Specifications for New Buildings

A. As of January 1, 2014, the plans and specifications for every structure built or remodeled in the state of Louisiana shall be submitted for review and must be drawn in accordance with the requirements of the following publications:

1. the 2012 Edition of the *Life and Safety Code* (excluding Chapter 5, which may be used as a basis for appeal equivalency determinations), and Chapters 9 and 10 of the most recently adopted International Building Code (IBC), for every structure built or remodeled in the state of Louisiana;

2. the most recently adopted edition of LSUCC for every contracted building code review;

3. the 2011 NFPA 307 for Marine Terminals, Piers and Wharves;

4. the 2013 NFPA 400 for Storage of Ammonium Nitrate and other Hazardous Materials;

5. the 2011 NFPA 409 for Aircraft Hangars;

6. The 2013 editions of NFPA 13 for Sprinkler Systems, NFPA 13D for Domestic Sprinkler Systems, NFPA 13R for Residential Sprinkler Systems, and NFPA 20 for Stationary Fire Pumps.

B. - E. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1651(B).

HISTORICAL NOTE: Promulgated by the Department of Public Safety, Office of Fire Protection, LR 1:143 (February 1975), amended LR 5:468 (December 1979), LR 6:72 (February 1980),

amended by the Office of the State Fire Marshal, LR 7:344 (July 1981), LR 7:588 (November 1981), LR 9:417 (June 1983), amended by the Department of Public Safety and Corrections, Office of the State Fire Marshal, LR 12:116 (February 1986), LR 15:96 (February 1989), LR 17:1115 (November 1991), LR 23:1692 (December 1997), LR 30:1305 (June 2004), LR 33:673 (April 2007), LR 36:1565 (July 2010), LR 39:1480 (2013).

Jill P. Boudreaux
Undersecretary

1306#075

RULE

Department of Transportation and Development
Professional Engineering and Land Surveying Board

Compiled As-Built Record Drawings and Continuing Professional Development Credit for Thesis Directors
(LAC 46:LXI.2701, 3111, and 3113)

Under the authority of the Louisiana professional engineering and land surveying licensure law, R.S. 37:681 et seq., and in accordance with the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., the Louisiana Professional Engineering and Land Surveying Board has amended its rules contained in LAC 46:LXI.2701, 3111, and 3113.

This is a technical revision of existing rules under which LAPELS operates. These changes clarify the board's rules regarding compiled as-built record drawings and permit licensees to obtain continuing professional development credit for serving as thesis directors for students pursuing a masters or doctoral degree in engineering.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LXI. Professional Engineers and Land Surveyors
Chapter 27. Use of Seals
§2701. Seal and Signature

A. - A.4.a.iv.(a). …

v. Compiled As-Built Record Drawings

(a). The preparation of compiled engineering as-built record drawings is not considered to be the practice of engineering and such drawings are not required to be sealed or signed by a professional engineer, when such preparation does not require the application of professional judgment. Furthermore, a professional engineer should not seal compiled engineering as-built record drawings unless he/she has been in responsible charge of the underlying engineering work. If the professional engineer was not in responsible charge of the underlying engineering work, he/she should (in lieu of a seal) include on the title page of the compiled engineering as-built record drawings a disclaimer (with date) which incorporates the following:

> These compiled engineering as-built record drawings are a compilation of a copy of the original sealed engineering design drawings for this project, modified by addenda, change orders and information furnished by the contractor. The information shown on these compiled engineering as-built record drawings that was provided by the contractor or others not associated with me cannot be verified for accuracy or completeness. My compilation of this information does not relieve the contractor of responsibility for errors resultant to incorrect, incomplete or omitted data on the contractor's as-built record drawings - nor does it relieve the contractor of responsibility for non-conformance with the original contract documents. The original sealed engineering drawings are on file in the offices of (name of professional engineer).

(b). The preparation of compiled land surveying as-built record drawings is considered to be the practice of land surveying, and such drawings are required to be sealed, signed and dated by a professional land surveyor. Compiled land surveying as-built record drawings must also contain notes identifying the sources of the data and a disclaimer stating whether or not the professional land surveyor has verified the data.

4.b. - 5.b. …

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:696.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Board of Registration for Professional Engineers and Land Surveyors, LR 8:192 (April 1982), amended LR 12:692 (October 1986), LR 16:774 (September 1990), LR 17:273 (March 1991), LR 19:58 (January 1993), LR 22:287 (April 1996), LR 23:869 (July 1997), amended by the Louisiana Legislature, House Concurrent Resolution Number 2 of the 1998 First Extraordinary Session, LR 24:1207 (June 1998), repromulgated by the Department of Transportation and Development, Professional Engineering and Land Surveying Board, LR 25:1525 (August 1999), amended LR 27:1039 (July 2001), LR 30:1723 (August 2004), LR 33:2789 (December 2007), LR 34:2415 (November 2008), LR 35:1910 (September 2009), LR 38:1418 (June, 2012), LR 39:1481 (June 2013).

Chapter 31. Continuing Professional Development (CPD)
§3111. Determination of Credit

A. - A.5. ...

6. obtaining patents;

7. formal, documented problem preparation for NCEES or state professional exams; and

8. serving as thesis directors for students pursuing a masters or doctoral degree in engineering.

B. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:697.1.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Board of Registration for Professional Engineers and Land Surveyors, LR 24:2153 (November 1998), amended by the Department of Transportation and Development, Professional Engineering and Land Surveying Board, LR 27:1048 (July 2001), LR 30:1731 (August 2004), LR 37:2420 (August 2011), LR 39:1481 (June 2013).

§3113. Units

A. - B.5. ...

6. each patent = 10 PDHs;

7. serving as thesis directors for students pursuing a masters or doctoral degree in engineering = 1 PDH per hour of thesis credit. A maximum of 10 PDHs will be allowed per biennial licensure renewal period for each such thesis director.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:697.1.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Board of Registration for Professional Engineers and Land Surveyors, LR 24:2154

(November 1998), amended by the Department of Transportation and Development, Professional Engineering and Land Surveying Board, LR 27:1048 (July 2001), LR 30:1732 (August 2004), LR 37:2421 (August 2011), LR 39:1481 (June 2013).

Donna D. Sentell
Executive Director

1306#025

RULE

Department of the Treasury
Board of Trustees of the
Municipal Police Employees' Retirement System

Internal Revenue Code Provisions
(LAC 58:XVIII.Chapter 1)

In accordance with R.S. 49:950 et seq. of the Administrative Procedure Act, notice is hereby given that the Board of Trustees of the Municipal Police Employees' Retirement System has adopted Chapter 1 of Part XVIII, included in Title 58, Retirement, of the *Louisiana Administrative Code*. The rules have been adopted pursuant to newly enacted R.S. 11:2225(B) (Acts 2012, No. 511), the effective date of enactment of which will be the formal adoption of these rules. Newly enacted R.S. 11:2225(B) provides that rules and regulations be adopted which will assure that the Municipal Police Employees' Retirement System will remain a tax-qualified retirement plan under the United States Internal Revenue Code and the Regulations thereunder.

Title 58
RETIREMENT
Part XVIII. Municipal Police Employees' Retirement System
Chapter 1. Internal Revenue Code Provisions
§101. Limitation on Benefits

A. The limitations of this Chapter shall apply in limitation years beginning on or after July 1, 2007, except as otherwise provided herein.

B The annual benefit otherwise payable to a member under the plan at any time shall not exceed the maximum permissible benefit. If the benefit the member would otherwise accrue in a limitation year would produce an annual benefit in excess of the maximum permissible benefit, the benefit shall be limited (or the rate of accrual reduced) to a benefit that does not exceed the maximum permissible benefit.

C. If the member is, or has ever been, a Member in another qualified defined benefit plan (without regard to whether the plan has been terminated) maintained by the employer or a predecessor employer, the sum of the member's annual benefits from all such plans may not exceed the maximum permissible benefit.

D. The application of the provisions of this chapter shall not cause the maximum permissible benefit for any member to be less than the member's accrued benefit under all the defined benefit plans of the employer or a predecessor employer as of the end of the last limitation year beginning before July 1, 2007 under provisions of the plans that were both adopted and in effect before April 5, 2007. The preceding sentence applies only if the provisions of such defined benefit plans that were both adopted and in effect before April 5, 2007 satisfied the applicable requirements of statutory provisions, regulations, and other published guidance relating to Section 415 of the Internal Revenue Code in effect as of the end of the last limitation year beginning before July 1, 2007, as described in Section 1.415(a)-1(g)(4) of the Income Tax Regulations.

E. The limitations of this chapter shall be determined and applied taking into account the rules in Section G.

F. Definitions

Annual Benefit—a benefit that is payable annually in the form of a straight life annuity. Except as provided below, where a benefit is payable in a form other than a straight life annuity, the benefit shall be adjusted to an actuarially equivalent straight life annuity that begins at the same time as such other form of benefit and is payable on the first day of each month, before applying the limitations of this article. For a member who has or will have distributions commencing at more than one annuity starting date, the annual benefit shall be determined as of each such annuity starting date (and shall satisfy the limitations of this chapter as of each such date), actuarially adjusting for past and future distributions of benefits commencing at the other annuity starting dates. For this purpose, the determination of whether a new starting date has occurred shall be made without regard to Section 1.401(a)-20, Q and A 10(d), and with regard to Section 1.415(b)-1(b)(1)(iii)(B) and (C) of the Income Tax Regulations.

a. No actuarial adjustment to the benefit shall be made for:

i. survivor benefits payable to a surviving spouse under a qualified joint and survivor annuity to the extent such benefits would not be payable if the member's benefit were paid in another form;

ii. benefits that are not directly related to retirement benefits (such as a disability benefit, preretirement incidental death benefits, and postretirement medical benefits); or

iii. the inclusion in the form of benefit of an automatic benefit increase feature, provided the form of benefit is not subject to Section 417(e)(3) of the Internal Revenue Code and would otherwise satisfy the limitations of this chapter, and the plan provides that the amount payable under the form of benefit in any limitation year shall not exceed the limits of this chapter applicable at the annuity starting date, as increased in subsequent years pursuant to Section 415(d). For this purpose, an automatic benefit increase feature is included in a form of benefit if the form of benefit provides for automatic, periodic increases to the benefits paid in that form. The determination of the annual benefit shall take into account social security supplements described in Section 411(a)(9) of the Internal Revenue Code and benefits transferred from another defined benefit plan, other than transfers of distributable benefits pursuant Section 1.411(d)-4, Q and A-3(c), of the Income Tax Regulations, but shall disregard benefits attributable to employee contributions or rollover contributions. Effective for distributions in plan years beginning after December 31, 2003, the determination of actuarial equivalence of forms of benefit other than a straight life annuity shall be made in accordance with §§101.F.1.b.or 101.F.1.c.

b. Benefit Forms Not Subject to Section 417(e)(3).

i. The straight life annuity that is actuarially equivalent to the member's form of benefit shall be determined under this Subparagraph F.1.b, if the form of the member's benefit is either:

(a). a non-decreasing annuity (other than a straight life annuity) payable for a period of not less than the life of the member (or, in the case of a qualified pre-retirement survivor annuity, the life of the surviving spouse); or

(b). an annuity that decreases during the life of the member merely because of:

(i). the death of the survivor annuitant (but only if the reduction is not below 50 percent of the benefit payable before the death of the survivor annuitant); or

(ii). the cessation or reduction of Social Security supplements or qualified disability payments [as defined in Section 401(a)(11)].

ii. Limitation years beginning before July 1, 2007. For limitation years beginning before July 1, 2007, the actuarially equivalent straight life annuity is equal to the annual amount of the straight life annuity commencing at the same annuity starting date that has the same actuarial present value as the member's form of benefit computed using whichever of the following produces the greater annual amount:

(a). the interest rate specified in La. R.S. 11:2225(D)(5) and the mortality table (or other tabular factor) specified in La. R.S. 11:2225(D)(5) for adjusting benefits in the same form; and

(b). a 5 percent interest rate assumption and the applicable mortality table for that annuity starting date.

iii. Limitation Years beginning on or after July 1, 2007. For limitation years beginning on or after July 1, 2007, the actuarially equivalent straight life annuity is equal to the greater of:

(a). the annual amount of the straight life annuity (if any) payable to the member under the plan commencing at the same annuity starting date as the member's form of benefit; and

(b). the annual amount of the straight life annuity commencing at the same annuity starting date that has the same actuarial present value as the member's form of benefit, computed using a 5 percent interest rate assumption and the applicable mortality table for that annuity starting date.

c. Benefit Forms Subject to Section 417(e)(3). The straight life annuity that is actuarially equivalent to the member's form of benefit shall be determined under this paragraph if the form of the member's benefit is other than a benefit form described in §101.F.1.b. In this case, the actuarially equivalent straight life annuity shall be determined as follows.

i. Annuity Starting Date in Plan Years Beginning After 2005. If the annuity starting date of the member's form of benefit is in a plan year beginning after 2005, the actuarially equivalent straight life annuity is equal to the greatest of:

(a). the annual amount of the straight life annuity commencing at the same annuity starting date that has the same actuarial present value as the member's form of computed using the interest rate specified in La. R.S. 11:2225(D)(5) and the mortality table (or other tabular factor) specified in La. R.S. 11:2225(D)(5) for adjusting benefits in the same form; and

(b). the annual amount of the straight life annuity commencing at the same annuity starting date that has the same actuarial present value as the member's form of benefit, computed using a 5.5 percent interest rate assumption and the applicable mortality table; and

(c). the annual amount of the straight life annuity commencing at the same annuity starting date that has the same actuarial present value as the member's form of benefit, computed using the applicable interest rate and the applicable mortality table, divided by 1.05.

ii. Annuity Starting Date in Plan Years Beginning in 2004 or 2005. If the annuity starting date of the member's form of benefit is in a plan year beginning in 2004 or 2005, the actuarially equivalent straight life annuity is equal to the annual amount of the straight life annuity commencing at the same annuity starting date that has the same actuarial present value as the member's form of benefit, computed using whichever of the following produces the greater annual amount:

(a). the interest rate specified in La. R.S. 11:2225(D)(5) and the mortality table (or other tabular factor) specified in La. R.S. 11:2225(D)(5) for adjusting benefits in the same form; and

(b). a 5.5 percent interest rate assumption and the applicable mortality table. If the annuity starting date of the member's benefit is on or after the first day of the first plan year beginning in 2004 and before December 31, 2004, the application of this §101.F.1.c. shall not cause the amount payable under the member's form of benefit to be less than the benefit calculated under the Plan, taking into account the limitations of this chapter, except that the actuarially equivalent straight life annuity is equal to the annual amount of the straight life annuity commencing at the same annuity starting date that has the same actuarial present value as the member's form of benefit, computed using whichever of the following produces the greatest annual amount:

(i). the interest rate specified in La. R.S. 11:2225(D)(5) and the mortality table (or other tabular factor) specified in La. R.S. 11:2225(D)(5) for adjusting benefits in the same form;

(ii). the applicable interest rate and the applicable mortality table; and

(iii). the applicable interest rate (as in effect on the last day of the last plan year beginning before January 1, 2004, under provisions of the plan then adopted and in effect) and the applicable mortality table.

Applicable Interest Rate—the rate of interest on 30 year Treasury securities (or any subsequent rate used under Section 417(e) of the Internal Revenue Code) as specified by the Internal revenue service for the lookback month. The lookback month applicable to the stability period is the second calendar month preceding the first day of the stability period. The stability period is the plan year that contains the annuity starting date for the distribution and for which the applicable interest rate remains constant.

Applicable Mortality Table—the applicable mortality table within the meaning of Section 417(e)(3)(B) of the Internal Revenue Code.

415 Safe-Harbor Compensation—

a. Compensation is defined as wages, salaries, and fees for professional services and other amounts received (without regard to whether or not an amount is paid in cash) for personal services actually rendered in the course of employment with the employer maintaining the plan to the extent that the amounts are includible in gross income (including, but not limited to, commissions paid salespersons, compensation for services on the basis of a percentage of profits, commissions on insurance premiums, tips, bonuses, fringe benefits, and reimbursements, or other expense allowances under a nonaccountable plan (as described in Section 1.62-2(c) of the Income Tax Regulations), and excluding the following:

i. Employer contributions [other than elective contributions described in Section 402(e)(3), Section 408(k)(6), Section 408(p)(2)(A)(i), or Section 457(b)] to a plan of deferred compensation (including a simplified employee pension described in Section 408(k) or a simple retirement account described in Section 408(p), and whether or not qualified) to the extent such contributions are not includible in the member's gross income for the taxable year in which contributed, and any distributions (whether or not includible in gross income when distributed) from a plan of deferred compensation (whether or not qualified);

ii. Amounts realized from the exercise of a nonstatutory stock option (that is, an option other than a statutory stock option as defined in Section 1.421-1(b) of the Income Tax Regulations), or when restricted stock (or property) held by the member either becomes freely transferable or is no longer subject to a substantial risk of forfeiture;

iii. Amounts realized from the sale, exchange or other disposition of stock acquired under a statutory stock option;

iv. Other amounts that receive special tax benefits, such as premiums for group-term life insurance (but only to the extent that the premiums are not includible in the gross income of the member and are not salary reduction amounts that are described in Section 125);

v. Other items of remuneration that are similar to any of the items listed in Clauses i through iv above.

b. For any self-employed individual, compensation shall mean earned income.

c. Except as provided herein, for limitation years beginning after December 31, 1991, compensation for a limitation year is the compensation actually paid or made available during such limitation year.

d. For limitation years beginning on or after July 1, 2007, compensation for a limitation year shall also include compensation paid by the later of 2 1/2 months after an member's severance from employment with the employer maintaining the plan or the end of the limitation year that includes the date of the member's severance from employment with the employer maintaining the plan, if:

i. the payment is regular compensation for services during the member's regular working hours, or compensation for services outside the employee's regular working hours (such as overtime or shift differential), commissions, bonuses, or other similar payments, and, absent a severance from employment, the payments would have been paid to the member while the member continued in employment with the employer;

ii. the payment is for unused accrued bona fide sick, vacation or other leave that the member would have been able to use if employment had continued; or

iii. the payment is received by the member pursuant to a nonqualified unfunded deferred compensation plan and would have been paid at the same time if employment had continued, but only to the extent includible in gross income.

e. Any payments not described above shall not be considered compensation if paid after severance from employment, even if they are paid by the later of 2 1/2 months after the date of severance from employment or the end of the limitation year that includes the date of severance from employment. Back pay, within the meaning of Section 1.415(c)-2(g)(8), shall be treated as compensation for the limitation year to which the back pay relates to the extent the back pay represents wages and compensation that would otherwise be included under this definition.

f. For limitation years beginning after December 31, 1997, compensation paid or made available during such limitation year shall include amounts that would otherwise be included in compensation but for an election under Sections 125(a), 402(e)(3), 402(h)(1)(B), 402(k), or 457(b).

g. For limitation years beginning after December 31, 2000, compensation shall also include any elective amounts that are not includible in the gross income of the member by reason of Section 132(f)(4).

Defined Benefit Compensation Limitation—100 percent of a member's high three-year average compensation, payable in the form of a straight life annuity. In the case of a member who is rehired after a severance from employment, the defined benefit compensation limitation is the greater of 100 percent of the member's high three-year average compensation, as determined prior to the severance from employment or 100 percent of the member's high three-year average compensation, as determined after the severance from employment under §101.G.

Defined Benefit Dollar Limitation—effective for limitation years ending after December 31, 2001, the defined benefit dollar limitation is $160,000, automatically adjusted under Section 415(d) of the Internal Revenue Code, effective January 1 of each year, as published in the Internal Revenue Bulletin, and payable in the form of a straight life annuity. The new limitation shall apply to limitation years ending with or within the calendar year of the date of the adjustment, but a member's benefits shall not reflect the adjusted limit prior to January 1 of that calendar year.

Employer—for purposes of this chapter, employer shall mean the employer that adopts this plan, and all members of a controlled group of corporations, as defined in Section 414(b) of the Internal Revenue Code, as modified by Section 415(h), all commonly controlled trades or businesses [as defined in Section 414(c), as modified, except in the case of a brother-sister group of trades or businesses under common control, by Section 415(h)], or affiliated service groups [as defined in Section 414(m)] of which the adopting employer is a part, and any other entity required to be aggregated with the employer pursuant to Section 414(o) of the Internal Revenue Code.

Formerly Affiliated Plan of the Employer—a plan that, immediately prior to the cessation of affiliation, was actually maintained by the employer and, immediately after the cessation of affiliation is not actually maintained by the employer. For this purpose, cessation of affiliation means the event that causes an entity to no longer be considered the employer, such as the sale of a member controlled group of corporations, as defined in Section 414(b) of the Internal Revenue Code, as modified by Section 415(h), to an unrelated corporation, or that causes a plan to not actually be maintained by the employer, such as transfer of plan sponsorship outside a controlled group.

High Three-Year Average Compensation—the average compensation for the three consecutive years of service (or, if the member has less than three consecutive years of service, the member's longest consecutive period of service, including fractions of years, but not less than one year) with the employer that produces the highest average. In the case of a member who is rehired by the employer after a severance from employment, the member's high three-year average compensation shall be calculated by excluding all years for which the member performs no services for and receives no compensation from the employer (the break period) and by treating the years immediately preceding and following the break period as consecutive. A member's compensation for a year of service shall not include compensation in excess of the limitation under Section 401(a)(17) of the Internal Revenue Code that is in effect for the calendar year in which such year of service begins.

Limitation Year—a fiscal year, from July 1 to June 31. All qualified plans maintained by the employer must use the same limitation year. If the limitation year is amended to a different 12-consecutive month period, the new limitation year must begin on a date within the limitation year in which the amendment is made.

Maximum Permissible Benefit—the lesser of the defined benefit dollar limitation or the defined benefit compensation limitation (both adjusted where required, as provided below).

a. Adjustment for Less than 10 Years of Participation or Service. If the member has less than 10 years of participation in the plan, the defined benefit dollar limitation shall be multiplied by a fraction:

i. the numerator of which is the number of years (or part thereof, but not less than one year) of participation in the plan; and

ii. the denominator of which is 10. In the case of a Member who has less than 10 years of service with the employer, the defined benefit compensation limitation shall be multiplied by a fraction:

(a). the numerator of which is the number of years (or part thereof, but not less than one year) of Service with the employer; and

(b). the denominator of which is 10.

b. Adjustment of Defined Benefit Dollar Limitation for Benefit Commencement before Age 62 or after Age 65. Effective for benefits commencing in limitation years ending after December 31, 2001, the defined benefit dollar limitation shall be adjusted if the annuity starting date of the member's benefit is before age 62 or after age 65. If the annuity starting date is before age 62, the defined benefit dollar limitation shall be adjusted under Clause b.i of this Paragraph, as modified by Clause b.iii of this Paragraph. If the annuity starting date is after age 65, the defined benefit dollar limitation shall be adjusted under Clause b.ii of this Paragraph, as modified by Clause b.iii of this Paragraph.

i. Adjustment of Defined Benefit Dollar Limitation for Benefit Commencement before Age 62

(a). Limitation Years Beginning before July 1, 2007. If the annuity starting date for the member's benefit is prior to age 62 and occurs in a limitation year beginning before July 1, 2007, the defined benefit dollar limitation for the member's annuity starting date is the annual amount of a benefit payable in the form of a straight life annuity commencing at the member's annuity starting date that is the actuarial equivalent of the defined benefit dollar limitation (adjusted under §101.F.11.a. for years of participation less than 10, if required) with actuarial equivalence computed using whichever of the following produces the smaller annual amount:

(i). the interest rate and the mortality table (or other tabular factor) specified in the plan for adjusting benefits in the same form; or

(ii). a 5 percent interest rate assumption and the applicable mortality table.

(b). Limitation Years Beginning on or After July 1, 2007

(i). Plan Does Not Have Immediately Commencing Straight Life Annuity Payable at Both Age 62 and the Age of Benefit Commencement. If the annuity starting date for the member's benefit is prior to age 62 and occurs in a limitation year beginning on or after July 1, 2007, and the plan does not have an immediately commencing straight life annuity payable at both age 62 and the age of benefit commencement, the defined benefit dollar limitation for the member's annuity starting date is the annual amount of a benefit payable in the form of a straight life annuity commencing at the member's annuity starting date that is the actuarial equivalent of the defined benefit dollar limitation (adjusted under Subparagraph a of this Paragraph for years of participation less than 10, if required) with actuarial equivalence computed using a 5 percent interest rate assumption and the applicable mortality table for the annuity starting date (and expressing the member's age based on completed calendar months as of the annuity starting date).

(ii). Plan Has Immediately Commencing Straight Life Annuity Payable at Both Age 62 and the Age of Benefit Commencement. If the annuity starting date for the member's benefit is prior to age 62 and occurs in a limitation year beginning on or after July 1, 2007, and the plan has an immediately commencing straight life annuity payable at both age 62 and the age of benefit commencement, the defined benefit dollar limitation for the member's annuity starting date is the lesser of the limitation determined under Division b.i.(b).(i) of this Paragraph and the defined benefit dollar limitation (adjusted under Subparagraph a of this Paragraph for years of participation less than 10, if required) multiplied by the ratio of the annual amount of the immediately commencing straight life annuity under the plan at the member's annuity starting date to the annual amount of the immediately commencing straight life annuity under the plan at age 62, both determined without applying the limitations of this article.

ii. Adjustment of Defined Benefit Dollar Limitation for Benefit Commencement after Age 65

(a). Limitation Years Beginning Before July 1, 2007. If the annuity starting date for the member's benefit is after age 65 and occurs in a limitation year beginning before July 1, 2007, the defined benefit dollar limitation for the member's annuity starting date is the annual amount of a benefit payable in the form of a straight life annuity commencing at the member's annuity starting date that is the actuarial equivalent of the defined benefit dollar limitation (adjusted under Subparagraph a of this Paragraph for years of participation less than 10, if required) with actuarial equivalence computed using whichever of the following produces the smaller annual amount:

(i). the interest rate and the mortality table (or other tabular factor) specified in the plan for adjusting benefits in the same form; or

(ii). a 5-percent interest rate assumption and the applicable mortality table.

(b). Limitation Years Beginning Before July 1, 2007

(i) Plan Does Not Have Immediately Commencing Straight Life Annuity Payable at Both Age 65 and the Age of Benefit Commencement. If the annuity starting date for the member's benefit is after age 65 and occurs in a limitation year beginning on or after July 1, 2007, and the plan does not have an immediately commencing straight life annuity payable at both age 65 and the age of benefit commencement, the defined benefit dollar limitation at the member's annuity starting date is the annual amount of a benefit payable in the form of a straight life annuity commencing at the member's annuity starting date that is the actuarial equivalent of the defined benefit dollar limitation (adjusted under Subparagraph a of this Paragraph for years of participation less than 10, if required), with actuarial equivalence computed using a 5 percent interest rate assumption and the applicable mortality table for that annuity starting date (and expressing the member's age based on completed calendar months as of the annuity starting date).

(ii) Plan Has Immediately Commencing Straight Life Annuity Payable at Both Age 65 and the Age of Benefit Commencement. If the annuity starting date for the member's benefit is after age 65 and occurs in a limitation year beginning on or after July 1, 2007, and the plan has an immediately commencing straight life annuity payable at both age 65 and the age of benefit commencement, the defined benefit dollar limitation at the member's annuity starting date is the lesser of the limitation determined under §101.F.11.b.ii.(b).(i). and the defined benefit dollar limitation (adjusted under §101.F.11.a. for years of participation less than 10, if required) multiplied by the ratio of the annual amount of the adjusted immediately commencing straight life annuity under the plan at the member's annuity starting date to the annual amount of the adjusted immediately commencing straight life annuity under the plan at age 65, both determined without applying the limitations of this article. For this purpose, the adjusted immediately commencing straight life annuity under the plan at the member's annuity starting date is the annual amount of such annuity payable to the member, computed disregarding the member's accruals after age 65 but including actuarial adjustments even if those actuarial adjustments are used to offset accruals; and the adjusted immediately commencing straight life annuity under the plan at age 65 is the annual amount of such annuity that would be payable under the plan to a hypothetical member who is age 65 and has the same accrued benefit as the member.

iii. Notwithstanding the other requirements of this Subparagraph F.10.b., no adjustment shall be made to the defined benefit dollar limitation to reflect the probability of a member's death between the annuity starting date and age 62, or between age 65 and the annuity starting date, as applicable, if benefits are not forfeited upon the death of the member prior to the annuity starting date. To the extent benefits are forfeited upon death before the annuity starting date, such an adjustment shall be made. For this purpose, no forfeiture shall be treated as occurring upon the member's death if the plan does not charge members for providing a qualified preretirement survivor annuity, as defined in Section 417(c) of the Internal Revenue Code, upon the member's death.

c. Minimum Benefit Permitted. Notwithstanding anything else in this section to the contrary, the benefit otherwise accrued or payable to a member under this plan shall be deemed not to exceed the maximum permissible benefit if:

i. the retirement benefits payable for a limitation year under any form of benefit with respect to such member under this plan and under all other defined benefit plans (without regard to whether a plan has been terminated) ever maintained by the employer do not exceed $10,000 multiplied by a fraction:

(a). the numerator of which is the member's number of years (or part thereof, but not less than one year) of service (not to exceed 10) with the employer; and

(b). the denominator of which is 10; and

ii. the employer (or a predecessor employer) has not at any time maintained a defined contribution plan in which the member participated (for this purpose, mandatory employee contributions under a defined benefit plan, individual medical accounts under Section 401(h), and accounts for postretirement medical benefits established under Section 419A(d)(1) are not considered a separate defined contribution plan).

Predecessor Employer—if the employer maintains a plan that provides a benefit which the member accrued while performing services for a former employer, the former employer is a predecessor employer with respect to the member in the plan. A former entity that antedates the employer is also a predecessor employer with respect to a member if, under the facts and circumstances, the employer constitutes a continuation of all or a portion of the trade or business of the former entity.

Severance from Employment—an employee has a severance from employment when the employee ceases to be an employee of the employer maintaining the plan. An employee does not have a severance from employment if, in connection with a change of employment, the employee's new employer maintains the plan with respect to the employee.

Year of Participation—the member shall be credited with a year of participation (computed to fractional parts of a year) for each accrual computation period for which the following conditions are met:

a. the member is credited with at least the number of hours of service (or period of service if the elapsed time method is used) for benefit accrual purposes, required under the terms of the plan in order to accrue a benefit for the accrual computation period; and

b. the member is included as a member under the eligibility provisions of the plan for at least one day of the accrual computation period. If these two conditions are met, the portion of a year of participation credited to the member shall equal the amount of benefit accrual service credited to the member for such accrual computation period. A member who is permanently and totally disabled within the meaning of Section 415(c)(3)(C)(i) of the Internal Revenue Code for an accrual computation period shall receive a year of participation with respect to that period. In addition, for a member to receive a year of participation (or part thereof) for an accrual computation period, the plan must be established no later than the last day of such accrual computation period. In no event shall more than one Year of Participation be credited for any 12-month period.

Year of Service—for purposes of Section 101.G., the member shall be credited with a year of service (computed to fractional parts of a year) for each accrual computation period for which the member is credited with at least the number of hours of service (or period of service if the elapsed time method is used) for benefit accrual purposes, required under the terms of the plan in order to accrue a benefit for the accrual computation period, taking into account only service with the employer or a predecessor employer.

G. Other Rules

1. Benefits under Terminated Plans. If a defined benefit plan maintained by the employer has terminated with sufficient assets for the payment of benefit liabilities of all plan members and a member in the plan has not yet commenced benefits under the plan, the benefits provided pursuant to the annuities purchased to provide the member's benefits under the terminated plan at each possible annuity starting date shall be taken into account in applying the limitations of this article. If there are not sufficient assets for the payment of all Members' benefit liabilities, the benefits taken into account shall be the benefits that are actually provided to the Member under the terminated plan.

2. Benefits Transferred from the Plan. If a Member's benefits under a defined benefit plan maintained by the employer are transferred to another defined benefit plan maintained by the employer and the transfer is not a transfer of distributable benefits pursuant Section 1.411(d)-4, Q and A-3(c), of the Income Tax Regulations, the transferred benefits are not treated as being provided under the transferor plan (but are taken into account as benefits provided under the transferee plan). If a member's benefits under a defined benefit plan maintained by the employer are transferred to another defined benefit plan that is not maintained by the employer and the transfer is not a transfer of distributable benefits pursuant Section 1.411(d)-4, Q and A-3(c), of the Income Tax Regulations, the transferred benefits are treated by the employer's plan as if such benefits were provided under annuities purchased to provide benefits under a plan maintained by the employer that terminated immediately prior to the transfer with sufficient assets to pay all members' benefit liabilities under the plan. If a member's benefits under a defined benefit plan maintained by the employer are transferred to another defined benefit plan in a transfer of distributable benefits pursuant Section 1.411(d)-4, Q and A-3(c), of the Income Tax Regulations, the amount transferred is treated as a benefit paid from the transferor plan.

3. Formerly Affiliated Plans of the Employer. A formerly affiliated plan of an employer shall be treated as a plan maintained by the employer, but the formerly affiliated plan shall be treated as if it had terminated immediately prior to the cessation of affiliation with sufficient assets to pay members' benefit liabilities under the plan and had purchased annuities to provide benefits.

4. Plans of a Predecessor Employer. If the employer maintains a defined benefit plan that provides benefits accrued by a member while performing services for a predecessor employer, the member's benefits under a plan maintained by the predecessor employer shall be treated as provided under a plan maintained by the employer. However, for this purpose, the plan of the predecessor employer shall be treated as if it had terminated immediately prior to the event giving rise to the predecessor employer relationship with sufficient assets to pay members' benefit liabilities under the plan, and had purchased annuities to provide benefits; the employer and the predecessor employer shall be treated as if they were a single employer immediately prior to such event and as unrelated employers immediately after the event; and if the event giving rise to the predecessor relationship is a benefit transfer, the transferred benefits shall be excluded in determining the benefits provide under the plan of the predecessor employer.

5. Special Rules. The limitations of this chapter shall be determined and applied taking into account the rules in Section 1.415(f)-1(d), (e) and (h) of the Income Tax Regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 11:2225(B).

HISTORICAL NOTE: Promulgated by the Board of Trustees of the Municipal Police Employees' Retirement System, LR 39:1482 (June 2013)

§102. Required Minimum Distributions

A.1. Unless the member has elected otherwise on or before December 31, 1983, the entire benefit of a member shall be distributed over a period not longer than the longest of the following periods:

a. the member's life;

b. if the member is married, the life of the member's designated beneficiary;

c. the member's life expectancy;

d. the joint life and last survivor life expectancy of the member and his designated beneficiary.

2. If the member is married and his spouse survives him, the designated beneficiary for at least a qualified joint and survivor annuity and 50 percent of his deferred retirement option plan account shall be his spouse, unless such spouse has consented to the contrary in writing before a notary public. For purposes of this Paragraph, *spouse* shall mean that person who is married to the member under a legal regime of community of acquets and gains on his

effective date of retirement or effective date of participation in the deferred retirement option plan, whichever is earlier.

3. If the member was a member on or before December 31, 1983, he shall be deemed to have made the election referred to herein. If a member dies after the commencement of his benefits, the remaining portion of his benefit shall be distributed at least as rapidly as before his death. Payment of survivor benefits shall not be considered to violate this provision.

B.1. If the member dies before his benefit has commenced the remainder of such interest shall be distributed to the member's beneficiary within five years after the date of such member's death.

2. Paragraph 1 of this Subsection shall not apply to any portion of a member's benefit which is payable to or for the benefit of a designated beneficiary or beneficiaries, over the life of or over the life expectancy of such beneficiary, so long as such distributions begin not later than one year after the date of the member's death, or, in the case of the member's surviving spouse, the date the member would have attained the age of 70 1/2. If the designated beneficiary is the member's surviving spouse and if the surviving spouse dies before the distribution of benefits commences, then Paragraph 1 of this Subsection shall be applied as if the surviving spouse were the member. If the designated beneficiary is a child of the member, for purposes of satisfying the requirement of Paragraph 1 of this Subsection, any amount paid to such child shall be treated as if paid to the member's surviving spouse if such amount would become payable to such surviving spouse, if alive, upon the child's reaching age eighteen or, if later, upon the child's completing a designated event. For purposes of the preceding sentence, a designated event shall be the later of the date the child is no longer disabled, or the date the child ceases to be a full-time student or attains age 23, if earlier.

3. Paragraph 1 of this Subsection shall not apply if the distribution of the member's interest has commenced and is for a term certain over a period permitted in Subsection A of this Section.

4. Paragraph 1 of this Subsection shall not apply if the member has elected otherwise on or before December 31, 1983, or such later date to which such election period shall be subject under Internal Revenue Code Section 401(a).

C. As to any benefit payable by the retirement system which is not optional as of December 31, 1983, the member shall be considered to have made the election referred to in Subsections A and B of this Section, if he was a member on or before such time.

D. If by operation of law or by action of the board of trustees, a survivor benefit is payable to a specified person or persons, the member shall be considered to have designated such person as an alternate beneficiary hereunder. If there is more than one such person, then the youngest disabled child shall be considered to have been so designated, or, if none, then the youngest person entitled to receive a survivor benefit shall be considered to have been so designated. The designation of a designated beneficiary hereunder shall not prevent payment to multiple beneficiaries but shall only establish the permitted period of payments.

E. Payment in accordance with the survivor benefit provisions of R.S. 11:2220.4 and 2222 shall be deemed not to violate Subsections A and B of this Section.

F. This Section shall be effective for members of the system who complete any service under the system on or after July 1, 1992, with employers contributing to the system.

G. Distributions from the system shall be made in accordance with the requirements set forth in Internal Revenue Code Section 401(a)(9), including the minimum distribution incidental benefit rules applicable thereunder.

H.1. A member's benefits shall commence to be paid on or before the required beginning date.

2. The required beginning date shall be April 1 of the calendar year following the later of the calendar year in which the member attains 70 1/2 years of age, or the calendar year in which the employee retires. Effective for plan years beginning on or after January 1, 1998, the required beginning date shall be April 1 of the year following the later of the year the member attained 70 1/2 or the year he terminated employment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 11:2225(B).

HISTORICAL NOTE: Promulgated by the Board of Trustees of the Municipal Police Employees' Retirement System, LR 39:1487 (June 2013)

§103. Direct Rollovers

A. Notwithstanding any other provision of law to the contrary that would otherwise limit a distributee's election under this Section, a distributee may elect, at the time and in the manner prescribed by the board of trustees, to have any portion of an "eligible rollover distribution", as specified by the distributee, paid directly to an "eligible retirement plan", as those terms are defined below.

B. The following definitions shall apply.

Eligible Rollover Distribution—any distribution of all or any portion of the balance to the credit of the distributee, except that an eligible rollover distribution does not include:

a. any distribution that is one of a series of substantially equal periodic payments, not less frequently than annually, made for the life or life expectancy of the member, or the joint lives or joint life expectancies of the member and the member's designated beneficiary, or for a specified period of ten years or more;

b. any distribution to the extent that such distribution is required under Section 401(a)(9) of the United States Internal Revenue Code; and

c. any distribution which is made upon hardship of the employee.

Eligible Retirement Plan—any of the following:

a. an individual retirement account described in Section 408(a) of the Internal Revenue Code;

b. an individual retirement annuity described in Section 408(b) of the Internal Revenue Code;

c. an annuity plan described in Section 403(a) of the Internal Revenue Code;

d. a qualified trust as described in Section 401(a) of the Internal Revenue Code, provided that such trust accepts the member's eligible rollover distribution;

e. an eligible deferred compensation plan described in Section 457(b) of the Internal Revenue Code that is maintained by an eligible governmental employer, provided the plan contains provisions to account separately for amounts transferred into such plan; and

f. an annuity contract described in Section 403(b) of the Internal Revenue Code.

Distributee—shall include:

a. a member or former member;

b. the member's or former member's surviving spouse, or the member's or former member's former spouse with whom a benefit or a return of employee contributions is to be divided pursuant to R.S. 11:291(B), with reference to an interest of the member or former spouse;

c. the member's or former member's non-spouse beneficiary, provided the specified distribution is to an eligible retirement plan as defined in Subparagraphs a and b of the definition of *eligible retirement plan* in this Section.

Direct Rollover—a payment by the system to the eligible retirement plan specified by the distributee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 11:2225(B).

HISTORICAL NOTE: Promulgated by the Board of Trustees of the Municipal Police Employees' Retirement System, LR 39:1488 (June 2013)

§104. Annual Compensation Limitation

A. Unless otherwise provided in this Chapter, the accrued benefit of each "Section 401(a)(17) employee" as that term is defined below shall be the greater of the following:

1. The employee's accrued benefit determined with respect to the benefit formula applicable for the plan year beginning on or after January 1, 1996, as applied to the employee's total years of service taken into account for purposes of benefit accruals.

2. The sum of:

a. the employee's accrued benefit as of the last day of the last plan year beginning before January 1, 1996, frozen in accordance with the provisions of Section 1.401(a)(4)-1 through 1.401(a)(4)-13 of the Code of Federal Regulations;

b. the employee's accrued benefit determined under the benefit formula applicable for the plan year beginning on or after January 1, 1996, as applied to the employee's years of service credited to the employee for plan years beginning on or after January 1, 1996, for purposes of benefit accruals.

B. A *Section 401(a)(17) employee* shall mean any employee whose current accrued benefit, as of a date on or after the first day of the first plan year beginning on or after January 1, 1996, is based on compensation for a year beginning prior to the first day of the first plan year beginning on or after January 1, 1996, that exceeded $150,000.

C. If an employee is not a "Section 401(a)(17) employee", his accrued benefit in this system shall not be based upon compensation in excess of the annual limit of Section 401(a)(17) of the United States Internal Revenue Code as amended and revised.

AUTHORITY NOTE: Promulgated in accordance with R.S. 11:2225(B).

HISTORICAL NOTE: Promulgated by the Board of Trustees of the Municipal Police Employees' Retirement System, LR 39:1489 (June 2013)

Kathy Bourque
Director

1306#024

Notices of Intent

NOTICE OF INTENT

Department of Agriculture and Forestry
Office of the Commissioner

Fees (LAC 7:XXI.1507)

In accordance with the Administrative Procedure Act (APA), R.S. 49:950 et seq., and the enabling statutes, R.S. 3:3101, and R.S. 3:3107, the commissioner of agriculture and forestry is proposing to adopt permanent rules to increase the regulatory fee charged to alternative livestock farms from $50 to $250 and to eliminate provisions for waiver of fees that are now moot.

Currently, the Department of Agriculture and Forestry issues licenses and renewal of licenses to farm-raised alternative livestock farms for $50 per license or license renewal. This fee defrays the cost of inspecting the farms and the alternative livestock on the farms, administering alternative livestock related programs and enforcement of laws and regulations governing alternative livestock. The regulatory fee being collected is insufficient to cover the cost of regulating the alternative livestock industry and providing services to the industry and the department does not have budgeted funds from other sources that can be used to continue to subsidize these costs. Without a fee increase the department will have to substantially curtail or cut enforcement and services. Curtailment of enforcement creates a risk, which is not now present, of importation into this state of white-tailed deer or other cervidae that are diseased or may have been exposed to disease. This risk would place both the farm-raised cervidae population and wild population of white-tailed deer at risk and jeopardize both the alternative livestock industry and the wild white-tailed deer hunting industry. Therefore, the regulatory fee increase is necessary to insure that these programs will have adequate funding for the rest of the fiscal year and beyond and to avoid budgetary deficits that are not allowed by law.

Title 7
AGRICULTURE AND ANIMALS
Part XXI. Diseases of Animals
Chapter 15. Alternative Livestock—Imported Exotic Deer and Imported Exotic Antelope, Elk and Farm-Raised White-Tailed Deer

§1507. Fees

A. Farm-Raising License Fees

1. The fee for a new farm-raising license shall be $250.

2. The farm-raising license renewal fee shall be $250.

B. - C.4. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:3101 and R.S. 3:3107.

HISTORICAL NOTE: Promulgated by the Department of Agriculture and Forestry, Office of the Commissioner, LR 24:282 (February 1998), amended LR 24:1672 (September 1998), LR 39:

Family Impact Statement

It is anticipated that the proposed action will have no significant effect on the: (1) stability of the family; (2) authority and rights of parents regarding the education and supervision of their children; (3) functioning of the family; (4) family earnings and family budget; (5) behavior and personal responsibility of children; or (6) ability of the family or a local government to perform the function as contained in the proposed action.

Poverty Impact Statement

It is anticipated that the proposed action will have no significant effect on: (1) household income, assets, and financial security; (2) early childhood or educational development; (3) employment and workforce development; (4) taxes and tax credits; or (5) child and dependent care, housing, health care, nutrition, transportation, and utilities assistance .

Small Business Statement

It is anticipated that the proposed action will not have a significant adverse impact on small businesses as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic factors has considered and, where possible, utilized regulatory methods in drafting the proposed action to accomplish the objectives of applicable statutes while minimizing any anticipated adverse impact on small businesses.

Public Comments

Interested persons may submit written comments, data, opinions, and arguments regarding the proposed action. Written submissions are to be directed to John Walther, Assistant Commissioner, Office of Animal Health and Food Safety, Director of Veterinary Health Division, Department of Agriculture and Forestry; telephone (225) 922-1234); fax (225) 923-4783; mailing address, 5825 Florida Boulevard, Baton Rouge, LA 70806. The written submissions must be received no later than 4 p.m. on July 26, 2013. No preamble regarding the proposed action is available.

Mike Strain, DVM
Commissioner

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Fees

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change will have no impact to state or local governmental units.

The proposed rule change increases the regulatory fee charged to alternative livestock licensees from $50 per license to $250 per license. The proposed fee increase is for new and renewal licenses. An increase in the regulatory fees is necessary for the Louisiana Department of Agriculture and Forestry (LDAF) to continue to provide the current level of services and enforcement available to the alternative livestock industry.

The proposed rule change also eliminates outdated provisions, which are now moot, that waived the farm-raising license fee for new licenses for any person holding a valid game breeders license issued by the Department of Wildlife

and Fisheries when Chapter 15 of Part XXI of Title 7 of the Louisiana Administrative Code went into effect in 1998.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change will increase revenue collections of LDAF by approximately $60,000 annually. There are approximately 300 current licensees (300 x $200 increase per license).

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Alternative livestock farm license holders will have to pay an additional $200 annually. These license holders will benefit by the continuation of the Chronic Wasting Disease free herd certification program initiated by LDAF, as well as continuation of other services provided by LDAF. Continued enforcement of alternative livestock rules and regulations will benefit both the alternative livestock industry and the wild White-Tailed Deer hunting industry by continuing to prevent the spread of disease from farm-raised alternative livestock to traditional livestock and animals in the wild and vice versa.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is expected to have no effect on competition or employment.

Dane Morgan	Evan Brasseaux
Assistant Commissioner	Staff Director
1306#081	Legislative Fiscal Office

NOTICE OF INTENT

Department of Children and Family Services
Child Support Enforcement Section

Support Enforcement Services (LAC 67:III.2305)

In accordance with the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, the Department of Children and Family Services, proposes to amend the Louisiana Administrative Code, Title 67, Part III, Subpart 4, Section 2305 in accordance with Act 66 of the 2012 Regular Session of the Louisiana Legislature. Act 66 provides that for the purpose of supplying services for the child support enforcement program, field officers shall be designated by the secretary of the Department of Children and Family Services. This amendment would identify those positions.

Title 67
SOCIAL SERVICES
Part III. Economic Stability and Self-Sufficiency
Subpart 4. Child Support Enforcement
Chapter 23. Single State Agency Organization
Subchapter A. Designation, Authority, Organization and Staffing

§2305. Child Support Enforcement Staff

A. Child support enforcement field officers responsible for supplying services shall be:

1. caseworkers, as defined in 45 CFR §303.20(e)(1);

2. child support enforcement personnel who supervise caseworkers;

3. child support enforcement personnel who supervise child support enforcement regional offices; and

4. Department of Children and Family Services personnel who directly supervise at least one child support enforcement regional office.

B. Child support enforcement field officers listed in Subsection A shall possess full notarial powers in connection with any document required in the course of providing services to enforce support obligations owed by non custodial parents to their family and children, to locate parents, or to establish paternity and obtain family, child, and medical support orders.

C. It is expressly forbidden for the agent to charge any fee for any oath which he takes or for any authentic act which he passes by virtue of this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:236.1.8(D) and (E).

HISTORICAL NOTE: Promulgated by the Health and Human Resources Administration, Division of Youth Services, LR 2:274 (September 1976), amended by the Department of Social Services, Office of Family Support, LR 34:1929 (September 2008), amended by the Department of Children and Family Services, Child Support Enforcement Section, LR 39:

Family Impact Statement

1. What effect will this Rule have on the stability of the family? This Rule will have no effect on the stability of the family.

2. What effect will this Rule have on the authority and rights of persons regarding the education and supervision of their children? This Rule will have no effect on the authority and rights of persons regarding the education and supervision of their children.

3. What effect will this Rule have on the functioning of the family? This Rule will have no effect on the functioning of the family.

4. What effect will this Rule have on family earnings and family budget? This Rule will have no effect on family earnings and family budget.

5. What effect will this Rule have on the behavior and personal responsibility of children? This Rule will have no effect on the behavior and personal responsibility of children.

6. Is the family or local government able to perform the function as contained in this Rule? Family and local governments are able to perform the function contained in this proposed Rule.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as defined by R.S. 49:973.

Small Business Statement

The proposed Rule will have no adverse impact on small businesses as defined in the Regulatory Flexibility Act.

Public Comments

All interested persons may submit written comments through July 25, 2013, to Sammy Guillory, Deputy Assistant Secretary, Department of Children and Family Services, P.O. Box 94065, Baton Rouge, LA, 70804-9065.

Public Hearing

A public hearing on the proposed Rule will be held on July 25, 2013 at the Department of Children and Family Services, Iberville Building, 627 North Fourth Street, Seminar Room 1-127, 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).

Suzy Sonnier
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Support Enforcement Services

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

This rule proposes to amend the Louisiana Administrative Code, Title 67, Part III, Subpart 4, Section 2305 Support Enforcement Services, pursuant to Act 66 of the 2012 Regular Legislative Session that authorizes the Secretary of the Department of Children and Family Services (DCFS) to designate field office positions in the Child Support Enforcement Program. In this proposed rule, the Secretary has designated the following field officer positions in the Child Support Enforcement Program as responsible for supplying services: (1) caseworkers, (2) supervisors of caseworkers, (3) supervisors of child support enforcement regional offices, and (4) any staff that directly supervises at least one child support enforcement regional office. Child Support Enforcement services includes the power and authority to make arrests, supervise the probation of offenders, serve notices, orders, subpoenas, summons, citations, motions, and writs, and to execute all warrants and orders. Designated field officer positions are authorized to carry weapons and arms. In addition, these field officer positions shall possess full notarial powers in connection with any documentation in the course of performing child support enforcement services.

The only cost associated with this proposed rule is the cost of publishing rulemaking that is estimated to be approximately $656 in FY 12-13 ($223.04 SGF and $432.96 Federal). This is a one-time cost that is routinely included in the department's operating budget.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Implementation of this rule will have no effect on state or local revenue collections.

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)

There is no estimated impact on competition and employment.

Sammy Guillory
Deputy Assistant Secretary
1306#069

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 105—Louisiana Content Standards for Programs Serving Four-Year Old Children
(LAC 28:LXXVII.Chapters 1-9)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement the repeal of *Bulletin 105—Louisiana Content Standards for Programs Serving Four-Year Old Children*. This policy bulletin is being replaced by *Bulletin 136—The Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years*.

Title 28
EDUCATION
Part LXXVII. Bulletin 105—Louisiana Content Standards for Programs Serving Four-Year Old Children

Chapter 1. General Provisions

§101. Introduction

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2313 (November 2003), amended LR 37:518 (February 2011), repealed LR 39:

§103. Louisiana Content Standards Foundation Skills

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2314 (November 2003), amended LR 37:518 (February 2011), repealed LR 39:

§105. Information Literacy Model for Lifelong Learning

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2314 (November 2003), amended LR 37:519 (February 2011), repealed LR 39:

§107. Definitions

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2315 (November 2003), repealed LR 39:

Chapter 3. Pre-Kindergarten Content Standards

Subchapter A. General

§301. Content Standards

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2316 (November 2003), amended LR 37:519 (February 2011), repealed LR 39:

§303. Developmentally Appropriate Practices

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2317 (November 2003), amended LR 37:520 (February 2011), repealed LR 39:

Subchapter B. Approaches to Learning

§305. Rationale

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:520 (February 2011), repealed LR 39:

§307. Guiding Practices

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:520 (February 2011), repealed LR 39:

§309. Strategies to Support an Inclusive Learning Environment

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:520 (February 2011), repealed LR 39:

§311. Reasoning and Problem-Solving

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:521 (February 2011), repealed LR 39:

§313. Initiative, Engagement, and Persistence

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:522 (February 2011), repealed LR 39:

§315. Curiosity and Eagerness to Learn

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:522 (February 2011), repealed LR 39:

Subchapter C. Mathematics

§317. Mathematical Development [Formerly §305]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2317 (November 2003), amended LR 37:520 (February 2011), repealed LR 39:

§319. Stages of Math Development [Formerly §307]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2317 (November 2003), amended LR 37:523 (February 2011), repealed LR 39:

§321. Mathematical Development—Number and Number Relations

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:523 (February 2011), repealed LR 39:

§323. Mathematical Development—Measurement

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:524 (February 2011), repealed LR 39:

§325. Mathematical Development—Geometry

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:524 (February 2011), repealed LR 39:

§327. Mathematical Development—Data Analysis

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:525 (February 2011), repealed LR 39:

§329. Mathematical Development—Patterns and Relationships

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2318 (November 2003), amended LR 37:525 (February 2011), repealed LR 39:

Subchapter C. Science

§331. Scientific Development [Formerly §311]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2320 (November 2003), amended LR 37:525 (February 2011), repealed LR 39:

§333. Scientific Development—Inquiry

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:526 (February 2011), repealed LR 39:

§335. Scientific Development—Physical Science

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:526 (February 2011), repealed LR 39:

§337. Scientific Development—Life Science

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:527 (February 2011), repealed LR 39:

§339. Scientific Development—Earth Science

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2321 (November 2003), amended LR 37:527 (February 2011), repealed LR 39:

Subchapter D. Social Studies

§341. Social Studies Development [Formerly §315]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2323 (November 2003), amended LR 37:528 (February 2011), repealed LR 39:

§343. Social Studies Development—Geography

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:528 (February 2011), repealed LR 39:

§345. Social Studies Development—Civics

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:529 (February 2011), repealed LR 39:

§347. Social Studies Development—Economics

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:529 (February 2011), repealed LR 39:

§349. Social Studies Development—History

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:529 (February 2011), repealed LR 39:

Subchapter E. Creative Arts

§351. Creative Arts Development [Formerly §319]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2325 (November 2003), amended LR 37:529 (February 2011), repealed LR 39:

§353. Stages of Art Development [Formerly §321]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2325 (November 2003), amended LR 37:530 (February 2011), repealed LR 39:

§355. Creative Arts Development—Music

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:530 (February 2011), repealed LR 39:

§357. Creative Arts Development—Movement

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:530 (February 2011), repealed LR 39:

§359. Creative Arts Development—Visual Art

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:531 (February 2011), repealed LR 39:

§361. Creative Arts Development—Dramatic Art

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2326 (November 2003), amended LR 37:531 (February 2011), repealed LR 39:

Subchapter F. Health and Physical Development

§363. Health and Physical Development [Formerly §325]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2329 (November 2003), amended LR 37:532 (February 2011), repealed LR 39:

§365. Health and Physical Development—Health and Hygiene

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:532 (February 2011), repealed LR 39:

§367. Health and Physical Development—Environmental Hazards

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:532 (February 2011), repealed LR 39:

§369. Health and Physical Development—Gross Motor

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:533 (February 2011), repealed LR 39:

§371. Health and Physical Development—Fine Motor

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2330 (November 2003), amended LR 37:533 (February 2011), repealed LR 39:

Subchapter G. Language and Literacy

§373. Language and Literacy Development [Formerly §329]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2332 (November 2003), amended LR 37:534 (February 2011), repealed LR 39:

§375. Beginning Reading Skills [Formerly §331]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2332 (November 2003), amended LR 37:534 (February 2011), repealed LR 39:

§377. Stages of Written Language Development [Formerly §333]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2332 (November 2003), amended LR 37:534 (February 2011), repealed LR 39:

§379. Language and Literacy Development—Listening

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:534 (February 2011), repealed LR 39:

§381. Language and Literacy Development—Speaking

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:536 (February 2011). repealed LR 39:

§383. Language and Literacy Development—Reading

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:537 (February 2011), repealed LR 39:

§385. Language and Literacy Development—Writing

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:538 (February 2011), repealed LR 39:

Subchapter H. Social and Emotional

§387. Social and Emotional Development [Formerly §337]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2336 (November 2003), amended LR 37:538 (February 2011), repealed LR 39:

§389. Social and Emotional Development—Self-Regulation

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:539 (February 2011), repealed LR 39:

§391. Social and Emotional Development—Self-Identity

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:539 (February 2011), repealed LR 39:

§393. Social and Emotional Development—Self-Reliance

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:539 (February 2011), repealed LR 39:

§395. Social and Emotional Development—Respect for Others

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:541 (February 2011), repealed LR 39:

§397. Social and Emotional Development—Interpersonal Skills

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:541 (February 2011), repealed LR 39:

Chapter 5. Pre-K Standards at a Glance

§501. Approaches to Learning

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:542 (February 2011), repealed LR 39:

§503. Cognitive Development—Mathematics

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:542 (February 2011), repealed LR 39:

§505. Cognitive Development—Science

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2341 (November 2003), amended LR 37:542 (February 2011), repealed LR 39:

§507. Cognitive Development—Social Studies

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:0000 (November 2003), amended LR 37:542 (February 2011), repealed LR 39:

§509. Creative Arts Development

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2340 (November 2003), amended LR 37:543 (February 2011), repealed LR 39:

§511. Health and Physical Development

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2341 (November 2003), amended LR 37:543 (February 2011), repealed LR 39:

§513. Language and Literacy Development [Formerly §507]

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, 29:2341 (November 2003), amended LR 29:2341 (November 2003), LR 37:543 (February 2011), repealed LR 39:

§515. Social and Emotional Development

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:543 (February 2011), repealed LR 39:

Chapter 7. Glossary of Terms

§701. Glossary of Terms

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:544 (February 2011), repealed LR 39:

Chapter 9. Appendices

§901. Appendix A

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:545 (February 2011), repealed LR 39:

§903. Appendix B

Repealed.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:546 (February 2011), repealed LR 39:

Family Impact Statement

In accordance with Section 953 and 974 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the state board office which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed Rule affect the stability of the family? No.
2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.
3. Will the proposed Rule affect the functioning of the family? No.
4. Will the proposed Rule affect family earnings and family budget? No.
5. Will the proposed Rule affect the behavior and personal responsibility of children? No.
6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

In accordance with Section 973 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Poverty Impact Statement on the Rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this section, the word "poverty" means living at or below 100 percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial security? No.
2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? Yes.
3. Will the proposed Rule affect employment and workforce development? No.
4. Will the proposed Rule affect taxes and tax credits? No.
5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? Yes.

Small Business Statement

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Public Comments

Interested persons may submit written comments via the U.S. Mail until 4:30 p.m., July 9, 2013, to Heather Cope, Executive Director, State Board of Elementary and Secondary Education, P.O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Heather Cope
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Bulletin 105—Louisiana Content Standards for Programs Serving Four-Year Old Children

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy will not result in an increase in costs or savings to state or local governmental units. The proposed policy repeals Bulletin 105—Louisiana Content Standards for Programs Serving Four-Year Old Children. This policy bulletin is being replaced by Bulletin 136 — The Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth – Five Years.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be no costs or economic benefits 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.

Beth Scioneaux	Evan Brasseaux
Deputy Superintendent	Staff Director
1306#011	Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 111—The Louisiana School, District, and State Accountability System
(LAC 28:LXXXIII. 301, 303, 413, 515, 613, and 1301)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement revisions to *Bulletin 111—The Louisiana School, District, and State Accountability System*: §301, School Performance Score Goal; §303, Transition from Fall 2012 to Fall 2013; §413, Dropout Credit Accumulation Index Calculations;§515, State Assessments and Accountability; §613, Calculating A Graduation Index; and §1301, Reward Eligibility.

Title 28
EDUCATION

Part LXXXIII. Bulletin 111—The Louisiana School, District, and State Accountability System

Chapter 3. School Performance Score Component

§301. School Performance Score Goal

A. - B. …

C. Preliminary school performance scores shall be released in the summer for schools that receive a letter grade of F. Final accountability results shall be issued by the fall semester of each year and all accountability reports will reflect the configuration of the school as it existed the prior spring semester.

1. For K-7 schools, the school performance score will consist entirely of one index based on assessments listed in the table below.

2. For K-8 schools, the school performance score will consist of an assessment index and a dropout/credit accumulation index.

K-8 School Performance Score Indices and Weights		
LEAP, iLEAP, LAA 1 and LAA 2	Grades K-7	100 percent
	Grades K-8	95 percent
Dropout/Credit Accumulation Index	Grade 8	5 percent

3. For schools with a grade 12, the school performance scores will include four indicators weighted equally as outlined in the table below.

High School Performance Score Indices and Weights		
End of Course Tests, LAA 1, LAA 2	Grades 9-12	25 percent
ACT*	Grade 12	25 percent
Graduation Index*	Grade 12	25 percent
Graduation Rate	Grade 12	25 percent

*When calculating a school's ACT score, students participating in the LAA 1 assessment shall not be included in the denominator of such calculations.

4. - 4.b.ii. …

5. For schools with configurations that include grades 9-11, but do not have a grade 12, the school performance score will consist of the indices available.

a. For example:

i. a school with grade configuration of grades 7-10 will receive an assessment index that includes iLEAP, LEAP, LAA 1, LAA 2, and end-of-course assessments as 95 percent of the SPS. The dropout/credit accumulation index for data from grade 8 will count as 5 percent;

ii. A school with grades 9-11 will receive an SPS that includes the end-of-course assessment index.

D. Bonus Points

1. - 1.a.…

b. a minimum of 30 percent of the students in the non-proficient subgroup meet or exceed their expected growth, as determined by the value-added model for students in grades K-8 and as determined by the ACT series for students in grades 9-12;

c. if 1.a and 1.b are met, then the number and the percent of students will be multiplied by 0.1, and the higher of the two products will be used to assign bonus points. For students who earn an unsatisfactory on LEAP or iLEAP or needs improvement on end-of-course tests, the multiplier will be 0.2. For students who earn an approaching basic on LEAP or iLEAP or a fair on end-of-course tests, the multiplier will be 0.1.

2. The assessments used to determine growth in the non-proficient subgroup include, as available:

a. LEAP, iLEAP, and EOC scores for schools without a grade 12;

b. EXPLORE, PLAN and ACT scores for schools with grade 12; and

c. for schools with LEAP, iLEAP, EXPLORE, PLAN and ACT data, all tests will be used to determine bonus points.

3. - 3.a.…

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2737 (December 2003), amended LR 31:1512 (July 2005), LR 32:1017 (June 2006), LR 32:2034, 2035 (November 2006), LR 33:424 (March 2007), LR 33:2349 (November 2007), LR 33:2593 (December 2007), LR 34:430 (March 2008), LR 35:639 (April 2009), LR 36:1987 (September 2010), LR 38:3105 (December 2012), LR 39:

§303. Transition from Fall 2012 to Fall 2013

A. Schools shall receive an annual 2013 SPS using the 150-point scale, as approved for the 2012-13 school year and as described in Chapters 3-6 of this bulletin. In order to illustrate growth from the 2011-2012 to the 2012-2013 school year, for the fall 2013 release only, schools shall also receive a 2012 transition baseline SPS and 2013 growth SPS based on the 200-point scale as described in this Section.

B. The 2012 transition baseline SPS and the 2013 growth SPS will use the indicators approved for the 2011-12 school year.

1. For elementary and middle schools, the following indicators will be used.

2012 Transition Baseline SPS and 2013 Growth SPS K-8 Indicators and Weighting	
Indices Used in SPS	**Grades contributing data to Index**
Assessment Index: LEAP, iLEAP, LAA-1 and 2 (90 percent K-8)	Grades 3-8
Attendance Index (10 percent K-6; 5 percent 7-8)	Grades K-8
Dropout Rate Index (5 percent 7-8)	Grades 7-8

2. For high schools, the following indicators will be used.

2012 Transition Baseline SPS and 2013 Growth SPS SPS 9-12 Indicators and Weighting	
Assessment Index: EOC , LAA-1 (70 percent)	Grades 9-12
Graduation Index: 30 percent	Cohort Graduation Data

C. The 2012 transition baseline SPS and the 2013 growth SPS assessment indices, the dropout index, and the cohort graduation index will be calculated per policy approved for the fall 2012 SPS except for the full academic year definition (See Subsection F below for more information.) and any policy that alters the calculation for alternative schools.

D. The 2012 transition baseline SPS will include data for two years. The 2013 growth SPS will include data for one year as outlined in the chart below.

School Performance Score	Assessment Data	Attendance, Dropout, Graduation Data
2012 Transition Baseline SPS (200 points possible)	Grades 3-8: 2011 and 2012 test scores for *i*LEAP, LEAP, LAA 1, and LAA 2, and EOC middle school bonus points as applicable Grades 9-12: 2011 and 2012 test scores from EOC Algebra I, English II, English III, Geometry, Biology, and LAA 1 as applicable	Grades K-8: 2010 and 2011 attendance Grade 7-8: dropout data High School: cohort graduation data
2013 Growth SPS (200 points possible)	Grades 3-8: 2013 test scores for *i*LEAP, LEAP, LAA 1 and LAA 2, and EOC middle school bonus points as applicable Grades 9-12: 2013 EOC test scores from Algebra I, English II, English III, Geometry, Biology, and LAA 1as applicable	Grades 3-8: 2012 attendance Grades 7 and 8: dropout data High School: 2012 cohort graduation data
2013 Annual SPS (150 points possible)	Grades 3-8: 2013 test scores for *i*LEAP, LEAP, LAA 1 and LAA 2, EOC middle school bonus points, and non-proficient super-subgroup bonus points as applicable Grades 9-12: 2013 EOC test scores for Algebra I, English II, English III, Geometry, Biology, LAA 1, nonproficient super-subgroup bonus points, and highest ACT composite score through March 2013 for grade 12 students as applicable	Grade 8: 2012 dropout data Grade 9: Carnegie units by May 2013 for first-time 2012-13 students High School: 2012 cohort graduation data

F. The definition of full academic year, as described in §517, Inclusion of Students, will be used for all three school performance scores including alternative schools. Students are full academic year in an LEA if they are enrolled at any school in the LEA on October 1 and for testing. Students are full academic at the school where they are enrolled on February 1 if the school is in the LEA at which the student is full academic year.

G. Alternative school calculations for all three school performance scores will be the same as for all schools.

H. Two letter grades shall be assigned using the scale listed in the chart below. A letter grade will be assigned to the 2013 growth SPS based on the scale that was established for the 200 point scale used in 2011-12. A letter grade will be assigned to the 2013 annual SPS that was established for the 150 point scale and is included in §1101.

Letter Grade	2012 Transition Baseline SPS and 2013 Growth SPS	2013 Annual SPS
A	120.0-200.0	100.0-150
B	105.0-119.9	85.0-99.9
C	90.0-114.9	70.0-84.9
D	75.0-89.9	50.0-69.9
F	0-74.9	0-49.9

I. Schools will be eligible for top gains if they meet the growth goal of 5 points for schools with letter grade A and 10 points for schools with letter grade B-F. Schools can meet this goal in one of two ways:

1. actual growth as measured by the difference between the 2012 transition baseline SPS and the 2013 growth SPS; or

2. bonus points from the nonproficient super-subgroup calculations.

J. Schools are not eligible for top gains if they are in any level of subgroup component failure and/or if the letter grade assigned to the 2013 annual SPS is lower than the letter grade assigned to the 2013 growth SPS.

K. As outlined in this bulletin, consequences for schools are assigned using the 2013 annual SPS and letter grade.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2744, amended LR 39:

Chapter 4. Assessment and Dropout/Credit Accumulation Index Calculations

§413. Dropout/Credit Accumulation Index Calculations

A. - B.1.b. …

2. Carnegie units earned in summer school after ninth grade will not be included.

3. - 4. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2741 (December 2003), amended LR 36:1990 (September 2010), LR 38:3107 (December 2012), LR 39:

Chapter 5. Inclusion in Accountability

§515. State Assessments and Accountability

A. - A.4.b. …

B. Louisiana students in grades 9, 10, 11, and 12 will participate in at least one of the following state assessments on an annual basis:

1. - 6. …

7. ACT in grade 11 or 12.

C. - F. …

G. A score from a twelfth grade student will count in only one accountability cycle.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2741 (December 2003), amended LR 31:2422 (October 2005), LR 32:1022 (June 2006), LR 33:253 (February 2007), LR 36:1990 (September 2010), LR 37:2119 (July 2011), LR 38:1212 (May 2012), LR 38:3107 (December 2012), LR 39:

Chapter 6. Graduation Cohort, Index, and Rate

§613. Calculating a Graduation Index

A. Points shall be assigned for each member of a cohort during the cohort's fourth year of high school according to the following table.

Student Result	Points
HS Diploma plus AP score of at least 3 OR IB Score of at least 4	150
Academic OR Career/Technical Endorsement (For 2012-13 only)	135
TOPS Opportunity Award (For 2012-13 only)	120
BESE Approved Industry Based Certification OR Dual Enrollment OR AP score of 1 or 2 OR IB score of 1, 2, or 3 if the corresponding course is passed.	110
Regular HS Diploma	100
GED	25
Non-graduate without GED	0
5th Year Graduate plus AP score of at least 3 OR IB Score of at least 4	140
5th Year Graduates	75

B. The graduation index of a school shall be the average number of points earned by cohort members.

C. For each student who graduates in the fifth year, 75 points shall be awarded to the graduation index. An additional 65 points shall be awarded to fifth year graduates who also have a score of at least 3 on an AP test or a score of at least 4 on an IB test for a total of 140 points.

1. The diploma must be earned no later than the third administration of the summer retest following the fourth year of high school of the students' cohort.

a. For example, a student who finishes the fourth year of high school in 2012 must complete the assessment requirements before or during the 2014 summer test administration.

2. When related to awarding fifth year graduate points, the enrollment must be continuous and consist of at least 45 calendar days.

D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 32:1025 (June 2006), amended LR 33:2031 (October 2007), LR 33:2594 (December 2007), LR 35:1472 (August 2009), LR 36:1769 (August 2010), repromulgated LR 36:1994 (September 2010), LR 36:2243 (October 2010), LR 39:

Chapter 13. Rewards/Recognition

§1301. Reward Eligibility

A. - B. …

C. Schools will not be eligible for reward status regardless of growth if they are in any level of subgroup component failure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2744 (December 2003), amended LR 30:1446 (July 2004), LR 31:1513 (July 2005), LR 33:1334 (July 2007), LR 33:2595 (December 2007), LR 38:3111 (December 2012), LR 39:

Family Impact Statement

In accordance with Section 953 and 974 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the state board office which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed Rule affect the stability of the family? No.
2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.
3. Will the proposed Rule affect the functioning of the family? No.
4. Will the proposed Rule affect family earnings and family budget? No.
5. Will the proposed Rule affect the behavior and personal responsibility of children? No.
6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

In accordance with Section 973 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Poverty Impact Statement on the Rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this section, the word "poverty" means living at or below 100 percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial security? No.
2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? Yes.
3. Will the proposed Rule affect employment and workforce development? No.
4. Will the proposed Rule affect taxes and tax credits? No.
5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? No.
6. Is the family or a local government able to perform the function as contained in the proposed Rule? No.

Small Business Statement

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Public Comments

Interested persons may submit written comments via the U.S. Mail until 4:30 p.m., July 9, 2013 to Heather Cope, Board of Elementary and Secondary Education, P.O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Heather Cope
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Bulletin 111—The Louisiana School, District, and State Accountability System

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy changes will not result in any costs or savings to state or local governmental units.

The proposed changes provide detail on how grade levels will be weighted for each school and provide detail on how indicators will be used for the 2012 transition baseline school performance score, 2013 growth school performance score and annual school performance score. Proposed changes also provide detail on the following: Carnegie units earned in summer school; students who participate in state assessments; the number of points assigned for 5th year graduates; and policy relative to the use of reward eligibility.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

This policy will have no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be no estimated costs and/or economic benefits to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This policy will have no effect on competition and employment.

Beth Scioneaux
Deputy Superintendent
1306#012

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 118—Statewide Assessment Standards and Practices—Performance Standards (LAC 28:CXI.1813)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement revisions to *Bulletin 118—Statewide Assessment Standards and Practices*: §1813, Policy language was edited to update U. S. History as new statewide assessments in §1813.A, and to include performance standards scaled-score ranges in §1813.B.6. Policy language was updated and edited as it relates to the new statewide assessment, U. S. History.

This document will provide new and updated statewide test information and provide easy access to that information. It was necessary to revise the bulletin at this time to include new policy guidelines and edit previous policy language.

Chapter 18 has been edited and updated to provide U.S. history scaled-score ranges that comply with new national academic guidelines.

Title 28
EDUCATION
Part CXI. Bulletin 118—Statewide Assessment Standards and Practices
Chapter 18. End-of-Course Tests
Subchapter D. Achievement Levels and Performance Standards
§1813. Performance Standards

A. Performance standards for EOCT algebra I, English II, geometry, biology, English III, and U.S. history tests are finalized in scaled-score form.

B. - B.5. ...

* * *

6. U.S. History

Achievement Level	U. S. History Scaled-Score Ranges
Excellent	748 - 800
Good	700 - 747
Fair	665 - 699
Needs Improvement	600 - 664

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, LR 35:215 (February 2009), amended LR 36:478 (March 2010), LR 37:820 (March 2011), repromulgated LR 37:1123 (April 2011), LR 38:35 (January 2012), LR 39:

Family Impact Statement

In accordance with Section 953 and 974 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the state board office which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed Rule affect the stability of the family? No.
2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.
3. Will the proposed Rule affect the functioning of the family? No.
4. Will the proposed Rule affect family earnings and family budget? No.
5. Will the proposed Rule affect the behavior and personal responsibility of children? No.
6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

In accordance with Section 973 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Poverty Impact Statement on the Rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this section, the word "poverty" means living at or below 100 percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial security? No.
2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? Yes.
3. Will the proposed Rule affect employment and workforce development? No.
4. Will the proposed Rule affect taxes and tax credits? No.
5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? No.

Small Business Statement

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental, and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Public Comments

Interested persons may submit written comments via the U.S. Mail until 4:30 p.m., July 9, 2013 to Heather Cope, State Board of Elementary and Secondary Education, P.O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Heather Cope
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Bulletin 118—Statewide Assessment Standards and Practices—Performance Standards

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy change will have no implementation cost to state or local governmental units.

The proposed policy includes U.S. History in the End-of-Course tests and includes new scaled-score ranges.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections at the state or local governmental levels.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There should be no effect on costs and/or economic benefits to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There should be no impact on competition and employment.

Beth Scioneaux
Deputy Superintendent
1306#013

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 136—The Louisiana Standards
for Early Childhood Care and Education
Programs Serving Children Birth-Five Years
(LAC 28:CLIX.Chapters 1-11)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement the creation of *Bulletin 136—The Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years*. The proposed policy establishes early learning standards for children from birth to age five as authorized by Act 3 of the 2012 Regular Session of the Legislature. The proposed policy provides for rules and guidelines for the implementation such program.

Title 28
EDUCATION
Part CLIX. Bulletin 136—The Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years

Chapter 1. General Provisions

§101. Introduction

A. The experiences and skills that children develop during the early years are critically important to their success later in school. What children learn during the first few years of life helps to lay the foundation for their future growth and development.

B. In order for children to reach their full potential during those early years, it is important that the adults around them provide an environment and experiences that promote growth and learning. This document, Louisiana's birth to five early learning and development standards (ELDS), is designed to help early childhood do just that by describing the particular skills and abilities that children need to develop to be successful, and by providing ideas for fostering their development.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§103. About this Document

A. Over the course of the past decade, the state of Louisiana has developed several documents to articulate expectations for children's learning and development and provide guidance for early childhood educators. These documents have been published under different titles and by different agencies within Louisiana.

B. To improve the quality of services for children, the early childhood community within Louisiana has worked to combine the state's early learning Standards into a single document that describes a continuum of learning from birth to age five. This continuum is designed to help early childhood educators look across age levels and learning domains to see how children's development emerges and progresses over time. These Standards will replace the previous set of Standards, and will be applicable to all children, including those with disabilities and English language learners.

C. How This Document Was Developed

1. To develop Louisiana's early learning and development standards (ELDS), the Louisiana state Department of Education and the Department of Children and Family Services established a leadership team that was responsible for overseeing the revision of the standards. Members of the leadership team examined research, looked at other states' standards, and considered policy statements from state and national organizations. To ensure consistency with the current K-12 standards, they also examined the Louisiana grade level expectations for kindergarten and the common core state standards. Finally, they reviewed all appropriate research literature to make sure the expectations were inclusive of children from a variety of circumstances and with differing levels of ability.

2. The leadership team developed an initial draft of the standards and indicators, and then worked with experts to review and improve the document. First, it was reviewed by a broader stakeholder group of early childhood educators and parents from across the state. This stakeholder group included representatives of higher education institutions, private childcare, head start, early intervention, as well as teachers and administrators of early education programs. Stakeholders provided comments and feedback on the content of the standards, as well as the overall structure and format of the continuum twice. In addition to the stakeholder group, expert reviewers from outside of Louisiana were asked to provide feedback on the standards. Finally, the leadership team invited sought and comment from the public on a draft of the standards and indicators via an online survey. More than 240 early childhood educators and administrators from across Louisiana responded with comment and suggestions. All of the comments and suggestions that were received were invaluable toward shaping and strengthening the final version of the standards.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§105. Role of the Early Learning and Development Standards

A. The early learning and development standards are intended to be a framework for high-quality, developmentally appropriate early childhood programs and were designed to be used by early childhood you throughout Louisiana. The term *early childhood educator* is intended to encompass all those (e.g., teachers, caregivers, administrators, parents, etc.) who are responsible for the care and education of children from birth to age five. These standards establish a common vision for what the state of Louisiana wants children to learn before they enter kindergarten. As such, they provide age-appropriate goals for children's learning and development that can guide teachers, caregivers and others on what types of experiences and activities children should have during their earliest years.

B. These standards and indicators are intended to be a guide for teaching young children. They are neither a curriculum nor a checklist for assessing children's development and learning. Individual areas of the standards are considered to be equally important and should

be integrated into all experiences and activities. Finally, it is important to remember that while the standards will help educators determine what is typical for children in an age group, they might not always describe a particular child's development. When a child's development and learning does not seem to fit what is included in the standards continuum under his/her age level, look at the indicators for younger or older age groups to see if they are a better fit for the child. The goal is to learn what developmental steps the child is taking now, and to meet the individual needs of that child on a daily basis.

C. Educational research has consistently proven that there is a strong correlation between the quality of early childhood experiences and later academic success. Therefore, it is imperative that Louisiana's early childhood programs provide children with the foundational experiences needed for them to become successful learners. The standards and indicators provide adults with a guide for the skills they should focus on for children of different ages, and offer some general ideas for the types of experiences that will help children develop the skills and knowledge described in this document.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§107. Guiding Principles

A. There are a number of principles that guided the development of the document, and are intended to guide adults who are using the document with children.

NOTE: These guiding principles were reprinted with permission from the Connecticut state Department of Education preschool curriculum framework and benchmarks for children in preschool programs (May 1999).

1. Early learning and development are multidimensional; developmental domains are highly interrelated.

a. Development in one domain influences the development in other domains. For example, children's language skills impact their ability to engage in social interactions. Therefore, developmental domains cannot be considered in isolation of each other. The dynamic interaction of all areas of development must be considered.

2. Young children are capable and competent.

a. All children are capable of positive developmental outcomes. Therefore, there should be high expectations for all young children.

3. There are individual differences in rates of development among children.

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

4. Children will exhibit a range of skills and competencies in any domain of development.

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

b. Knowledge of child growth and development and consistent expectations are essential to maximize educational experiences for children and for program development and implementation.

c. Early care and education professionals must agree on what it is they expect children to know and be able to do, within the context of child growth and development. With this knowledge, early childhood staff can make sound decisions about appropriate curriculum for the group and for individual children.

5. Families are the primary caregivers and educators of their young children.

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

6. Young children learn through active exploration of their environment through children-initiated and teacher-selected activities.

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

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§109. Effective Use of Early Learning and Development Standards with All Children

A. The standards that are presented in this document apply to all children in Louisiana who are not yet age-eligible to enter kindergarten. This includes:

1. children with and without disabilities;
2. children who are learning English; and
3. children who are participating in any type of early care and education program.

B. Children with Disabilities

1. Children with disabilities are those who require some form of special care because of developmental delays to their cognitive, physical, or social-emotional functioning. Inclusion of children with disabilities in early childhood programs is a manageable and best-practice goal. It provides them with the opportunity to learn alongside typically developing peers and creates high expectations for every child, regardless of ability. Early childhood teachers and caregivers can help make this possible by adapting or modifying their classrooms, their interactions, or their materials/equipment to include children of all abilities.

2. The early learning and development standards are designed to be used for all children. Educators and families working with children with disabilities should strive to help them make progress in the areas described in this document; however, it is important to remember that children with

disabilities may not demonstrate progress in the same way or at the same rate as typically developing children. They may need extra support in the form of adaptations and modifications, and teachers may also need to adjust their curriculum and instructional strategies to meet the individual learning needs of children with disabilities. One advantage of the standards continuum is that it is easy to see what skills and knowledge are appropriate across the age levels from birth to age five. Teachers and caregivers working with children with disabilities may find it helpful to look at the standards and indicators provided for a younger age level if the child's current level of learning and development is not consistent with the standards and indicators written for their age. Knowing where each child is on the continuum (and what their logical next steps are) will help educators plan experiences and appropriately support their progress.

3. Assistance in identifying and implementing specific strategies for children with special needs is available to all programs in Louisiana. For more information on specific strategies, as well as how to best serve special needs children, please refer to the Appendix B of this document.

C. English Language Learners (ELL)

1. The term *English language learners* (ELL) refers to children who are learning a second language at the same time they are continuing to develop their native or home language. It is important for teachers and caregivers to understand that ELL children develop language in much the same way that they acquire other skills, at their own rate. A child's language development (both his/her home language and progress in learning English) will depend on the amount and type of language they hear other people using and the opportunities he/she has to practice language skills. Therefore, each child's progress in learning English needs to be respected and supported as part of the ongoing process of learning any new skill.

2. As teachers and caregivers work with ELL children, it is important to remember to address all areas of their learning and development. ELL children need to have opportunities to make progress on all of the standards and indicators described in this document. Research suggests that ELL children will learn concepts and display skills best in their home language during the time they are learning English. Therefore, whenever possible, children should have opportunities to interact with and engage in both their home language and in English in rich and meaningful ways. For example, program staff might learn to use some basic phrases from a child's home language, such as greetings or praise words. Programs can also invite the help of bilingual family members or volunteers who are willing to contribute their time in the classroom by interacting with children or serving as an interpreter for parents.

3. Teachers and caregivers should also remember that children can demonstrate any of the skills described in this document in their home language. They can demonstrate their understanding of health and safety practices, social skills with peers and adults, positive approaches to learning, language development, and knowledge of science, mathematics and other areas in their home language. In fact, teachers and caregivers can best see ELL children's progress on the standards and indicators when children communicate in their home language, and it gives a more accurate picture of a child's progress. For instance, when learning to count (an indicator within the cognitive development domain), children may count in their home language. This signals to teachers and caregivers that the child has learned this concept and has the potential for transferring those skills to a second language. Again, teachers and caregivers who do not speak a child's home language may need to enlist the help of bilingual staff or family members to ensure that the ELL child has the opportunity to learn and demonstrate progress on the standards in his/her home language.

4. Finally, teachers and caregivers should remember that it is important to work closely with all children's families, and this is especially true for English language learners. Families can provide valuable information about the family's home language and how often the child hears English being spoken. The families may also provide information about how the child learns best, and they can work to reinforce what the child is learning in the program with similar experiences at home. Families are a tremendous resource for understanding a child's home culture, and they are key to working effectively with children from diverse cultures.

5. For more information on ELL children, please see the domain description for language and literacy development.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§111. Overview of the Early Learning and Development Standards

A. What ages are covered in the early learning and development standards?

1. The continuum of the early childhood and development standards is divided into five age levels: infants (birth-11 months), young toddlers (9-18 months), older toddlers (16-36 months), three-year-olds (36-48 months), and four-year-olds (48-60 months). These age levels were selected because they represent developmentally significant periods in a young child's life. However, it is important for educators to remember that young children's development is often uneven and progresses at different rates. Children may change dramatically in one area, while development progresses more slowly in another area. Children with disabilities may demonstrate even greater variation in their abilities to progress and reach developmental milestones.

2. Because children develop at different rates, there is overlap at the youngest age levels (birth-11 months/infants; 9-18 months/young toddlers; and 16-36 months/older toddlers). Some children may not reach all of the indicators described in the first age level by the time they are 11 months old. Likewise, some children under 16 months of age may display some of the skills and abilities that are listed at the older toddler level. The overlap reflects the fact that it is normal for children this age to vary a lot in when they demonstrate the skills and behaviors described in the indicators written for infants and toddlers.

NOTE: Children should know and be able to do the skills in each age range by the time they reach the end of that age level.

B. How are the standards organized?

1. The early learning and development standards are organized into five domains of children's development:

a. approaches to learning;

b. cognitive development and general knowledge (including content areas of creative thinking and expression, mathematics, science, and social studies);

c. language and literacy development;

d. physical well-being and motor development; and

e. social-emotional development.

2. These five domains represent major areas of development and learning, and define essential learning for school readiness and children's long-term success. The domains are designed to be interdependent and include all areas of children's learning and development. Each domain begins with a brief description of the domain and an explanation of why it is important for children's development and learning. Some ideas for promoting progress on the areas described in the standards are also offered. This description is followed by the standards continuum (sometimes called a "continuum" for short) for each domain. The continuum is a table that includes the standards and indicators for each age level. Louisiana has elected to arrange the indicators along a continuum so that all of the indicators for the age levels, infants to four-year-olds are included on the same row. This allows teachers and caregivers to easily look across the age levels to see the progression that a child might make toward the standard.

NOTE: The mathematics subdomain and the language and literacy domain include the alignment to the kindergarten common core for these two areas of development.

3. Each continuum is organized into subdomains which capture the specific areas of learning that make up the domain. For example, the domain of approaches to learning is divided into three subdomains: initiative and curiosity; attention, engagement, and initiative; and reasoning, problem-solving, and creative thinking.

4. Cognitive development is an area of development that is somewhat broader than the other domains. It includes the subdomain areas of creative thinking and expression, mathematics, science, and social studies. Each of these subdomains of cognitive development includes a description and explanation of its importance.

5. Within each subdomain is a set of standards and indicators. The standard is a statement that provides an overarching goal for skills and knowledge children should make progress toward. It provides a general statement of what children should know and be able to do that is applicable across age levels/groups.

6. The indicators provide more specific information about what children should know or be able to do at each age level. They are written for a specific age level and provide a description of the skills, knowledge, and/or characteristics a child should be doing to indicate progress toward the standard. The indicators typically do not represent expectations for the entire age range, but are a reflection of what children should know and be able to do at the end of each age level.

NOTE: The indicators do not have a one-to-one alignment across the different age ranges.

7. Each of the indicators is assigned a code that includes two numbers. This code appears at the end of each indicator in parentheses. The first number indicates age-level (i.e., 0 = infants; 1 = young toddlers; 2 = older toddlers; 3 = three-year-olds; and 4 = 4-year-olds), while the second number reflects the order of the item within the age level:

a. 0-4—age level;

b. 1, 2, 3, 4, etc.—indicator number.

8. For example, if an infant/toddler teacher is targeting standard 1 in approaches to learning, he/she might refer to specific indicators in the following ways, AL 1-0.1 or AL 1:0.1. Similarly, an older toddler teacher/caregiver might write an indicator as AL 1-2.1 or AL 1: 2.1.

9. Following the standards for each domain, there is a list of strategies to support development and learning. The strategies are intended to help teachers and caregivers think about how to best use the standards to guide what they do in the classroom. They are a guide for the type of teaching practices and interactions that adults can use to encourage children's progress on the indicators. This is not intended to be an exhaustive list of strategies, but is a place to start when planning activities to support children's learning.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§113. Use of this Document with Other Documents in Louisiana

A. Early childhood educators often feel overwhelmed by the multitude of guidelines, requirements and recommendations that are part of the tools and information available. These birth to five early learning and development standards are designed to assist educators in improving the quality of care for all children in all settings by presenting goals for children's development and learning. They are consistent with other standards and guidelines provided to early childhood programs in Louisiana. The practices that are considered "best practice" will promote children's learning and development as described in this document, and are consistent with best practices in all types of programs and settings. Of course, programs and settings that have specific funding sources may require different policies, but all programs should be working toward improving quality to support children's progress on the standards and indicators included in this document.

B. The graphic below shows how these birth to five early learning and development standards compare to other documents that describe expectations for children's learning and development that are currently being used in Louisiana, specifically those from head start and Louisiana's kindergarten standards. In most instances, the domains and areas of development listed under one document are very similar to those found in another; however, there are some differences across the three documents.

C. We believe that the practices and recommended strategies that promote high quality early education services will support children's progress on the standards and indicators, and that as young children develop the skills and behaviors described in the ELDS and the head start framework, they will be ready to meet the kindergarten standards once they enter kindergarten.

Louisiana Early Learning and Development Standards	Head Start Child Development and Early Learning Framework Domains *	Louisiana Kindergarten Standards
Approaches to Learning		
Approaches to Learning	Approaches to Learning	N/A
	Creative Arts Development	
Cognitive Development		
Louisiana Early Learning and Development Standards	Head Start Child Development and Early Learning Framework Domains*	Louisiana Kindergarten Standards
Creative Thinking and Expression	(Found in Approaches to Learning)	N/A
Mathematics	Mathematics Knowledge and Skills	Mathematics (Common Core)
Science	Scientific Knowledge and Skills	Science (GLEs)
Social Studies	Social Studies Knowledge and Skills	Social Studies (GLEs)
	Logic and Reasoning	
Physical Development		
Physical Well-Being and Motor Development	Physical Development and Health	Physical Development (GLEs)
		Health (GLEs)
Language and Literacy Development		
Language and Literacy Development	Language Development	English Language Arts (Common Core)
	Literacy Knowledge and Skills	
Social and Emotional Development		
Social-Emotional Development	Social and Emotional Development	N/A

*Source: http://eclkc.ohs.acf.hhs.gov/hslc/sr/approach/cdelf

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

Chapter 2. Early Learning Standards Continuum

§201. Approaches to Learning

A. In the 1990s, the National Education Goals Panel recognized approaches to learning as an essential element of children's school readiness. The term *approaches to learning* typically refers to behaviors and attitudes that show how children approach tasks/activities and how they learn. Approaches to learning includes characteristics such as curiosity, problem-solving, maintaining attention, and persistence. These learning behaviors can help strengthen and facilitate children's learning across other school readiness domains. In fact, research has shown that approaches to learning is a distinct aspect of children's school readiness and is a strong predictor of their later success in school. Children with positive approaches to learning perform better academically and have more productive interactions with others. While some of these skills seem to come naturally to some children, researchers believe that others can be nurtured and developed through a supportive, high-quality learning environment.

B. Exploring and Acquiring New Knowledge

1. For very young children, growing and learning begins with personal experiences, and their openness and curiosity about new discoveries. Infants and toddlers learn about the world and gain new knowledge by taste, touch, smell, sight, sound and through their physical actions. They begin to develop an awareness of themselves and others through relationships and through their social interactions with those around them. Environments where children feel safe and secure nurture their interest in the world and support their own unique learning style. With a consistent environment and trusting, responsive adults, children have the emotional security necessary for exploring, growing and learning.

C. Attention and Problem-Solving

1. The capacity to pay attention, to think creatively, and to solve problems are all important aspects of children's approaches to learning that develop during the early childhood period. At around age three, children are able to complete short-term, concrete tasks and activities. As they progress and move closer to age five, they are able to concentrate for longer periods of time, and perform longer-term and more abstract tasks such as finishing an art project they started the previous day or following an established plan for an activity.

2. As children move into the preschool years, they begin to establish learning behaviors that are more directly tied to later school success as they continue to explore the world and also gain knowledge related to academic subject areas. It is important that early childhood educators help foster the development of children's positive approaches to learning by providing an environment that is interesting and engaging, and allowing children opportunities and the freedom to explore in a safe, supportive environment.

3. Finally, regardless of the age, it is important for early childhood educators to understand that children vary in their learning styles and how they express their approaches to learning. For example, some children show great enthusiasm for trying new things, while others are more content to sit back and watch. This may be a result of temperament differences between children, or might be related to cultural differences because some cultures affirm the importance of curiosity while others encourage children to be more reserved. If a child's learning behaviors seem to be related to temperament, it is important for teachers and caregivers to know that they cannot force a change to a child's temperament. They can, however, learn to be attuned to these differences and provide support and guidance to children as they need it. The standards and indicators included in this domain describe important aspects of approaches to learning that early childhood you should seek to foster as they work with young children.

4. List of commonly cited components of approaches to learning:

a. intrinsic motivation to learn;
b. interest and joy in learning;
c. initiative;
d. persistence;
e. ability to plan, focus and control attention;
f. flexible problem-solving and inventiveness;
g. tolerance for frustration;
h. ability to connect and apply past learning to new experiences.

D. Standard 1—engage in play-based learning to explore, investigate, and acquire knowledge about themselves and their world.

Subdomain: Initiative and Curiosity				
Standard AL 1: Engage in play-based learning to explore, investigate, and acquire knowledge about themselves and their world				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
AL 1 Indicators				
Show interest in body parts (e.g., fingers, toes). (0.1) Explore objects, materials, and/or people using all the senses (e.g., picking objects up and putting them in mouth, focusing attention on an object or someone doing something, etc.). (0.2) Select a particular material, toy or place to explore on their own. (0.3) Use simple behaviors to meet own needs (e.g., feeding self with finger food). (0.4)	Show curiosity and interest in actively exploring the environment. (1.1) Express choices and preferences. (1.2) Try to help with simple tasks and activities. (1.3)	Show curiosity and interest in daily experiences and activities. (2.1) Demonstrate a willingness to try new activities and experiences. (2.2) Actively explore the environment. (2.3) Demonstrate increasing interest and independence in completing simple tasks.(2.4) Insistent about preferences and may say "no" to adult. (2.5)	Demonstrate eagerness to learn through play and exploring the environment. (3.1) Complete a range of simple tasks on their own. (3.2)	Show curiosity, interest and a willingness to learn new things and try new experiences. (4.1) Choose a multi-step task and complete it on their own. (4.2)

E. Standard 2—demonstrate attention, engagement, and persistence in learning.

Subdomain: Attention, Engagement, and Persistence				
Standard AL 2: Demonstrate attention, engagement, and persistence in learning				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
AL 2 Indicators				
Focus attention on people around him/her. (0.1) Attend briefly to different people, sights and sounds in the environment. (0.2) Try to make things happen. (0.3)	Interact with people, objects or activities for short periods of time. (1.1) Show interest in activities, people and the environment for a short period of time. (1.2) Show pleasure in completing simple tasks. (1.3)	Actively engage with people, objects, or activities in the environment for longer length of time. (2.1) Maintain attention to complete a short, simple task with adult support. (2.2) Complete self- chosen activity and repeats the activity many times to gain mastery. (2.3)	Maintain focus on objects and activities of interest while other activities are going on in the environment. (3.1) Maintain focus on a complex activity with adult support. (3.2) With prompting and support, develop a simple plan for and work towards completion of short tasks, and activities. (3.3)	Stay engaged with others, objects, and activities despite interruptions or disruption. (4.1) Maintain attention in child-initiated and adult - directed activities despite distractions and interruptions. (4.2) Plan and complete tasks and activities. (4.3)

F. Standard 3—recognize, understand, and analyze a problem and draw on knowledge or experience to seek solutions.

Subdomain: Reasoning, Problem-solving, and Creative Thinking				
Standard AL 3: Recognize, understand, and analyze a problem and draw on knowledge or experience to seek solutions				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
AL 3 Indicators				
Notice the effect of own actions when playing with a variety of objects and/or interacting with others. (0.1) Interact with a toy or object in more than one way. (0.2) Use simple actions to solve problems (e.g., scooting to reach favorite toy). (0.3) Play with a variety of objects and notice similar and different outcomes. (0.4) Look to adult for assistance (e.g., may vocalize to get adult's attention). (0.5)	Repeat behaviors to produce interesting effects (e.g., as shaking a stuffed animal to listen to the sound that it makes). (1.1) Observe others' actions with objects and materials to learn strategies for interaction. (1.2) Solve familiar problems or tasks. (1.3) Use trial and error to solve a new problem or unfamiliar task. (1.4) Use gestures and simple language when help is needed. (1.5)	Demonstrate an understanding of cause and effect (e.g., purposefully try to make things happen). (2.1) Repeat behaviors to produce desired effect. (2.2) Observe and imitate others' when trying to carry out new tasks or actions. (2.3) Apply new action or strategy to solve problem. (2.4) Use trial and error to solve more complex tasks or problems. (2.5) Ask others for help if needed. (2.6) Use language when asking for help from adults or peers. (2.7)	Experiment to see if the same actions have similar effects on different objects. (3.1) Remember and apply previously learned information to a familiar object, task or situation. (3.2) Use a variety of strategies to solve a problem when the first try is unsuccessful. (3.3) Ask adults for help on tasks, if needed. (3.4)	Identify and understand cause and effect relationships. (4.1) Apply prior knowledge and experiences to learn new skills during play. (4.2) Use a variety of strategies to investigate possible solutions, to accomplish a task, or to solve a problem. (4.3) Make specific request for help from both peers and adults as needed. (4.4)

G. Standard 4—demonstrate creative thinking when using materials, solving problems, and/or learning new information.

Subdomain: Reasoning, Problem-solving, and Creative Thinking				
Standard AL 4: Demonstrate creative thinking when using materials, solving problems, and/or learning new information.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
AL 4 Indicators				
: Try a new action with a familiar object when interacting with others. (0.1) Manipulate objects in order to explore them. (0.2)	Use familiar objects in new and unexpected ways. (1.1) Ask questions to obtain adult response. (1.2)	Use objects, art materials and toys in new and unexpected ways. (2.1) Ask what, how, and why questions to seek information. (2.2)	Express unique ideas in both language and use of objects in a variety of situations. (3.1) Ask more complex questions for clarification and to seek meaningful information. (3.2)	Express unique ideas and approach tasks and experiences with flexibility, imagination and inventiveness. (4.1) Gather information and ask complex questions in order to understand a new or familiar concept. (4.2)

H. Strategies for Approaches to Learning

Strategies for Approaches to Learning
Infants
Recognize that children have their own individual temperament. Provide experiences that are a good match for each baby's temperament. Place infants in a safe area large enough for them to move freely. Place toys around the area to encourage movement. Allow infants time to try to solve problems on their own. Know each infant's tolerance for frustration and his or her developing abilities. Allow the babies to experience challenges but help them before they become too frustrated. Comment on their successes as they solve problems: "Jamal, you worked hard to pick up that rattle." Add interesting toys of different textures that are responsive to the action of the infant such as soft balls, rattles, cloth toys, squeeze toys, plastic keys, and mobiles. Talk with infants about what they are experiencing through their senses. Say, "That towel is wet. Remember when your shirt got wet." Encourage creativity rather than imposing limits on how mobile infants use materials.
Toddlers
Recognize and accept that caring for toddlers with their contrasting emotional states and mood shifts can be challenging. Be flexible in your ability to adapt to their constantly changing behaviors and moods. Create simple interest areas for toddlers: Home living with baby dolls, blankets, handbags, caps and shoes. Book area with sturdy books and space to sit. Art and expressive materials area with easel, thick paints, brushes, large pieces of paper, washable markers. Sensory area to include sand and water play with measuring cups, sieves and sifters. Allow children freedom to play with materials with a minimum of adult assistance. As toddlers interact with materials they come to understand concepts and relationships. Use language to interact and describe what toddlers are doing. "Yes, Olivia, the baby is going to sleep and you are patting her back." Encourage children to try and figure out how things work by asking questions such as, "I wonder what would happen if you pulled that string?"
3-Year-Olds
Offer choices. Establish procedures, routines, and rules to instill responsibility. Structure the day so transitions and distractions are minimized. Recognize and plan for children's differences and their diverse ways of learning. Watch for and acknowledge increasing complexity in children's play (e.g., "Your tower of blocks became a fire station and now you've built a whole town"). Offer assistance only after determining a child's need and intent. Celebrate perseverance as well as the completed project (e.g., make comments like "You're the kind of person who doesn't give up."). Listen to children and build on their individual ideas and concepts.

Strategies for Approaches to Learning
4-Year-Olds
Provide items for use in dramatic play that authentically reflect life (e.g., a real firefighter's hat, a real doctor's stethoscope, or an authentic kimono). Stock the classroom with materials that appeal to both genders and a full range of learning characteristics, cultures, and ability levels of children. Use open-ended and leading questions to explore different interests or to ask children for suggestions (e.g., "How can you make the car go faster?" or "How does the water make the wheel turn at the water table?"). Set an example by acknowledging one's own "mistakes" and modeling constructive reactions to them. Help children think and talk through different approaches to problems. Ask probing questions when children are confused to bring them to a greater understanding.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

Chapter 3. Cognitive Development and General Knowledge

§301. Creative Thinking and Expression

A. Introduction

1. Creative arts development promotes creativity, individual expression, self-esteem, imagination, and appreciation of cultural diversity. Through music, movement, visual arts, and dramatic arts, young children are encouraged to explore and express themselves creatively. Creative expression is important for many reasons, but partially because it supports children's cognitive growth, problem-solving skills, and growing insight into the world around them. Creative arts provides children with an opportunity to explore and express him/herself in ways that stimulate brain growth and experience in many expressions of human intelligence. Such opportunities help children to develop their talents and recognize their own uniqueness.

B. Encouraging Creativity

1. From a very young age, children respond to color, sound, and movement. Bright colors, interesting textures or a variety of sounds help to stimulate an infant's natural interest and curiosity. Providing a variety of sights, sounds, smells, tastes, and textures for young children to explore helps nurture the development of creativity.

2. As children grow, they begin to use their imagination and think more creatively. The preschool years can be one of the most creative times in a child's life as they look for ways to express their thoughts, ideas and feelings through music, drama, and visual art.

3. It is important for teachers and parents to understand that children's creativity depends a great deal on the environment in which they live and play, as well as the adults with whom they interact. Creativity requires a certain amount of freedom and risk taking; therefore, it is important that adults create an atmosphere that encourages children and allows the occasional mistake. Teachers should offer creative activities that emphasize the experience rather than the outcome. These experiences should be concrete, hands-on learning activities, offered in a risk-free environment where all children are encouraged to express themselves freely.

4. Stages of Art Development

a. Scribbling Stage (3-to 4-years of age)

i. Children use crayons, markers, and paint in zigzag fashion and circular motions.

ii. Later, the scribbles become more controlled.

iii. Their work is exploratory.

iv. Color is unrealistic.

v. The child begins to draw symbols like circles, crosses, and lines.

b. Preschematic Stage (4-to 7-years of age)

i. Age 4

(a). The child begins to show definite forms in representing a person, making a circle for the head and two vertical lines for legs.

(b). Sometimes there is a mouth, arms, hands, feet, or shoes.

(c). Objects are drawn at random, and they are not in sequence or proportion.

(d). At this stage, form is more important than color.

(e). As children progress through this stage, size becomes more proportional, and they gain more brush control as their paintings begin to look more like illustrations.

ii. Age 7

(a). The child has established a mental picture of an object that is repeated with each painted repetition of the object.

(i). For example, each time the child paints a house, it will look very much like all the other houses he/she has painted.

c. Schematic Stage (6-to 9-years of age)

i. At this stage, sky lines (usually blue) and base lines (usually green) appear on the top and bottom of drawings. Items drawn between these lines usually are proportional, and they are on the base line as appropriate.

NOTE: source, *The Portfolio and Its Use: A Road Map for Assessment* by Sharon MacDonald

C. Standard 1—develop an appreciation for music and participate in music and movement activities that represent a variety of the cultures and the home languages of the children in the classroom.

Subdomain: Creative Thinking and Expression (CC)				
Standard CC 1: Develop an appreciation for music and participate in music and movement activities that represent a variety of the cultures and the home languages of the children in the classroom.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CC 1 Indicators				
Show interest and respond to different voices and sounds. (0.1) Listen and respond to music by moving their bodies. (0.2)	Imitate sounds and movements to favorite songs or music. (1.1) Make sounds using musical toys and other objects (e.g. push toys, toys that make sounds or music, wooden blocks, etc.). (1.2) Move their bodies in simple ways (e.g., sway, clap hands) and use objects to produce sounds and/or music. (1.3)	Move and dance to favorite songs and music. (2.1) Participate in familiar songs and finger plays. (2.2) Use sounds/words or their bodies (clapping), instruments and other objects to imitate the beat and/or rhythm from music with help from adults. (2.3) Respond to changes in tone and melody. (2.4) Move their bodies creatively. (2.5) Use objects and/or their voice to produce sounds and/or music that is unique or creative. (2.6)	Listen and respond to different types of music (jazz, classical, country lullaby, etc.) through movement. (3.1) Participate in songs and finger plays. (3.2) Use instruments, sounds/words, and/ or their bodies to imitate or produce their own beat and/or rhythm. (3.3) Identify changes in tempo when listening to music. (3.4) Replicate changes in tempo. (3.5) Use instruments, props, and body to respond creatively to music. (3.6)	Express thoughts and feelings through movement and musical activities. (4.1) Participate in different types of music activities, including songs, finger plays, and playing instruments. (4.2) Use instruments, other objects and/ or their bodies to imitate and produce more complex beat and rhythm patterns. (4.3) Describe changes in tone, melody, rhythm, and tempo. (4.4) Use instruments, props, and body creatively to express self through music and movement. (4.5)

D. Standard 2—develop an appreciation for visual arts from different culture and create various forms of visual arts.

Subdomain: Creative Thinking and Expression (CC)				
Standard CC 2: Develop an appreciation for visual arts from different culture and create various forms of visual arts.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CC 2 Indicators				
Respond to or show interest in visual stimuli (e.g., mobiles, stuffed animals, prints, art work, etc.). (0.1)	Show interest in visual stimuli such as wall hangings, paintings, pictures, or photographs. (1.1) Explore art materials (e.g., mouthing, banging, grasp crayon in hand, make marks on paper, etc.). (1.2)	Choose to participate in various forms of art activities. (2.1) Select materials and make decisions about how to create their own art (that may represent their own culture). (2.2) Choose to participate in various forms of art activities. (2.3) Use a variety of tools and materials to create art. (2.4)	With prompting and support, describe what they like and do not like about various forms of art. (3.1) Describe general features (color, size, objects included) of a piece of art work. (3.2) Create artistic works with different types of art materials, tools and techniques through individual and group art activities. (3.3)	Observe and/or describe what they like and do not like about various forms of art and how it makes them feel. (4.1) Describe specific elements of a piece of art (e.g., texture, use of colors, line, perspective, position of objects included). (4.2) Create artistic works that reflect thoughts, feelings, experiences, or knowledge using different materials, tools and techniques. (4.3)

E. Standard 3: Explore roles and experiences through dramatic art and play.

Subdomain: Creative Thinking and Expression (CC)				
Standard CC 3: Explore roles and experiences through dramatic art and play.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36 - 48 months)**	**Four-Year-Olds (48 - 60 months)**
CC 3 Indicators				
Observe and imitate the actions of others (e.g., imitates mother's facial expression, holds a baby doll while mother holds a baby). (0.1) Explore toys and other objects. (0.2) Use everyday items (e.g., pots and pans, wooden spoons, cups) in their play. (0.3)	Use one object to represent another object. (1.1) Imitate voice inflections and facial expressions from a character in a story. (1.2) Imitate more than one action seen previously (e.g., picks up phone and paces while jabbering). (1.3)	Observe and/or engage in short dramatic performances with adult support. (2.1) Pretend to be a character in a story by imitating and repeating voice inflections and facial expressions. (2.2) Engage in brief episodes of make- believe play that involves sequenced steps, assigned roles, and/or an overall plan for the play. (2.3) Use one object to represent another object. (2.4)	Observe and/or engage in a variety of dramatic performances (e.g., puppetry, story- telling, dance, plays, theater). (3.1) With prompting and support, role play or use puppets to act out stories. (3.2) Recreate real-life experiences (that may reflect their home culture or language) through pretend play. (3.3) Use one object to represent another object. (3.4)	Experience, respond to, and engage in a variety of dramatic performances (e.g., puppetry, story- telling, dance, plays, pantomime, theater). (4.1) Role play or use puppets to act out stories or play a character. (4.2) Represent fantasy and real-life experiences through pretend play. (4.3) Use objects to represent other objects. (4.4)

F. Strategies for Creative thinking and expressions.

Cognitive Development and General Knowledge Strategies for Creative Thinking and Expression
Infants
Offer a wide variety of experiences to all infants, including children with disabilities. Make sure that these experiences encourage use of their senses: feeling, smelling, looking, hearing, and tasting. Provide infants with opportunities to be outside and experience the outdoors (e.g., listen to birds, touch the grass, pick up leaves). Give opportunities for children to use paint, crayons, and chalk; however, they will need to be closely supervised in these activities. Accept that children may get dirty or messy as part of the learning process. Set up musical mobiles for infants to watch and listen to. Let children listen and move to many types of music. For example, play soft, soothing music during naptime or energetic, bouncy music for children to dance to.
Toddlers
Provide a variety of unstructured materials that toddlers can use creatively (e.g., art and expressive materials area with easel, thick paints, brushes, large pieces of paper, chalk, clay, etc.). Offer materials that are in the same category but are different in some way (such as size or texture), or that produce different results, such as painting with spatulas rather than brushes, or music shakers with different sound makers inside. Play music of all kinds-jazz, classical, folk, etc.-not just children's songs. Review songs ahead of time to make sure that they are appropriate for young children. Dance and use creative movement activities with children using different kinds of music and props. Allow and encourage children to solve problems in their own way. Encourage children to make up new songs, chants or rhymes. Display children's artwork at eye level and be sure to talk often about their work.
3-Year-Olds
Provide a variety of sensory materials for both indoor and outdoor play (e.g., clay, goop (water and cornstarch), chalk, wood pieces, play-dough). Invite children to talk about their artwork and describe it for others. If children are unable to describe verbally, make specific comments about observations about what you see (e.g., "you used a lot of blue in your picture"). Provide dress-up materials to encourage pretend play. Include a variety of themes such as hardhats and tools for builders or stethoscope and scrubs for doctors. Listen to a wide variety of music. Talk about the variations in the music, such as loud/soft, fast/slow. Point out the sounds made by different instruments. Introduce children to a variety of music forms. Encourage them to express themselves through dance and body movements.
4-Year-Olds
Take pictures of children engaged in creative activities. Display these for families to see and so that children can easily recall things that they have done. Provide toys or materials that create real-life scenes such as a farm or school room (e.g., stuffed animals and puppets). Encourage children to pretend using these materials. Ask families to share music or recordings from home for the children to enjoy. Play songs and perform dances from different places around the world. Create opportunities in dramatic play where children can role-play familiar roles or situations (e.g., shopping in a grocery, ordering food in a restaurant, being the teacher). Display children's artwork throughout the classroom and building. Encourage children to answer questions and talk about the meaning of their work.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§303. Mathematics

A. Introduction

1. The preschool years are a wonderful time for children to become interested in mathematics. Mathematics helps children make sense of the world around them and helps them find meaning in the physical world. Through mathematics, children learn to understand their world in terms of numbers and shapes. They learn to reason, to connect ideas, and to think logically.

2. Young children develop mathematical concepts through meaningful and concrete experiences that are broader in scope than numerals and counting. In a developmentally appropriate play-based environment, teachers and caregivers can build on children's everyday activities to help children learn mathematical ideas and develop positive attitudes toward mathematics.

B. Building a foundation for mathematics

1. With very young children-infants and toddlers-teachers can use descriptive language in everyday conversations to help build children's understanding of quantity (e.g., "more," "all gone"). Teachers and caregivers can also play games, sing songs, and read books that use numbers and counting. For older preschoolers, teachers and caregivers might work with children to use mathematics skills, such as measuring and knowledge of shapes, to build something. They might also introduce games and activities that specifically deal with mathematics such as games that require sorting or comparisons.

2. Early childhood teachers must be flexible during daily routines and strive to capture teachable moments using open-ended questioning techniques to help children expand their mathematical thinking. They must also create an environment that encourages mathematical play and exploration. Including materials such as unit blocks, manipulatives, or a props for a dramatic play center where children include counting in their play (such as a store) helps form the foundation that children need to develop mathematical knowledge.

C. Standard 1—understand numbers, ways of representing numbers, and relationships between number and quantities.

Subdomain: Mathematics (CM)					
Standard CM 1: Understand Numbers, Ways of Representing Numbers, and Relationships between Number and Quantities					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten Math Common Core Standards Alignment**
CM 1 Indicators					**Counting and Cardinality (K.CC)**
Attend to an adult counting. (0.1) Respond to adult question of whether or not they want more. (0.2)	Participate in simple counting activities. (1.1) Understand the concepts of "more" and "all." (1.2)	Recite the number list to count to 6. (2.1) With prompting and support, count up to 3 and then backwards from 3. (2.2) Tell "how many" after counting a set of three or fewer items (e.g., fingers, blocks, crayons). (2.3) Understand the concepts of "one" and "two" (e.g., parent says, "take just one cookie"). (2.4) With prompting and support, counts one to three objects using one-to-one correspondence when doing simple routines. (2.5) (Identify one or two written numerals when named. (2.6) Can match one or two written numerals with the correct amount of objects. (2.7) Understand the concepts of "more," "all" or "none". (2.8) Visually compare two sets of objects and identify which set has more. (2.9)	Verbally counts by ones to 10. (3.1) With prompting and support, count up to 5 and then backwards from 5. (3.2) Tell "how many" after counting a set of five or fewer items (e.g., fingers, blocks, crayons). (3.3) Counts one to five objects (actual objects or pictures of objects) with one-to-one correspondence or when doing simple routines. (3.4) Identify some written numerals but not in sequence. (3.5) With prompting and support, match four or five numerals with the correct number of objects. (3.6) Count two sets of objects and identify which set has more/less/fewer. (3.7) Identify an object or person as first. (3.8)	Verbally count by ones to 20. (4.1) Count forward from a given number between 1 and 10, and count backward from 5. (4.2) Understand that the last number named tells the number of objects counted for a set of 10 or fewer objects. (4.3) Count out a specified number of objects from a set of 10 or fewer objects when asked. (4.4) Identify written numerals 0-10 in the everyday environment. (4.5) With prompting and support, match a number of objects with the correct written numeral from 0-10. (4.6) Compare sets of objects using same/different and more/less/fewer. (4.7) Identify an object's or person's position as first or last. (4.8)	**K.CC 1** Count to 100 by ones and by tens. **K.CC 2** Count forward beginning from given number within the known sequence (instead of having to begin at 1). **K.CC 3** Write numbers from 0-20. Represent a number of objects with at written numeral 0-20 (with 0 representing a count of no objects). **K.CC 4** Understand the relationship between numbers and quantities; connect counting to cardinality. a. When counting objects, say the number names in the standard order, pairing each object with one and only one number name and each number name with one and only one object. b. Understand that the last number name said tells the number of objects counted. The number of objects is the same regardless of their arrangement or the order in which they were counted. **K.CC 6** Identify whether the number of objects in one group is greater than, less than, or equal to the number of objects in another group, e.g., by using matching and counting strategies. **K.CC 7** Compare two numbers between 1 and 10 presented as written numerals.

D. Standard 2: Understand basic patterns, concepts, and operations.

Subdomain: Mathematics					
Standard CM 2: Understand basic patterns, concepts, and operations.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Math Common Core Standards Alignment**
CM 2 Indicators					**Measurement and Data (K.MD)**
Show interest in simple patterns that can be seen in the everyday environment (e.g., carpet squares of repeating colors, blocks arranged in a pattern by their shape). (0.1)	Show interest in simple patterns that can be seen in the everyday environment (e.g., carpet squares of repeating colors, blocks arranged in a pattern by their shape). (1.1) Imitate simple movement patterns. (1.2) Participate in comparing objects/toys by one observable/physical attribute (e.g., color, size, shape). (1.3) Match/group a small number of objects together based on one observable/physical attribute (e.g., color, size, shape). (1.4) Participate in activities that combine and separate groups/sets of objects. (1.5)	Show interest in patterns that can be seen in the everyday environment (e.g., stringing beads, colored carpet squares, blocks of different shapes). (2.1) Copy simple movement or rhythmic patterns. (2.2) Group/sort 3 to 4 objects by one feature into two or more groups based on observable/ physical characteristics (e.g., group toy animals into piles of bears, cats and dogs) with little assistance. (2.3) Participate in activities that combine and separate groups/sets of objects. (2.4) Participate in songs, finger plays and stories that illustrate combining and taking away objects/items (e.g., Five Little Pumpkins, Anno's Magic Seeds, One More Bunny). (2.5) Participate in simple story problems created with objects and/or manipulatives. (2.6)	Copy a simple repeating pattern (e.g., stringing beads, placing blocks in a row, clapping a rhythm). (3.1) Sort and classify five or more objects by one feature into two or more groups based on observable/physical characteristics (e.g., group toy animals into piles of bears, cats, and dogs) and explain or label each group. (3.2) Use objects to demonstrate adding and subtracting of one or two objects to a group of objects that total 3 or fewer. (3.3) Participate in songs, finger plays and stories that illustrate combining and taking away objects/items (e.g., Five Little Pumpkins, Anno's Magic Seeds, One More Bunny). (3.4) Act out story problems, physically or with objects, to solve whole number problems with sums less than or equal to 3. (3.5)	Recognize, copy, and extend patterns. (4.1) Sort objects by more than one attribute (e.g., red circles or blue triangles) and explain the criteria used to sort objects. (4.2) Use concrete objects to demonstrate simple addition and subtraction problems that total 6 or fewer. (4.3) Model and act out story problems, physically or with objects, to solve whole number problems with sums less than or equal to 6. (4.4)	**K.MD 3** Classify objects into given categories; count the numbers of objects in each category and sort the categories by count. **Operations and Algebraic Thinking (K.OA)** **K.OA 1** Represent addition and subtraction with objects, fingers, mental images, drawings, sounds (e.g., claps), acting out situations, verbal explanations, expressions, or equations. **K.OA 2** Solve addition and subtraction word problems, and add and subtract within 10, e.g., by using objects or drawings to represent the problem.

E. Standard 3: Understand attributes and relative properties of objects as related to size, capacity, and area.

Subdomain: Mathematics					
Standard CM 3: Understand attributes and relative properties of objects as related to size, capacity, and area.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten Math Common Core Standards Alignment**
CM 3 Indicators					**Measurement and Data (K.MD)**
Play with toys and other objects of different sizes and weights. (0.1)	With adult support, notice differences in the size of objects. (1.1) Participate in activities that compare the size and weight of objects. (1.2)	Compare the size or weight of two objects and identify which one is longer/ taller/ heavier than the other. (2.1) Manipulate, handle, and use a variety of measurement tools in play. (2.2) Participate in measurement activities using standard measurement tools (e.g., measure the length of their body, weigh objects, or measure ingredients during a cooking activity). (2.3)	Describe some measurable attributes (length and weight) of objects and materials (e.g. big/little, long/short, heavy/not heavy). (3.1) Compare the size or weight of more than two objects and describe which one is longer/taller/shorter/ heavier/lighter. (3.2) Identify/name simple measurement tools (e.g., ruler, measuring cup, and scale). (3.3) Participate in	Describe measurable attributes (length and weight) of objects and materials, using comparative words. (4.1) Put up to six objects in order by length (seriate). (4.2) Identify/name simple measurement tools and describe what they are used for (e.g., ruler measures length, scale measures weight). (4.3) Participate in measurement activities using standard	**K.MD 1** Describe measurable attributes of objects, such as length or weight. Describe several measurable attributes of a single object. **K.MD 2** Directly compare tow objects with a measurable attribute in common, to see which object has "more of" / "less of" the attribute and describe the difference.

Subdomain: Mathematics					
Standard CM 3: Understand attributes and relative properties of objects as related to size, capacity, and area.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten Math Common Core Standards Alignment**
CM 3 Indicators					**Measurement and Data (K.MD)**
			measurement activities using standard measurement tools (e.g., measure the length of their body, weigh an apple, or measure one cup of flour during a cooking activity). (3.4)	measurement tools to measure the length and weight of objects and materials (e.g., ruler, scale, measuring cup). (4.4)	

F. Standard 4: Understand shapes, their properties, and how objects are related to one another in space.

Subdomain: Mathematics					
Standard CM 4: Understand shapes, their properties, and how objects are related to one another in space					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten Math Common Core Standards Alignment**
CM 4 Indicators					**Geometry (K.G)**
Explore various shapes. (0.1) Move their body in space and observe people and objects as they move through space. (0.2)	Explore the ways shapes and objects fit together (e.g., if a piece comes off a toy, put it back on; solve one- or two-piece puzzles). (1.1) Move their body to follow simple directions related to position in space (e.g., on, under, up, down). (1.2)	Recognize at least two basic shapes. (2.1) Point to a shape that has a specific attribute (e.g., round, straight sides). (2.2) Solve simple puzzles that require two pieces to fit together. (2.3) Participate in creating simple shapes using objects or other materials. (2.4) Move their body and move objects to follow simple directions related to position (e.g., in, on, under, over, up and down) and proximity (e. g., beside, between). (2.5)	Recognize basic shapes in the environment in two- and three-dimension forms. (3.1) With prompting and support, name the attributes of two shapes. (3.2) Create, simple shapes using objects or other materials. (3.3) Create representations of everyday objects by combining basic shapes (e.g., pictures, tangrams, or block structures to represent a house). (3.4) With prompting and support, combine (compose) or take apart (decompose) shapes to make other shape(s) (e.g., put two triangles together to make a square, take two halves of a rectangle apart and recognize that pieces are two other shapes). (3.5) Identify positions of objects, self and other people in space (e.g., in/on, over/under, up/down, and inside/outside). (3.6)	Identify and name at least the four basic shapes (rectangles, squares, circles, and triangles) when presented using different sizes and in different orientations. (4.1) Describe and name attributes of four basic shapes (e.g., a square has four equal sides, a circle is round). (4.2) Copy or replicate one or two dimensional shapes using a variety of materials. (4.3) Combine (compose) or take apart (decompose) shapes to make other shape(s) (e.g., put two triangles together to make a square, take two halves of a rectangle apart and recognize that pieces are two other shapes). (4.4) Use and understand positions of objects, self and other people in space (e.g., in/on, over/under, up/down, inside/outside, beside/between, and in front/behind). (4.5)	**K.G 1** Describe objects in the environment using names of shapes, and describe the relative positions of these objects using terms such as *above, below, beside, in front of, behind*, and *next to*. **K.G 2** Correctly name shapes regardless of their orientation of overall size. **K.G 4** Analyze and compare two- and three-dimensional shapes, in different sizes and orientations, using informal language to describe their similarities, differences, parts (e.g., number of sides and vertices/"corners") and other attributes (e.g., having sides of equal length). **K.G 5** Model shapes in the world by building shapes from components (e.g., sticks and clay balls) and drawing shapes. **K.G 6** Compose simple shapes to form larger shapes. For example, "Can you join these two triangles with full sides touching to make a rectangle?"

G. Strategies for Mathematics

Cognitive Development and General Knowledge Strategies for Mathematics
Infants
Sing songs or use finger plays that use numbers and counting (e.g., One, Two, Buckle My Shoe). During mealtimes, ask child, "Would you like some more?" Offer toys that have incremental sizes (e.g., nesting cups or stackable rings). Provide opportunities to notice patterns outdoors and comment on those (e.g., types of leaves or color of flowers). Allow infants time to try to solve problems on their own. Know each infant's tolerance for frustration and his or her developing abilities, and tailor your actions accordingly. Talk with young children about how they are playing or what they are doing. Use words that encourage children to count, compare, problem-solve, and make connections to the world around them (e.g., circle, square, bigger/smaller, up/down, 1-2-3…). Include objects in the environment that have a one-to- one relationship (e.g., containers with lids, markers with tops, etc.).
Toddlers
Teach concepts, such as colors and shapes, to toddlers using every day routines rather than using drill. For example, say, "Elliot, I see round circles on your shirt." Help toddlers understand number concepts in a natural context of play and daily routines. For example, point out the number of children who are swinging. Play games and sing songs that use numbers and counting (e.g., Five Little Monkeys). Use finger plays/songs to focus toddlers' attention. Read books that present basic math concepts in the context of everyday environments or routines (e.g., home, going to bed, etc.). Help toddlers understand shapes in the natural context of play and daily routines. For snack, serve round and square crackers and verbally label them as you offer choices: "We have round and square crackers for snack. Which would you like?" Begin to ask questions such as, "how many do you see?" or "how tall is your tower?"
3-Year Olds
Make materials available that can be sorted: big animals and baby animals, red blocks and yellow blocks. Let children find unique ways to combine toys and materials. For example, they might put small colored blocks in a pot and stir them as they "cook" in home living. Use this as an opportunity to count numbers or to talk about shapes. Observe children as they work with materials and comment on what you see them doing. Ask questions about concepts and relationships such as "Which pile do you think has more?" Verbalize information about concepts and relationships in the things you do during the day. "I can't find the one that matches this. Can you help me?" Point out concepts and relationships as the children work with material during their play: "This is the biggest truck we have. Which one is the smallest?"
4-Year Olds
Model mathematical behavior and activities. Think out loud as you use math to solve problems, explain an idea or plan for a project. Name groups of things in the environment using number and shape names (e.g., "Look at those three funny Jack- O-Lanterns. What shape are eyes?"). Ask children to reflect on their day and plan what they will do later that same day. Encourage children to talk about procedures (e.g., "My game piece is on the number 4." "I need to roll a two to catch up to you." "We still have a long way to go to the end!"). Provide opportunities for children to weigh everyday items that are located in the classroom (e.g., books, blocks, rock). Use a balance scale or a digital bathroom scale to compare different objects. Involve children in cooking activities. This will provide children with opportunities to measure out ingredients. It also is an opportunity to teach about fractions by cutting a cake or dividing a pie.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§305. Science

A. Introduction

1. Young children are natural scientists. They easily become fascinated by everyday events and experiences. Through varied and repeated opportunities to predict, observe, manipulate, listen, experiment with, reflect, and respond to open-ended questions, young children make inferences and become higher-level thinkers.

2. Quality early childhood science programs should encourage children to use all of their senses, and help children pay attention to the process they use to explore as well as the specific information they need to know. In addition to science inquiry skills, young children can begin to acquire a foundation of science concepts and knowledge on which they can build a clear understanding of their world. Early childhood teachers should look for opportunities to explore scientific concepts in all areas of the curriculum.

B. Encouraging scientific thinking

1. With very young children, infants and toddlers, relationships and early experiences are at the center of the scientific learning process. Through relationships, active exploration, and experiences, infants and toddlers begin to make discoveries about the world around them. They learn to figure out how things work, imitate others, and try out new behaviors. As infants grow older, they use attachment relationships with caregivers as a secure base for exploration. They also become interested in showing and giving things to adults. At the toddler age, children ask questions and share meaning with their caregivers. To encourage scientific thinking young children also need space and opportunities to explore, as well as materials that encourage learning and discovery. Provide a rich selection of age-appropriate, easily accessible toys and materials provides infants and toddlers with the foundation for learning and discovery.

2. As children move into the preschool years, they take on a more active role in searching out, describing, and explaining events that occur in the physical and natural world. They enjoy trying to see how things work, and when provided with a rich environment that includes a variety of materials, they will begin to ask questions, conduct experiments, and investigate new ideas. This creates opportunities for hypothesizing and predicting, observing, collecting information, and formulating conclusions. Their knowledge and understanding of science grows out of these opportunities to explore and relate new experiences to prior knowledge and personal experiences.

C. Standard 1: Develop the ability to carry out the scientific inquiry process (ask questions, predict, make observations, explain observations, and draw conclusions).

Subdomain: Science (CS)				
Standard CS 1: Develop the ability to carry out the scientific inquiry process (ask questions, predict, make observations, explain observations, and draw conclusions).				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CS 1 Indicators				
Explore objects, materials, and/or people using all the senses (e.g., picking objects up and putting them in mouth, focusing attention on an object or someone doing something, etc.). (0.1) Repeat actions that cause changes in objects or people (e.g., shake rattle to make a noise). (0.2) Occasionally use simple problem-solving strategies to explore objects. (0.3) Shows curiosity in living creatures, objects, and materials they can see, hear or feel. (0.4)	Use all five senses to observe and explore living things, objects, materials, and changes that take place in the immediate environment. (1.1) Notice cause and effect relationships (e.g., notice that a toy dropped from a high chair always falls to the floor makes a clanging sound when it hits the floor). (1.2) Repeat action to cause desired effect (e.g., hit button on a musical toy to make the music play, fill a bucket with sand, knock it over and watch the sand pour out). (1.3) Try different ways of solving a problem (e.g., pull the string on a toy that is stuck under something use a stick to dislodge a toy that is stuck). (1.4) Show interest and curiosity in living creatures, objects, and materials, and in changes they can see, hear or feel. (1.5) Put materials, substances, and/or objects together in new or unexpected ways to see what will happen (e. g., combine paint colors to see what happens, experiment to see what sticks on contact paper collage). (1.6) Verbally or non-verbally communicate what they see, hear or feel for living creatures, objects, materials or changes that happen in the environment. (1.7)	Use all five senses to observe living things, objects, materials, changes that take place, and relationships. (2.1) Talk about what they see, hear, and are able to touch in the environment with adult support. (2.2) Use simple tools to observe living things, objects and materials (e.g., magnifying glass, sifter). (2.3) Show an understanding of cause and effect relationships (e.g., pushes a stack of blocks to watch them fall). (2.4) Try alternative solutions to solve problems (e.g., pull the string on a toy that is stuck under something use a stick to dislodge a toy that is stuck). (2.5) Ask why and how questions about what they see, hear and feel when observing living creatures, objects and materials. (2.6) Put materials, substances, and/or objects together in new or unexpected ways to see what will happen (e. g., combine paint colors to see what happens, experiment to see what sticks on contact paper collage). (2.7) Talk about observations made about living creatures, objects, materials and changes that happen. (2.8)	Use all five senses to observe living things, objects, materials, changes that take place, and relationships. (3.1) Describe what they see, hear, and are able to touch in the environment and group materials/objects according to observed features. (3.2) Use simple tools to investigate and gather information on living things, objects, materials, and changes that take place (e. g., magnifying glass, sifter, magnets). (3.3) Show an understanding of cause and effect relationships that are observed immediately. (3.4) With prompting and support, talk about cause and effect relationships that are not immediately observable (e.g., that a plant wilted because it was not watered). (3.5) Ask why and how questions and offer ideas about living creatures, objects, materials and changes they see, hear and/or feel. (3.6) Participate in simple scientific investigations. (3.7) With prompting and support, talk about observations and results of simple experiments verbally and/or through drawings or graphs. (3.8) With prompting and support, talk about the meaning of words that are related to the scientific process (e.g., "observation," "experiment). (3.9)	Use all five senses to observe, collect information, describe observations, classify based on observations, and form conclusions about what is observed. (4.1) Use equipment and tools to gather information and extend sensory observations of living things, objects, materials, changes that take place and relationships. (4.2) Show an understanding of cause and effect relationships and use this understanding to predict what will happen as a result of an action and to solve simple problems. (4.3) Use prior knowledge and experiences to generate questions, hypothesize, predict, and draw conclusions about living creatures, objects, materials and changes observed in the environment. (4.4) Conduct simple scientific experiments. (4.5) Collect, interpret, and communicate data and findings from observations and experiments verbally and/or in written formats. (4.6) With prompting and support, use scientific vocabulary words to describe steps in the scientific process (e.g., "observation," "experiment," "hypothesis," "conclusion"). (4.7)

D. Standard 2: Acquire scientific knowledge related to physical science (properties of objects and materials).

Subdomain: Science (CS)				
Standard CS 2: Acquire scientific knowledge related to physical science (properties of objects and materials).				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CS 2 Indicators				
Explore objects and materials in the indoor and outdoor environment (e.g., splash water, poke finger in the sand). (0.1) Show interest and curiosity in objects. (0.2)	Explore objects and materials in the indoor and outdoor environment (e.g., splash water, poke finger in the sand). (1.1) Use toys and other objects to make things happen (e.g., kick a ball to knock down some blocks, use a shovel to scoop sand into a bucket). (1.2) Watch how balls, toys and other objects move. (1.3)	Talk about observations of objects and materials in the indoor and outdoor environment. (2.1) Explore changes in objects and materials (e.g., see what happens when water and dirt are combined, observe how food changes when cooked, etc.). (2.2) Explore tools and simple machines that can be used to move, combine, or change objects and materials (e.g., a hammer,lever, pulley, ramp, etc.).(2.3) With adult supervision, explore sources of energy and how they affect objects and materials (e.g., lights, bells and other sources of sound). (2.4) Explore different ways balls, toys and other objects move. (2.5)	With prompting and support, observe and describe properties of objects and materials, and how objects and materials can be combined or can change from one form to another (e.g., ice melting to a liquid). (3.1) Explore and use simple tools and machines (e.g., hammers, levers, pulleys, ramps, etc.). (3.2) With prompting and support, observe and talk about sources of energy and how they affect objects and materials (e.g., lights, bells and other sources of sound, etc.). (3.3) Watch how balls, toys and other objects move and use different strategies to change their speed of motion. (3.4)	With prompting and support, observe and describe the properties of objects and materials and how they can be combined or can change from one form to another (solids, liquids, and gases). (4.1) Explore and use simple tools and machines (e.g., hammers, levers, pulleys, ramps). (4.2) Explore and describe sources of energy such as lights, bells and other sources of sound. (4.3) Experiment with balls, toys and other objects to see which objects move faster, what conditions make them move faster and what makes them move slower. (4.4)

E. Standard 3: Acquire scientific knowledge related to life science (properties of living things).

Subdomain: Science (CS)				
Standard CS 3: Acquire scientific knowledge related to life science (properties of living things).				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CS 3 Indicators				
Show interest and curiosity in plants and living creatures. (0.1) Look at and explore different parts of human body and living creatures. (0.2)	Explore the characteristics of living creatures (e.g., touches caregiver's face, looks intently at a leaf, or grabs the cat's tail). (1.1) Notice differences in characteristics of living creatures and plants (e.g., parts of a plant, animals with fur vs. scales, big and small people). (1.2) Participate in caring for living creatures and/or plants (e.g., feed fish, water plants in the classroom). (1.3) Notice and explore differences in characteristics of living creatures and plants (e.g., a little plant vs. a big plant, a baby animal vs. a full-grown animal). (1.4) Show where common parts of an animal or human are when named by adult (e.g., point to the dog's ear, show me your foot). (1.5)	With prompting and support, explore and talk about common characteristics of living creatures and plants. (2.1) Compare one living creature or plant with another and talk about the similarities and differences observed. (2.2) Care for living creatures and/or plants with direction from adults (e.g., feed the fish or hamster, water plants in the classroom). (2.3) Follow adults' guidance on how to act appropriately when near living things. (2.4) Talk about how very young plants and living creatures are different from full-grown plants and living creatures. (2.5) Use simple words to name common plants, animals, and human body parts when asked by an adult. (2.6)	With prompting and support, explore, observe, and describe a variety of living creatures and plants. (3.1) Sort living creatures and plants according to at least one characteristic (e.g., size, four-legged animals, hard/soft, etc.). (3.2) Care for living creatures and/or plants with some direction from adults (e.g., feed the fish or hamster, water plants in the classroom). (3.3) Follow adults' guidance on how to act appropriately with living creatures (e.g., hold the hamster gently, observe the fish without tapping the fish bowl). (3.4) Observe very young plants or living creatures over an extended period of time and describe how the plant/living creature changes. (3.5) Use basic vocabulary for plants, animals, and humans (e.g. some names of parts, characteristics). (3.6)	Explore, observe, and describe a variety of living creatures and plants. (4.1) Classify living creatures and plants into categories according to at least one characteristic. (4.2) Carry out classroom routines to care for living creatures and/or plants with limited direction from adults (e.g., feed the fish or hamster, water plants in the classroom). (4.3) Describe and follow guidelines for how to interact with living creatures appropriately (e.g., hold the hamster gently, observe the fish without tapping the fish bowl). (4.4) Describe plants' and living creatures' life cycles. (4.5) Use basic vocabulary to name and describe plants and living creatures. (4.6) Use basic vocabulary to describe similarities and differences between living creatures and plants. (4.7)

F. Standard 4: Acquire scientific knowledge related to earth science (properties of the earth and objects in the sky).

Subdomain: Science (CS)				
Standard CS 4: Acquire scientific knowledge related to earth science (properties of the earth and objects in the sky).				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CS 4 Indicators				
Respond to the current weather conditions. (0.1)	Notice the current weather conditions. (1.1) Participate in stories, songs, and finger plays about seasons and the weather. (1.2) Observe and name objects found in the daytime or nighttime sky (e.g., sun, moon). (1.3) Participate in stories, songs, and finger plays about day and night. (1.4)	Talk about the common weather conditions of the current season (e.g., in summer, talk about how hot it is). (2.1) Point to types of clothing needed for current seasonal weather conditions. (2.2) Talk about the current weather conditions. (2.3) Notice features of the sky such as daylight, darkness, sun, moon, etc. (2.4) Identify the sky's different characteristics during night and day. (2.5)	Describe common weather conditions of the current season and how they compare to other seasons where they live (e.g., summer is hot, winter is cooler). (3.1) Name the types of clothing needed for different seasons. (3.2) Identify the characteristics of current weather conditions. (3.3) Describe objects found in the day or night time sky. (3.4) Talk about how the sky changes from night to day. (3.5)	Compare, and contrast seasonal changes where they live. (4.1) Describe the types of clothing needed for different seasons. (4.2) Describe the current weather and how weather conditions can change from day to day. (4.3) Describe major features of the earth and sky, and how they change from night to day. (4.4)

G. Strategies for Science

Cognitive Development and General Knowledge Strategies for Science
Infants
Give young infants faces to look at, especially the teachers. Infants attend to faces, either real or in picture form, longer than to any other images. Talk with young infants during caregiving times of feeding, bathing, diapering, and dressing. Explain what will happen, what is happening, and what will happen next. Provide very young infants a limited variety of soft, washable toys to be looked at and mouthed. Place varying sized objects within view and reach of infant. Vary the position of young infants so they can see more of their environment. Add interesting toys of different textures that are responsive to the action of the infant (e.g., soft balls, rattles, cloth toys, squeeze toys, plastic keys, and mobiles). Talk with infants about what they are experiencing through their senses. Say, "I know that you like the taste of apple sauce." Notice and comment when children apply knowledge to new situations.
Toddlers
Add materials to environment that are slightly more challenging to toddlers (e.g., puzzles with more pieces or smaller pegs and balls). Talk to toddlers about how things are alike and different. Allow toddlers to figure out what to do with new play materials. Take time to watch rather than direct their actions. Provide equipment and materials that encourage problem-solving in both the indoor and outdoor environments (e.g., small wagons for moving things around the playground, riding toys with and without pedals, cardboard boxes for getting into and crawling out of). Allow toddlers to work on a problem uninterrupted. Watch what they do so you can identify when to step back and let them solve their own problems. Be ready to step in if a child is getting too frustrated. Begin to talk about solving problems. Have conversations with toddlers about problem-solving. For example, if it is raining and the group will not be able to go outside, talk to each other and the group of children about the problem and how to spend the time.
3-Year-Olds
Let children find unique ways to combine toys and materials. For example, they might put small colored blocks in a pot and stir them as they "cook" in home living. Appreciate this creative use of materials as a part of cognitive development. Encourage children to make predictions by asking, "What would happen if" questions. Model problem-solving by offering children opportunities to help you solve problems. Talk through the activity by saying, "The playground gate is locked. What should we do?" Ask open-ended questions that encourage children to predict what will happen. For example, as you hand Lizzie the bottle of liquid soap, ask, "What do you think will happen if you squirt just a little bit of soap into the water?" Take nature walks to observe changes in the seasons. Talk about the weather conditions daily.
4-Year-Olds
Use appropriate scientific vocabulary (e.g., experiment, hypothesis, predict, etc.). Cook with children in your classroom, talk about what happens when foods are combined or heat is applied. Conduct experiments that use solids, liquids and gas (e.g., melting an ice cube and refreezing it or adding powdered drink mix to a glass of water). Ask open-ended questions when conducting simple experiments where children can predict and analyze outcomes. Provide soil and seeds so that children can grow their own plants. Ask children to document changes they observe through pictures or graphs. Use outdoor time to observe the weather conditions (e.g., talk about the clouds moving across the sky on a windy day). Include live animals and plants in the classroom, along with models, stuffed animals, pictures, and posters.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§307. Social Studies

A. Introduction

1. The primary purpose of social studies is to help young children become good citizens and deepen their understanding of the world around them. For young children, social studies begins with their awareness of self and their family. These early experiences and relationships help children understand who they are and their place within the family. Later, when children enter an early childhood program, they begin to develop a sense of community outside of the home. When children interact with people outside of the family-classmates, teachers, caregivers-their understanding of the world changes and expands to include others. This process gradually helps children learn about the community in which they live and

eventually they come to see themselves as citizens of that community.

2. In teaching social studies to young children, it is important that teachers build on what children already know and focus on ideas that are related to the child's immediate experience. For very young children-infants and toddlers who are just beginning to develop a sense of self and others- caregivers can encourage respect for others and provide opportunities for children to learn about other cultures. They can do this by reading books or singing songs. As preschoolers, the focus may shift to helping children become good citizens within the classroom. Teachers can encourage this by asking children to put away toys and materials or by helping two children resolve a conflict. These and other skills described in the social studies standards and indicators are important aspects of young children's understanding of the world around them.

B. Standard 1: Develop the understanding that events happened in the past and how these events relate to one's self, family, and community.

Subdomain: Social Studies (CSS)				
Standard CSS 1: Develop the understanding that events happened in the past and how these events relate to one's self, family, and community.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CSS 1 Indicators				
Recognize familiar people. (0.1) Show anticipation of events in daily routine and activities. (0.2)	Remember familiar people (e.g., object permanence). (1.1) Show anticipation of events in daily routine. (1.2)	Respond to changes in routines or schedules (may be a positive or negative response). (2.1) Remember familiar people, events and objects (e.g., object permanence). (2.2) Demonstrate memory of reoccurring events through actions or words (e.g., "After lunch, I will hear a story."). (2.3)	Use words to describe events or activities that happened at an earlier time (e.g., "after we had snack" or "last night"). (3.1) Remember familiar people even though they may not have seen them for a while. (3.2) Describe the sequence of daily routines. (3.3) Participate in conversations about familiar people and/or events from the recent past (e.g., what the class did earlier in the day or week). (3.4)	Describe events, activities, and people from the past using appropriate vocabulary. (4.1) Initiate conversations about familiar places, people, and/or events from the past (e.g., where they lived previously, what they did during summer vacation, etc.). (4.2)

C. Standard 2: Describe people, events, and symbols of the past and present.

Subdomain: Social Studies (CSS)				
Standard CSS 2: Describe people, events, and symbols of the past and present.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CSS 2 Indicators				
Show interest in people. (0.1) Recognize familiar people. (0.2) Show interest in holiday, cultural, and/or birthday celebrations for family members and peers. (0.3)	Differentiate between person attached to/family members and others. (1.1) Participate in holiday, cultural and/or birthday celebrations for family members and peers. (1.2)	Name immediate family members, caregivers and peers. (2.1) Point out family members, caregivers and peers in a picture. (2.2) Recognize familiar people even though there may be slight differences in their appearance (e.g., hat or new haircut). (2.3) Participates in songs, fingerplays and stories about familiar objects associated with local, state and national symbols. (2.4) Participate in holiday, cultural and/or birthday celebrations related to family and the local community. (2.5)	Look at pictures of self or a family member, caregiver, or peer from the recent past and recognize the person even though she/he looks different from what she/he looks like in the present. (3.1) With prompting and support, identify symbolic objects and pictures of local, state, and/or national symbols such as the American flag or bald eagle. (3.2) Recognize familiar aspects of community/cultural symbols in books such as Grandma's Gumbo) and songs (e.g, Alligator). (3.3) Participate in and talk about local cultural events, holidays and/or celebrations. (3.4)	Identify similarities/ differences between students, their families, and classroom members with those of the past. (4.1) Identify and name some local, state, and national symbols. (4.2) Describe familiar elements of the local community and culture. (4.3) Describe local, state, and national cultural events, celebrations, and holidays. (4.4)

D. Standard 3: Develop an awareness of geographic locations, maps, and landforms.

Subdomain: Social Studies (CSS)				
Standard CSS 3: Develop an awareness of geographic locations, maps, and landforms.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CSS 3 Indicators				
Explore the immediate environment (inside and outside with adult supervision). (0.1)	Move from one area to another to explore the environment. (1.1) Assist with classroom clean-up routines such as picking up toys. (1.2)	Recognize some familiar places, such as child care, home, store, relative's house. (2.1) Know the location of objects and places in familiar environments (e.g., goes to shelf where toys are stored when asked to get a specific toy). (2.2) Play with and explore items such as maps or simple diagrams of the classroom. (2.3) Help to throw away trash when asked. (2.4) Assist adult with daily clean-up routines (e.g., put manipulatives back in to bucket, throw napkin into trash, etc.). (2.5)	Participate in walks and field trips to different places in the community. (3.1) Describe familiar places such as the home, center/family day home, etc. (3.2) Describe the location of items/areas in the classroom and places in home and community. (3.3) Draw or use blocks or other materials to represent places or things he/she has seen. (3.4) Recognize and name a map and a globe. (3.5) Look at a simple map and find various features/parts of the map with support and guidance. (3.6) Participate in conversations about how people can take care of the natural environment through activities (e.g., throwing away trash, recycling, planting trees, and putting out bird feeders). (3.7) Identify and use appropriate trash receptacles independently. (3.8) Participate in daily clean-up activities. (3.9)	CSS 3 Indicators Demonstrate geographic knowledge of the geographic features of the classroom and community. (4.1) Create representations of places, landforms, and roads he/she has seen through drawings and play activities. (4.2) Recognize a globe/map as a representation of the earth. (4.3) Use a simple map to find specific locations within a familiar environment (e.g., areas within the classroom). (4.4) With support and guidance, create a simple drawing that shows the relative location of specific objects and/or features in a familiar environment such as a classroom or playground. (4.5) Demonstrate care of the environment through activities (e.g., throwing away trash, recycling, planting trees, and putting out bird feeders). (4.6) Participate in daily clean-up activities. (4.7)

E. Standard 4: Demonstrate awareness of culture and other characteristics of groups of people.

Subdomain: Social Studies (CSS)				
Standard CSS 4: Demonstrate awareness of culture and other characteristics of groups of people.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CSS 4 Indicators				
Respond to music from various cultures; especially those from their own culture (e.g., lullabies or simple songs). (0.1) Look at books or pictures of homes that are similar to/found in their own community. (0.2)	Participate in simple ways in rhymes and music from various cultures. (1.1) Listen for short periods of time and look at pictures of shelters/ homes in different geographic regions. (1.2)	Participate in rhymes and music from various cultures. (2.1) Communicate about the home that she/he lives in. (2.2) Listen to books and stories and look at pictures of shelters/homes in other geographic regions. (2.3)	Participate in music, dance, and other traditions from various cultures. (3.1) Show and talk about objects, food, and customs from own family or culture. (3.2) Identify homes that are similar to and/or different from her or his own home. (3.3) With prompting and support, describe pictures of shelters/homes in other geographic regions. (3.4) Identify the characteristics of one's own home. (3.5)	Explore music, dance, dress, foods, and traditions of own family and other cultures. (4.1) Discuss shelters/ homes in various geographic regions. (4.2)

F. Standard 5: Develop an awareness of the importance of rules and responsibilities within their community and the actions/behaviors necessary for effective citizenship.

Subdomain: Social Studies (CSS)				
Standard CSS 5: Develop an awareness of the importance of rules and responsibilities within their community and the actions/behaviors necessary for effective citizenship.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CSS 5 Indicators				
Notice others carrying out routines and responsibilities. (0.1) Respond to changes in adult's tone of voice, expression, or visual cues (e.g., shaking head). (0.2)	Participate in simple routines with adult support (e.g., putting away toys or handing out napkins). (1.1) Respond to guidance when redirected or given one word instructions. (1.2) Notice community workers they see on a regular basis (e.g., persons who collect the garbage, etc.). (1.3)	With adult support and guidance, carry out some routines and responsibilities in the classroom (e.g., picking up toys, cleaning up table, watering plants setting out snack, etc.). (2.1) Follow rules with adult support. (2.2) Accept redirection from adult. (2.3 Identify simple rules. (2.4) Identify various familiar workers in the community (e.g., doctor, nurse). (2.5)	Describe classroom and/or home responsibilities (e.g., "I pick up toys" or "I set the table."). (3.1) With prompting from adult, carry out routines and responsibilities in the classroom (e.g., cleaning up, care of plants and/or animals, setting out snack). (3.2) Follow many rules with little support. (3.3) Identify rules that are used at home or in the classroom. (3.4) Tell why rules are important. (3.5) Describe the roles of various familiar community helpers/workers. (3.6) Imitate the roles of familiar community workers. (3.7)	Recognize their responsibility as a member of a family and classroom. (4.1) Independently carry out specific responsibilities in the classroom (e.g., cleaning up, checking the temperature outside for the group, handing out snack, etc.). (4.2) Follow rules that have been established. (4.3) Participate in conversations about the importance of rules/ consequences, rights of self, and rights of others. (4.4) Identify workers and their roles as citizens within the community. (4.5)

G. Standard 6: Demonstrate an awareness of basic economic concepts.

Subdomain: Social Studies (CSS				
Standard CSS 6: Demonstrate an awareness of basic economic concepts.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
CSS 6 Indicators				
Express preferences for food, toys, etc. through vocalizations, gestures and facial expressions. (0.1)	Communicate desire for objects and/or persons that are in the classroom or home. (1.1)	Use play money in play activities. (2.1) Use props related to buying and selling items during play (e.g., a toy cash register, play money, etc.). (2.2) Indicate wants and needs through words and gestures. (2.3)	Demonstrate an awareness of uses of money. (3.1) Demonstrate an understanding of the process of buying and selling during play by using props related to buying and selling the way they typically are used by adults. (3.2) Express wants and needs. (3.3)	Demonstrate awareness of the purpose of money through play activities. (4.1) Demonstrate the role of buyers and sellers in play activities. (4.2) Participate in conversations about wants and needs. (4.3)

H. Strategies for Social Studies

Cognitive Development and General Knowledge Strategies for Social Studies
Infants
Take and use photos of each child. Involve them in making a photo album to place in the library or home living area. Use photos on bulletin boards that are placed at child's eye level. Add realistic daily life props to the environment (e.g., dolls, simple doll clothing, blankets, telephones, and simple dress-up clothes). Include family photos in a variety of ways. Compile a scrapbook or photo album of family members and of family celebrations, for example. Include opportunities for children to know they are valued members of the total group in your care. For example, sing songs and play games that include each child's name. Sing "Where is Adam? Where is Adam?" to the tune of "Where Is Thumbkin?" Provide opportunities for children to explore their environment indoors and outdoors. Learn as much as you can about the cultures of the families in your program. Provide books, pictures, toys, music, etc. that are familiar to children. This brings their cultures into the play area in positive ways.
Toddlers
Share books with toddlers that support attachment to family such as Ten, Nine, Eight by Molly Bang and Runaway Bunny by Margaret Wise Brown. Talk about the specific roles of family members, such as grandmother takes care of baby at night or big brother helps with getting dressed. Take children for walks around the neighborhood. Use this as an opportunity to point out landmarks and signs in the environment. Provide opportunities for cooperative play like a rocking boat or a wheeled toy that accommodates two children. Talk with children about the work places that parents go after they drop off children. Include a variety of workplace props in the dramatic play area. Model the use of words to express a need. Offer the appropriate response to problems or conflicts, such as, "Ask Aidan if you can use the truck."
3-Year-Olds
Invite family members to participate in school or classroom events. Talk about similarities and differences in terms of dress, food, transportation, etc. as seen in books and pictures. Talk about similarities and differences that are represented by the children in your classroom. Read books and talk about community workers and their jobs. Cultivate a school garden where children can plant seeds and see how plants grow and change over time. Take pictures of things that change over time and display them in the classroom (e.g., seeds growing into a flower). Include materials in the dramatic play area that will encourage children

to pretend that they are a community worker (e.g., firemen's hat or postal workers mailbag) or that they run a business (e.g., play money and grocery bags). Share children's pleasure in learning and discovering new things through daily routines and their play, both indoors and outdoors. Take children to community events and places (e.g., parks, playgrounds, petting zoo, farmer's market, and library to learn about the world).
4-Year-Olds
Involve children's families in every aspect of the program so that children can observe and learn about other's personal characteristics, experiences, and cultures. Demonstrate respect for various cultures and languages. Make sure that children's home languages and cultures are reflected in books, signs, and learning experiences. Write class books about children's families, their homes, their mealtimes, their pets, and other aspects of their lives. Discuss what is the same and different about the children's families. Engage children in long-term projects or a study of their community. Begin with children describing what they already know and then identifying what questions they have and ways to find answers. Take trips, invite visitors, make observations, gather and record data about what they learn. Use various media (e.g., blocks, clay, drawings, or photos to represent and map the classroom, center, neighborhood, or community).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

Chapter 4. Language and Literacy Development

§401. Introduction

A. The Language and Literacy domain includes children's listening, speaking, writing, thinking, and reading development. These skills are critical to children's success in school, as well as their success later in life. Although children continue to develop language and literacy skills throughout their lives, what they learn in the early years establishes the foundation for later language, reading, and writing skills. Young children who have rich language and literacy experiences early in life are less likely to have later difficulties learning to read.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§403. Speaking and Listening

A. Children enter the world with the capacity to communicate. Before babies utter their first words, they are preparing to use language in many ways. As children grow and change, however, their communication needs change as well. Communicating with a preschooler is very different than communicating with a toddler or an infant. Infants and toddlers are learning the basics of communication and how important it is. Preschoolers are well on the way to becoming fluent communicators. They have learned a great deal about the purposes and conventions of communication. It's important for adults to support these changes so that children can continue to grow as skillful communicators. Singing songs and reciting simple nursery rhymes are one way to promote children's language development. They help to give children a sense of the natural rhythm of the language and its sentence patterns.

B. A solid foundation in language development in the years before a child enters school will promote success in reading and writing in the future. Some studies have linked the number of words a child hears before the age of four to future academic achievement. The more often parents and caregivers talk to their children in everyday situations, the more opportunities children have to learn new words and practice their communication skills.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§405. Reading

A. Reading begins long before children can pick up a book and read it to you. When a baby turns his or her head to the sound of a parent's voice, he/she is beginning to pay attention to language, language that will later be read from print. As children grow, their literacy related behaviors grow and change as well. Behaviors that foreshadow independent reading begin very early. For example, babies as young as 7-10 months may coo and babble while pointing at pictures in a book-this is a sign that they are interested in the book.

B. As children move into the toddler or early preschool years, other reading-like behaviors begin to development. These behaviors may include pretending to read or "reading" environmental print, such as a logo that they are familiar with. Later, the child may "read" a book by re-telling a familiar story and, especially as he or she approaches preschool age, may sit for longer periods of time and pretend to read a book independently. This is an exciting sign that he or she is beginning to understand what reading is about. It is a step forward on the road to literacy.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§407. Writing

A. When we think about early literacy, most often what comes to mind is reading. However, writing is an important part of early literacy as well. Learning to read and learning to write are both important literacy processes, and they support each other—children with strong writing skills often have strong reading skills and vice versa.

B. Writing, as with other accomplishments of young children, develops in stages that are a part of the normal development of writing ability. Children become competent writers as they move through these stages:

1. Stage 1 - Random Scribbling: (2-and 3-year olds). Children make marks on paper with little muscular control.

2. Stage 2 - Controlled Scribbling: (3-year-olds). Children "write" across the paper in linear fashion, repeating patterns over again, showing increased muscular control.

3. Stage 3 - Letter-like Forms: (3-and 4-year-olds). Children make mock letters. These are written lines of letters that have letter characteristics, but they are misshapen and written randomly. They pretend they are writing; in their work they separate writing from drawing. They have purpose to their letter-like forms.

4. Stage 4 - Letter and Symbol Relationship: (4-year-olds). Children write letters to represent words and syllables. They can write their names. They recognize the word that represents their name. They can copy words, but often reverse one or more of the letters they are copying.

5. Stage 5 - Invented Spelling: (4-and 5-year olds). Children make the transition from letter forms to invented spelling. This requires organization of letters and words on the page. They use a group of letters to form a word. Many of the letters will be consonants. They understand that letters

relate to sounds. Some punctuation appears. They can copy words from their environment.

6. Stage 6 - Standard Spelling: (5-, 6-, and 7-year-olds). Most of the words the children use are written correctly; some children add punctuation. They organize their words in lines with spaces between the words; they move from left-to-right, and from the top of the page to the bottom.

NOTE: Adapted from: The Portfolio and Its Use: A Road Map for Assessment by Sharon MacDonald.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§409. English Language Learners (ELL)

A. Children whose families speak a different language in the home learn language similarly to English-speaking children, but may face some unique challenges as we try to help them learn skills needed to communicate successfully in school. As the United States becomes increasingly diverse, more and more you must find a way to integrate children whose first language is not English into their classrooms. "English language learners" means that children are working to learn a second language (English) while continuing to develop their first (or home) language. It is important for early childhood you to recognize the need for children and families to maintain their home language and culture, while beginning to acquire the language of the learning environment.

B. Children's ability to acquire a second language is influenced by many factors including the extent to which the child is exposed to the new language; the child's temperament; and the child's need and/or opportunity to use the language to communicate. Research indicates that there are four stages of development through which a child progresses in learning a second language:

1. Uses home language in second language setting.
2. Relies on non-verbal communication (e.g., gestures, facial expressions).
3. Begins to use telegraphic (two-word sentence that conveys an action or possession such as "get milk" or "mommy's tummy") and formulaic speech (refers to a phrase that the child may use without completely understanding its function such as "gimme cookie").
4. Achieves productive language use (that is, the child begins to construct his/her own phrases and sentences in the new language). It can take years for children to reach the productive language use stage, and it is essential that children's language development in their home language and their language development in English to both be supported for them to make progress in this domain as well as the other domains described in these Standards

C. In summary, it is difficult to separate language and communication from early literacy skills because they are so inter-twined with one another. An environment with many conversations and one where books, stories, writing activities, songs, rhymes and fingerplays are enjoyed many times during the day lays the foundation for both language and literacy skills and for later school success. Therefore, each of the standards and indicators described in this document is important for children's progress.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§411. Speaking and Listening Standards

A. Standard 1: Comprehend or understand and use language.

Subdomain: Speaking and Listening					
Standard LL 1: Comprehend or understand and use language.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten ELA Common Core Standards Alignment**
LL 1 Indicators					**Speaking and Listening (SL)**
Show interest in adult speech. (0.1) Look in the direction of sound. (0.2) Recognize words for familiar items such as "cup" or "bottle". (0.3) Engage in turn-taking. (0.4) Coo when spoken to. (0.5) Smile in response to social stimulation. (0.6) Know own name by responding when name is spoken. (0.7) Respond to the sound of language and the steady rhythm of words. (0.8) Get attention or express needs through	Attend to adult language. (1.1) Respond to adult's facial expressions (e.g., stops throwing blocks after a stern look from adult). (1.2) Identify familiar people or objects when asked. (1.3) Follow simple commands (e.g., "Come here"). (1.4) Use facial expression to show excitement or distress. (1.5) Use gestures and words to communicate needs. (1.6) Repeat familiar words. (1.7) Respond to simple	Identify some body parts when asked. (2.1) Understand simple questions such as, "Where is your blanket?" (2.2) Show understanding of words through response (e.g., going to get a diaper when told it is time for diaper change). (2.3) Use short phrases combined with gestures and intonation to communicate. (2.4) Ask "what's that?" questions repeatedly. (2.5) Engage in short conversations with others. (2.6)	Follow two- step directions. (3.1) Demonstrate understanding of simple questions and requests. (3.2) Answer some simple "who", "what" and "where" questions. (3.3) Listen and respond attentively to simple conversations. (3.4) Use phrases and/or simple sentences and questions. (3.5) Ask "why" questions. (3.6) With prompting and support, act out familiar stories, rhymes and fingerplays. (3.7) Use phrases and/or	Listen and respond to questions about print read aloud or information presented orally or through other media, including music and videos. (4.1) Listen and respond attentively to conversations. (4.2) With guidance and support from adults, follow agreed upon rules for discussions (e.g. listening to others, and taking turns speaking about topics and print under discussion). (4.3) Actively participate in role-playing, creative dramatics, fingerplays, nursery rhymes, and	**SL 1** Participate in collaborative conversations with diverse partners about kindergarten topics and texts with peers and adults in small and larger groups. a. Follow agreed-upon rules for discussions (e.g., listening to others and taking turns speaking about the topics and texts under discussion). b. Continue a conversation through multiple exchanges. **SL 2:** Confirm understanding of a text read aloud or information

sound, facial expressions, and movements. (0.9) Imitate different sounds. (0.10)	rhymes and fingerplays. (1.8) Use hand gestures to show recognition of a song. (1.9) Use one to two words to communicate (ask questions or signal needs) so that the communication is understood by family and familiar adults most of the time. (1.10)	Understand a pause in the conversation is a signal to take a turn. (2.7) Share experiences using simple 2-3 word combinations. (2.8) Repeat phrases or key words to simple rhymes and fingerplays. (2.9) Imitate words and actions to simple rhymes and fingerplays. (2.10) Combine two to three words to make phrases, simple sentences or to ask questions, such as "Where Mommy?" (2.11) Is easily understood by family and familiar adults. (2.12)	simple sentences that convey a complete thought, "Tommy ate the cookie," that is easily understood by family and most people outside the home. (3.8) Ask questions that may incorporate expanding vocabulary. (3.9).	choral speaking. (4.4) Speak audibly and use words, phrases, and/or sentences to express a complete thought that can be clearly understood by most people. (4.5) Ask questions about a specific topic, activity, and/or text read aloud. (4.6)	presented orally or though other media by asking and answering questions about the details and requesting clarification if something is not understood. **Language (L)** **L 1** Demonstrate command of the conventions of standard English grammar and usage when writing or speaking. b. Use frequently occurring nouns and verbs. c. Form regular plural nouns orally by adding /s/ or /es/ (e.g., dog, dogs; wish, wishes). f. Produce and expand complete sentences in shared language activities.

B. Standard 2: Comprehend and use increasingly complex and varied vocabulary.

Subdomain: Language					
Standard LL 2: Comprehend and use increasingly complex and varied vocabulary.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten ELA Common Core Standards Alignment**
LL 2 Indicators					**Language (L)**
Engage in brief moments of joint attention to imitate positional words through language, music and sounds. (0.1) Recognize names of familiar people and objects. (0.2) Use gestures and sounds to communicate needs. (0.3)	Demonstrate positional words with body movement or through gestures. (1.1) Use words such as "mama" and "dada". (1.2) Attempt to say new word offered by an adult (e.g., "That is a bird, can you say bird?"). (1.3)	With prompting and support, respond to opposite words during games and activities. (2.1) Sing and act out motions using a variety of positional words. (2.2) Talk about the actions of others. (2.3) Use pronouns "me", "you", and "I". (2.4) Use name of self and of other people. (2.5) Name some objects or people in books. (2.6) Use simple sentences and questions that incorporate expanding vocabulary. (2.7)	With prompting and support, demonstrate understanding of simple concepts such as opposites and positions. (3.1) Demonstrate an understanding of and begin using some new vocabulary introduced through conversations, activities, or listening to texts read aloud. (3.2)	Demonstrate understanding of a variety of concepts, such as opposites, positions, and comparisons. (4.1) Use new vocabulary acquired through conversations, activities, or listening to texts read aloud. (4.2)	**L 1:** Demonstrate command of the conventions of standard English grammar and usage when writing or speaking. e. Use the most frequently occurring prepositions (e.g., to, from, in, out, on, off, for, of, by, with). **L 6:** Use words and phrases acquired through conversations, reading and being read to, and responding to texts.

C. Standard 3: Develop an interest in books and their characteristics.

Subdomain: Reading: Literature and Information in Print					
Standard LL 3: Develop an interest in books and their characteristics.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten ELA Common Core Standards Alignment**
LL 3 Indicators					**Reading Standards for Literature (RL)**
Manipulate books by holding, chewing, banging, etc. (0.1) Look at picture books with interest, sometimes pointing at objects. (0.2) Engage in joint	Look at books independently and with an adult. (1.1) Select a book to look at and/or take it to an adult to read. (1.2) Attends to picture books on own and with	Identify a favorite book by its cover and find a favorite book on the shelf by its cover when prompted. (2.1) Rotate book to get picture right side up. (2.2)	Find a specific book by looking at the cover. (3.1) Identify the front cover of a book. (3.2) Hold book properly and look at pages of a book from left to right, pretending to read. (3.3)	Demonstrates how books are read, such as front-to-back and one page at a time. (4.1) With prompting and support, describe the role of the author and illustrator of a text. (4.2)	**RL 6:** With prompting and support, name the author and illustrator of a story and define the role of each in telling the story. Reading Standards for Informational Text (RI)

Subdomain: Reading: Literature and Information in Print					
Standard LL 3: Develop an interest in books and their characteristics.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten ELA Common Core Standards Alignment**
LL 3 Indicators					**Reading Standards for Literature (RL)**
attention to books, language, music and sounds. (0.3)	an adult for sustained periods of time. (1.3) Turn pages of a book held by an adult, but not necessarily from front to back or page by page. (1.4)	Hold a book and looks at one page at a time. (2.3) Pretends to read. (2.4)	Imitate teacher reading a story. (3.4) With prompting and support, demonstrate and understand that people write stories and draw pictures in books. (3.5) Shows an interest in illustrations. (3.6)		**RI 5** Identify the front cover, back cover, and title page of a book. **RI 6** Name the author and illustrator of a text and define the role of each in presenting the ideas or information in a text.

D. Standard 4: Comprehend stories and information from books and other print materials.

Subdomain: Reading: Literature and Information in Print					
Standard LL 4: Comprehend stories and information from books and other print materials.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten ELA Common Core Standards Alignment**
LL 4 Indicators					**Reading Standards for Literature (RL)**
Engage in brief moments of joint attention to books, language and sounds. (0.1) Respond and attend to stories that have been read previously. (0.2)	Identify pictures of specific characters, scenes, or objects that are part of a book when asked. (1.1) Look to an adult for the name of an object or character portrayed in a picture within a book. (1.2) Anticipate familiar elements in a story as indicated by gestures or facial expression (e.g., show of excitement, and mimicking sounds). (1.3) With prompting and support, point to pictures of favorite characters or familiar objects in a book. (1.4) Point to a picture or illustration in a story book and look to an adult for the name of the object or character. (1.5)	Answer simple questions about pictures that go with print read aloud. (2.1) Recognize when an adult misreads or skips a section of a familiar story and offer correction. (2.2) Make up stories while turning pages of book. (2.3) Recite simple phrases or words from familiar stories (e.g., Chicka Chicka Boom Boom). (2.4) With prompting and support, name or identify 1-2 character(s) from a story and or 1-2 pieces of information remembered from and informational text read aloud. (2.5) Is attentive when an adult explains a new word or introduces a new concept. (2.6) Point to the picture on a page and ask, "What's that?" (2.7) Look at a picture or illustration and describe what is happening (e.g., "Boy running"). (2.8) With prompting and support, demonstrate understanding of what will happen next in familiar stories. (2.9)	Answer simple questions about print that has been read aloud several times. (3.1) Retell a simple story with pictures or other props to use as prompts. (3.2) With prompting and support, identify characters from a story and information from an informational text read aloud. (3.3) With prompting and support, talk about unknown vocabulary words in a text or story read aloud. (3.4) Distinguish between real objects and play objects (e.g. distinguish between a real apple and a toy apple). (3.5) Use pictures and illustrations of a text to tell a story. (3.6) With prompting and support, talk about or draw a character, setting, event, or idea in a text read aloud. (3.7) Demonstrate understanding of what will happen next in familiar stories. (3.8)	With prompting and support, ask and answer questions about print that is read aloud. (4.1) With prompting and support, retell parts of a favorite story in sequence (first, next, and last). (4.2) With prompting and support, identify characters and some events from a story and several pieces of information from a text read aloud. (4.3) With prompting and support, ask and answer questions about unknown words in a text read aloud. (4.4) Listen to stories or text read aloud and use new vocabulary words in follow-up conversations and activities. (4.5) Recognize that texts can be stories (make-believe) or real (give information). (4.6) With prompting and support, describe what person, place, thing, or idea in the text an illustration depicts. (4.7) With prompting and support, discuss basic similarities and differences in print read aloud, including characters, settings, events, and ideas. (4.8) Based on the title and/or pictures/ illustrations, predict what might happen in a story before it is read. (4.9)	**RL 1** With prompting and support, ask and answer questions about the key details in a text. **RL 2** With prompting and support, retell familiar stories, including key details. **RL 3** With prompting and support, identify characters, settings, and major events in a story. **RL 4** Ask and answer questions about unknown words in a text. **RL 5** Recognize common types of texts (e.g., storybooks, poems). **RL 7** With prompting and support, describe the relationship between illustrations and the story in which they appear (e.g., what moment in a story an illustration depicts). **RL 9** With prompting and support, compare and contrast the adventures and experiences of characters in familiar stories. **RL 10** Actively engage in group reading activities with purpose and understanding. **Reading Standards for**

Subdomain: Reading: Literature and Information in Print					
Standard LL 4: Comprehend stories and information from books and other print materials.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten ELA Common Core Standards Alignment**
					Informational Text (RI)
					RI 4
					With prompting and support, ask and answer questions about unknown works in a text.
					Language (L)
					L 6
					Use words and phrases acquired through conversations, reading and being read to, and responding to text.

E. Standard 5: Demonstrate understanding of the organization and basic features of print.

Subdomain: Reading: Foundational Skills					
Standard LL 5: Demonstrate understanding of the organization and basic features of print.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten ELA Common Core Standards Alignment**
LL 5 Indicators					**Reading: Foundational Skills (RF)**
Engage in brief moments of joint attention to books, language, music, and sounds. (0.1) Respond or show excitement when hear own name. (0.2)	Point to pictures and words in book. (1.1) Recognize and respond to own name. (1.2)	Rotate book to get picture right side up. (2.1) Look at one page at a time. (2.2) Recognize a word with the first letter of a child's name in it as being connected to the child's name (e.g., pointing to a word with the first letter of a child's name in it and the child says, "That's my name."). (2.3) Identify familiar logos in the environment (e.g., the child asks for French fries when seeing the "Golden Arches"). (2.4) Associate symbols or pictures with objects or places in the environment. (2.5)	With prompting and support, track across a page or along printed words from top to bottom and left to right. (3.1) Identify name on personal property. (3.2) With prompting and support, demonstrate an understanding that letters are combined to make words. (3.3) Name at least 10 of the 52 upper- and lower-case letters of the alphabet (any combination of upper- and lower-case letters). (3.4) Identify some letters in own name. (3.5)	With prompting and support, demonstrate that print is read left to right and top to bottom. (4.1) With limited guidance, track across a page or along printed words from top to bottom and left to right. (4.2) With prompting and support, identify own first name in print among two to three other names; point to printed name when asked. (4.3) With prompting and support, identify various features in print (e.g., words, spaces, punctuation, and some upper- and lower-case letters). (4.4) Name at least 26 of the 52 upper-and/or lower-case letters of the alphabet. (4.5)	**RF 1** Demonstrate understanding of the organization and basic features of print. a. Follow words from left to right, top to bottom, and page to page. b. Recognize that spoken words are represented in written language by specific sequences of letters. c. Understand that words are separated by space in print. d. Recognize and name all upper- and lowercase letters of the alphabet.

F. Standard 6: Demonstrate understanding of different units of sound in language (words, syllables, phonemes)

Subdomain: Reading: Foundational Skills					
Standard LL 6: Demonstrate understanding of different units of sound in language (words, syllables, phonemes).					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten ELA Common Core Standards Alignment**
LL 6 Indicators					**RF 2**
Coo and babble to self and others. (0.1) Imitate sounds made by caregiver. (0.2) Make vowel-like sounds or a variety of consonant and vowel sounds. May say first word. (0.3) Show recognition of familiar voices, names and environmental sounds. (0.4)	Make vowel-like sounds or a variety of consonant and vowel sounds. (1.1) Imitate inflection. (1.2) Communicate using sounds, words and /or gestures. (1.3) Copy some motions of adults during fingerplays. (1.4) Participate in sound and word play. (1.5) Say first word. (1.6)	Participate in group rhymes and songs using words. (2.1) Recognize sounds in the environment (e.g., a horn honking, a train whistle blowing, dogs barking, etc.). (2.2) Participate in word play games and repeat sounds made by adults. (2.3) Participate in sound and word play by imitating the movements and sounds of adults. (2.4) Repeat familiar words. (2.5) Use words combined with gestures and intonations to communicate. (2.6)	With prompting and support, recognize matching sounds and rhymes in familiar words or words in songs. (3.1) With prompting and support, segment a spoken sentence into the individual words using actions (e.g., clap or stomp for each word). (3.2) With prompting and support, show an awareness of beginning sounds in words. (3.3) With prompting and support, attend to activities or word play that emphasizes beginning sounds in words. (3.4) Engage in word play activities in songs and rhymes. (3.5)	With prompting and support, recognize and produce rhyming words. (4.1) With prompting and support count, pronounce, blend, and segment syllables in spoken words using actions. (4.2) With prompting and support, orally blend onset and rime in single syllable spoken words. (4.3) Repeat alliteration during word play in order to recognize words with a common initial (first) sound. (4.4)	Demonstrate understanding of spoken words, syllables, and sounds (phonemes). a. Recognize and produce rhyming words. b. Count, pronounce, blend, and segment syllables. c. Blend and segment onsets and rimes of single-syllable words. d. Isolate and pronounce the initial, medial vowel, and final sounds (phonemes) in three-phoneme (consonant-vowel-consonant, or CVC) words. *(This does not include CVCs ending with /l/, /r/, or /x/.) e. Add and substitute individual sounds (phonemes) in simple, one-syllable words to make new words.

G. Standard 7: Develop familiarity with writing implements, conventions, and emerging skills to communicate through written representations, symbols, and letters.

Subdomain: Writing					
Standard LL 7: Develop familiarity with writing implements, conventions, and emerging skills to communicate through written representations, symbols, and letters.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten ELA Common Core Standards Alignment**
LL 7 Indicators					**Writing (W)**
Tightly grasp objects when placed in hands. (0.1) Release object purposefully. (0.2) Use pincer grasp to pick up small objects. (0.3) Preference for using right or left hand is emerging. (0.4) Transfer objects from hand to hand. (0.5)	Dot or scribble with crayons, may progress to vertical lines. (1.1) Holds marker or crayon with the fist. (1.2) Scribble or make random marks on paper. (1.3) Scribble, as if writing. (1.4)	Scribble and/or produce mock letters with markers, crayons, paints, etc. and imitate marks. (2.1) Transition from holding a crayon or marker in their fist to holding it between thumb and forefinger. (2.2) Scribble with intent to represent something observed and/or convey a message. (2.3) Show interest in using writing for a purpose. (2.4) Make repeated marks on the page using circles, horizontal, and vertical lines. (2.5)	Experiment with a variety of writing tools, materials, and surfaces. (3.1) Use early stages of writing to form shapes and letter-like symbols to convey ideas. (3.2) Engage in tactile experiences creating letters and other forms. (3.3) Imitate marks made by adult or older child (approximations). (3.4) Describe picture and/or dictate story to caretaker. (3.5) With guidance and support from adults, participate in acts that promote the development	Use a variety of writing tools in an appropriate manner showing increasing muscular control. (4.1) Use a combination of drawing, dictating, and/or writing in response to a text read aloud, or to tell a story about a life experience or event. (4.2) With guidance and support from adults, participate in acts that promote the development skills associated with the use of digital tools (e.g., learning games). (4.3)	**W 1** Use a combination of drawing, dictating, and writing to compose opinion pieces in which they tell a reader the topic or the name of the book they are writing about and state an opinion or preference about the topic or book (e.g., My favorite book is…). **W 2** Use a combination of drawing, dictating, and writing to compose informative/ explanatory texts in which they name what they are writing about and supply some information about the topic. **W 3**

Subdomain: Writing					
Standard LL 7: Develop familiarity with writing implements, conventions, and emerging skills to communicate through written representations, symbols, and letters.					
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**	**Kindergarten ELA Common Core Standards Alignment**
		Recognize difference between picture and print. (2.6) Explore interactive toys that are models of digital tools such as computers. (2.7)	skills associated with the use of digital tools (e.g., learning games). (3.6)		Use a combination of drawing, dictating, and writing to narrate a single event or several loosely linked events, tell about the events in the order in which they occurred, and provide a reaction to what happened. **W 6** With guidance and support from adults, explore a variety of digital tools to produce and publish writing, including in collaboration with peers.

H. Strategies for Language and Literacy Development

Strategies for Language and Literacy Development
Infants
Have a primary caregiver who is responsible for each infant's daily care. This will help that caregiver better understand each child's unique way of communicating. Think of crying as positive, as a sign that the infant is communicating his/her needs and that he/she trusts you to respond to them. Use language with infants from the start. Talk with them long before they can talk to you. Use "self-talk" to tell the infant what you are doing (e.g., "I am changing your diaper") and "parallel-talk" to reflect what the infant is doing (e.g., "You grabbed the rattle."). Talk with families to learn and share all the ways infants communicate before they can talk. Cuddle infants on your lap and look at books, even when they are very young. Cloth and vinyl books can be washed, if needed. Comfort infants by talking to them: "Yes, I know that you are hungry. Let's go get some milk for you." Pay attention to the infants' nonverbal expressions and respond to them both verbally and nonverbally. Respond to a smile with a smile and say, "Look at Joseph's big smile."
Toddlers
Be tuned in to each child's nonverbal communication strategies such as pointing or shaking head "yes" or "no" and respond by using words to help him express his ideas. Continue to use simple, consistent sign language and say the word each time you do. Respond quickly to toddlers' cries or other signs of distress because they may have limited language with which to communicate their needs. Interpret toddlers' communication attempts with peers. For example, during outside time, one child looks at another and points to the tricycle. You can say, "Mary, I think Louis wants to ride the tricycle." Read to toddlers individually or in small groups throughout the day. Do not expect that they will all be sitting and listening at the same time. Select books with simple plots about familiar things and people. Toddlers enjoy books that use repetition or rhyme. Set up a cozy and soft reading/library/book area for toddlers to use independently. Include some sturdy, familiar books. Choose vinyl and board books; expect to replace books frequently.
3-Year-Olds
Talk about what's happening now and what will happen next. For example, say, "After we have lunch it will be time for nap." Ask questions that require the child to give more than a "yes" or "no" answer (open-ended questions). Include questions that require the child to think (e.g,, "What would happen if we moved this block?"). Do not correct mistakes in word use, pronunciation or tense. Simply model the correct way to say it. For example, if the child says, "The plane is highering up!" You say, "Yes, that plane is going higher!" Continue to use many songs, fingerplays, and stories throughout the day in routine times, transition times, and playtime. Read to children in small groups of two or three. Have props or objects that relate to the story for the children to touch or hold. Provide a variety of materials in the writing center for children to use to communicate or create.
4-Year-Olds
Engage children in frequent conversations about topics that interest them and build on what they say with more complex language. Provide opportunities for children to experiment and play with the sounds that words make through songs, rhymes, poems, and nonsense words. Model and explicitly demonstrate reading print from top to bottom and from left to right. Introduce new vocabulary when asking questions or describing situations or objects and relate the new words back to familiar words and or/ideas. Encourage children to use these words when talking about pictures or real objects. Use variations of the same word such as, magnify, magnifier, magnifying, and magnified. Point out the title, author, and illustrator when reading a book. Talk about characters and story events after reading. Write children's words on their pictures, display these in the classroom. Provide a variety of materials in the writing center for children to communicate or create.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

Chapter 5. Physical Well-Being and Motor Development

§501. Introduction

A. Health and physical development skills are the foundation for the future health and well-being of all children. This domain fosters children's sound nutritional choices, health/safety practices, and physical activity for optimal learning.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39

§503. Physical Fitness and Motor Skills

A. As children grow and develop, their motor skills begin to improve as connections in the brain grow. Motor skills develop in an orderly, predictable way. They develop from the top of the child to the bottom, and from the center

of the body outward. Also, skills become more and more specialized as children grow. Although there is variation in the age at which each child will develop a particular skill, for the most part, the order in which skills develop is predictable. For example, a young child can walk before he can run, and run before he can hop.

B. There are two general types of motor skills: gross motor skills and fine motor skills. Gross motor refers to the movement of the large muscles in the upper and lower body. These are the muscles that control the ability to walk, run, jump, etc. Fine motor refers to movement of the small muscles of the hand and arm that control the ability to scribble, write, draw, and do many other activities that require finger, hand, and hand-eye coordination. Gross motor skills usually develop before fine motor skills. Babies can wave their arms before they can pick up small objects with their fingers, and preschoolers can scribble with sweeping motions before they can write. As these motor skills are developing, children also are learning to use information gathered through their senses to understand their environment and make decisions about what action to take. For example, a child may adjust his/her walking if a surface is wet or slippery. Similarly, a child may recognize a cup that has been buried in the sand based on their touch and feel of the cup. As children develop, they become more capable of organizing information that is collected through their different senses, and then using this sensory information to guide their movements.

C. Although movement skills develop naturally in most young children, it is important that children have a variety of physical experiences that facilitate good muscle development, and experiences that allow them to practice motor skills. This is important, since the majority of motor skills develop by age 12. It is also important for good physical fitness. Parents, you, health professionals, and policy makers share a common concern about the alarming increase in childhood obesity rates. Therefore, the standards and indicators provided in this domain are important because they encourage adults to provide a variety of motor activities for young children.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39

§505. Good Health and Safety Practices

A. Early childhood is a good time to begin teaching children good health, nutrition, and safety practices. Studies have shown that children will generally eat the types of food they are provided during childhood for the remainder of their lives. If they learn to eat a variety of fruits and vegetables, they will continue to eat them. In contrast, if they are fed a lot of unhealthy snacks and eat at fast-food restaurants, they will continue to do so. Food habits are one of the most important habits a child learns.

B. Early childhood is also a good time to begin to teach general safety practices to children. Understanding hazards that might be in the environment is something that develops gradually in young children. When children are very young, they need the constant presence and guidance of adults to help ensure their safety. As children grow older, they begin to understand that some situations are dangerous. While they continue to need diligent supervision, they also can begin to learn about danger and how to avoid it. The standards and indicators in this domain are designed to foster children's understanding of how to keep themselves healthy and safe.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§507. Physical Well-Being and Motor Development Standards

A. Develop large muscle control and coordinate movements in their upper and/or lower body.

Subdomain: Motor Skills and Physical Fitness				
Standard PM 1: Develop large muscle control and coordinate movements in their upper and/or lower body.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
PM 1 Indicators				
Develop strength and control of head and back progressing to arms and legs. (0.1) Develop strength and control of head and back progressing to arms and legs when playing with objects. (0.2)	Control and coordinate movement of arms, legs, and neck. (1.1) Control and coordinate movement of arms, legs, and neck when using a variety of objects. (1.2)	Combine and coordinate arm and leg movements when engaged in active play. (2.1) Combine and coordinate arm and leg movements when engaged in active play with objects and equipment. (2.2)	Use arms and legs for balance and motor control when walking, jumping, throwing and climbing. (3.1) Use arms and legs for balance and motor control using objects and equipment for a wide range of physical activities. (3.2)	Use the whole body for balance and motor control when walking, jumping, throwing and climbing. (4.1) Use the whole body for balance and motor control using objects and equipment for a wide range of physical activities. (4.2)

B. Standard 2: Develop small muscle control and coordination.

Subdomain: Motor Development and Physical Fitness				
Standard PM 2: Develop small muscle control and coordination.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
PM 2 Indicators				
Develop small motor control moving from the chest outward to arms, wrist, and hands. (0.1) Use hands to accomplish actions with rake grasp and/or palming. (0.2) Coordinate eye and hand movements when eating, grasping, or picking up objects. (0.3)	Demonstrate control of wrists, hands, and fingers. (1.1) Use pincer grasp (their thumb and forefinger) to pick up small objects. (1.2) Hold an object in one hand and manipulate it with the other hand. (1.3) Coordinate eye and hand movements to explore objects or complete activities (e.g., transfer object from one hand to the other, stack blocks to build a tower). (1.4)	Complete tasks that require more refined control of small muscles when using hands to reach, grasp, and release objects. (2.1) Coordinate eye and hand movements to carry out simple tasks (e.g., using utensils for eating, putting puzzles together, stringing large beads). (2.2)	Use hands, fingers, and wrists for a wide variety of tasks and activities. (3.1) Coordinate eye and hand movements to accomplish simple tasks (e.g., using utensils for eating, putting puzzles together, stringing large beads, using a crayon). (3.2)	Use hands, fingers, and wrists to manipulate large and small objects with strength and good control of small muscles. (4.1) Coordinate eye and hand movements to perform complex tasks (dressing and undressing) or to use everyday tools (e.g., pitchers for pouring or scissors for cutting along a line). (4.2)

C. Standard 3: Participate in a variety of physical activities to enhance strength and stamina.

Subdomain: Motor Skills and Physical Fitness				
Standard PM 3: Participate in a variety of physical activities to enhance strength and stamina.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
PM 3 Indicators				
Move body in a variety of ways, (e.g., kicking feet, waving arms, or rolling over). (0.1) Engage in play that helps to develop strength in arms and legs (e.g., floor games that provide opportunities for reaching, grasping or pushing). (0.2)	Participate in a variety of indoor and outdoor play activities. (1.1) Engage in play that helps to develop strength in arms and legs (e.g., filling and dumping a bucket, pushing a baby stroller, playing on outdoor equipment). (1.2)	Participate in a variety of indoor and outdoor play activities. (2.1) Engage in regular and sustained play activities that are physically demanding for short periods of time. (2.2)	Seek out a variety of physical activities such as games and indoor/outdoor play. (3.1) Demonstrate strength and stamina that allow for participation in rigorous activities (e.g., running, climbing, kicking or throwing a ball). (3.2)	Initiate and engage in a variety of physical activities including games, exercises, and play that enhance physical fitness. (4.1) Demonstrate strength and stamina that allow for participation in rigorous activities (e.g., running, climbing, kicking or throwing a ball). (4.2)

D. Standard 4: Develop appropriate health and hygiene skills.

Subdomain: Health and Hygiene				
Standard PM 4: Develop appropriate health and hygiene skills.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
PM 4 Indicators				
Willing to try healthy foods offered by caregiver. (0.1) Cooperate with some personal care routines. (0.2) Respond to consistent bedtime routine. (0.3) Soothe self and fall asleep. (0.4)	Accept healthy foods that are offered by caregiver. (1.1) Participate in personal care routines with adult caregiver. (1.2) Cooperate with sleep routines. (1.3) Comfort self, fall asleep, and returns to sleep if awaken. (1.4)	Identify a variety of healthy foods. (2.1) Eat a variety of healthy foods. (2.2) Carry out some parts of personal care routines with adult guidance supervision and assistance. (2.3) Initiate and participate in sleep routines. (2.4) Fall asleep on their own and returns to sleep if awaken. (2.5)	Identify foods (real or pictures) that are healthy and less healthy for the body. (3.1) Select from a variety of healthy foods that are offered. (3.2) Carry out most personal care routines with minimal adult guidance and assistance. (3.3) Sleep or rest for a sufficient amount of time to support healthy development of their body. (3.4)	Identify different foods and the corresponding food group according to "My Plate". (4.1) Give a simple explanation as to why a particular food is healthy or unhealthy. (4.2) Exhibit good hygiene habits and manage age-appropriate personal care routines on own. (4.3) Get sufficient sleep and rest to support healthy development of their body. (4.4)

E. Standard 5: Demonstrate safe behaviors.

Subdomain: Safety				
Standard PM 5: Demonstrate safe behaviors.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
PM 5 Indicators				
Attend to adult cues (e.g., facial expression, tone of voice) that indicate a harmful or unsafe situation. (0.1) May cry upon seeing adult reaction to a potential harmful situation. (0.2)	Attend to adult cues (e.g., facial expression, tone of voice) to see if situation is harmful or unsafe. (1.1) Use cue or signal from adult to guide behavior in harmful or dangerous situations. (1.2) Cooperate with some basic safety practices. (1.3)	Recognize some harmful situations. (2.1) Follow directions from an adult to avoid potential harmful conditions/ situations. (2.2) Follow safety rules with assistance and guidance from adults. (2.3)	Identify and avoid potentially harmful objects, substances, or situations or behaviors with supervision. (3.1) State safety rules and follow them with guidance from adults. (3.2)	Identify and alert others of potentially hazardous objects, substances, behaviors, and/or situations (that may appear in the child's environment) with supervision. (4.1) Demonstrate and communicate a basic understanding of health and safety rules and respond appropriately to harmful or unsafe situations (e.g., hold an adult's hand when crossing the street, don't touch a hot stove, etc.). (4.2)

F. Strategies for Physical Well-Being and Motor Development

Strategies for Physical Well-Being and Motor Development
Infants
Place objects within reach at first and then slightly out of reach as infants gain more muscle control. Avoid placing infants in restrictive devices (no swings, walkers, saucers, infant seats, or bouncy seats). Car seats in a vehicle are the only exception to this rule. Use cribs or playpens only for napping and sleeping. Place infants on mats or rugs in safe areas of the room where they have the freedom to move, explore and practice new skills. Be sure to remember safety rules, even when you think the infant cannot reach something or move very much. Keep in mind that infants should never be left alone on changing tables. Provide toys that are responsive and make a noise as young infants go from reflexive action to grabbing, grasping, and manipulating objects. Include toys such as rattles, squeeze toys, and soft, washable toys. Toys should be small enough so that young infants can grasp and chew them, yet large enough so that infants cannot choke on or swallow them.
Toddlers
Model healthy eating while sitting with children at the table. Provide a choice of two or more nutritional foods and allow toddler to choose. Give child time to accomplish hygiene routines independently before stepping in to assist. Provide open space both indoors and outdoors for young toddlers to move and practice their developing gross motor skills. Include low, sturdy objects (e.g., furniture or railings) for toddlers to hold onto while cruising. Provide items such as pillows and low platforms to the environment so that toddlers have different levels to explore and to have safe climbing opportunities. Low inclines or ramps provide a different sense of movement, space, and balance. Provide opportunities and a variety of materials that encourage children to use manipulative skills (e.g., nesting toys, soft blocks, containers for filling and emptying, fat crayons, playdough).
3-Year-Olds
Model healthy eating while sitting with children at the table. Provide a choice of two or more nutritional foods and allow children to choose. Provide opportunities in the daily schedule to practice hygiene routines, such as tooth brushing, teeth flossing or handwashing. Provide wheeled toys (3-4 wheels, with pedals and without) and places to ride them. Add social play to motor play by adding simple rules like a stop sign along the tricycle path or a "gasoline pump" to fill-up vehicles. Use small climbers and a variety of different sized boxes to encourage social role play as they represent forts, houses, or tents. Provide a variety of levels and obstacles (things to go through, around, over, and under) to increase the children's skills and enjoyment. Stock manipulative centers with containers for objects to be put into. Good manipulative opportunities can occur in many daily routines and self-help skills. Zipping real zippers and fastening simple fasteners is much more fun when it is a functional process.
4-Year-Olds
Read books about healthy practices. Discuss the concepts of rest, exercise, and good eating related to good health. Model healthy eating, display the "My Plate" model for healthy and nutritious eating. Provide opportunities for children to pour their own drinks and to serve foods (e.g., spooning out applesauce). Talk about consequences of unsafe behavior (e.g., injury to self, others, or damage to property). Provide opportunities for children to engage in gross motor activities inside (e.g., dancing, moving to music, Simon Says, etc.). Provide space and opportunities for children to walk, run, and climb every day. Provide a variety of materials (e.g., beads and snap cubes) for children to put together and pull apart. Develop activities or opportunities for children to practice drawing and writing with a variety of tools

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

Chapter 7. Social-Emotional Development

§701. Introduction

A. School readiness not only means that children are intellectually prepared for school, but also that they are socially and emotionally prepared for success in the classroom. One of the primary goals of a quality early childhood program is to foster healthy social and emotional development in young children. To be successful, children must be able to develop relationships with others, cooperate with peers and adults, understand others' feelings and perspectives, and maintain some control of their behaviors and emotions. These characteristics help to ensure that children are able to get along and participate with others in the classroom.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§703. Early Relationships with Adults and Peers

A. The social and emotional development of young children is strengthened when they feel that the adults in their lives care about them and they develop close relationships (often called "secure attachments") with their parents, teachers, and other adults who care for them.

Positive relationships encourage children to care about other people and seek to understand the thoughts and feelings of others. Research has found that children whom have secure, trusting relationships with their caregivers get along better with their peers and have an easier time adjusting to the demands of formal schooling. Adults can help children develop these types of positive relationships by consistently responding when children, especially babies, need something or they are upset, and by being warm and loving when caring for children.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§705. Self-Concept

A. How children feel about themselves and their own sense of worth has a lot to do with later success in life. Children who have a positive sense of self are more likely to try new things and work toward reaching goals. They tend to accept new challenges and feel more confident about their ability to handle any problems or difficulties that may come up.

B. Children's self-concept develops very early in life. How children see themselves and how they feel about themselves is related to their early relationships. These early relationships help young children learn about who they are and how they are seen by others. When caregivers and teachers respond to children with acceptance and positive regard, children feel important and they learn to feel good about themselves.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§707. Self-Regulation: Managing Behavior and Emotions

A. Early childhood is a time when young children are learning to manage their impulses, desires, and emotions. Very young children (infants and toddlers) often need the support of caregivers who can provide comfort and help to soothe distressed feelings in order to learn how to regulate their emotions. As children get older, their ability to regulate and manage emotions develops some, but they often still have difficulties controlling their feelings. Parents and early childhood you may be able to help children learn to focus their attention, follow rules and guidelines, get along with others (e.g., learning to share), and manage their emotions or express feelings in an acceptable ways (e.g., expressing anger with words rather than hitting). Still, this is an area that can be challenging for young children, so they need consistent guidance as they learn to manage their behaviors and emotions.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§709. The Role of Temperament

A. One important concept in caring for young children is each child's temperament and the way a child's temperament affects how the child interacts with and relates to the world around him/her. Temperament refers to a child's "personal style." It influences the way in which he/she approaches and reacts to people and to different situations. Once caregivers understand a child's temperament, they can use this information to anticipate situations and issues before they occur.

B. Researchers suggest that children's temperament falls into three general categories:

1. easy/flexible. These children tend to be calm and happy. They are fairly flexible and adapt easily to new situations/people;

2. active/feisty. Active or feisty children often are more fussy and intense in their reactions. They tend to be more fearful of new situations and people, and can be easily upset by noise and stimulation;

3. cautious/slow to warm. These children tend to be fussy and less active. They may withdraw or react fearfully to new situations; however, if given time and support, "slow to warm" children will learn to adapt and adjust to the situation.

C. It is important for caregivers to remember that these are general categories, and not all children's temperaments will fall neatly into one of these three categories. Also, it is important to understand that temperament traits, like personality traits, may differ in terms of the level of intensity. For example, when a stranger comes into the room, one baby with a cautious/slow to warm temperament may become uneasy and look over at the caregiver for comfort, while another infant with the same temperament may begin to cry and let the caregiver know that he/she wants to be picked up.

D. Finally, it is important for caregivers to remember that children's basic temperament does not change over time. While environment and interactions with caregivers and parents can affect the intensity and expression of temperamental traits, these are fairly constant throughout the course of childhood. Therefore, when we think about the standards and indicators described in this domain, which we know are important areas in which children should show progress, we have to keep in mind that children may express their skills and knowledge differently, and that their temperament may affect how often and the intensity with which children respond.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§711. Social-Emotional Development Standards

A. Standard 1: Develop healthy relationships and interactions with peers and adults

Subdomain: Social Relationships				
Standard SE 1: Develop healthy relationships and interactions with peers and adults.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
SE 1 Indicators				
Notice and pay attention to others. (0.1) Notice how others respond to his/her behaviors. (0.2) Explore a variety of things in the environment (e.g., reach for a toy, put a rattle in mouth). (0.3) Participate in simple back and forth play and interaction with adults. (0.4) Attend and respond to familiar adults. (0.5) Become frightened or distressed when separated from familiar caregiver. (0.6) Move or cry to seek attention and comfort from familiar adults. (0.7) Touch, smile, or babble to other infants. (0.8)	Recognize and react to feelings in others (e.g., offers toy to crying peer). (1.1) Repeat actions that elicit social responses from others (e.g., smiles at others or begins to babble). (1.2) Show interest in a variety of things, people, and objects. (1.3) Play alongside another child (parallel or mirror play) for brief periods. (1.4) Become frightened or distressed when separated from familiar caregiver. (1.5) Show preference for familiar caregivers (e.g. following caregiver around the room, cry when caregiver leaves). (1.6) Use familiar adults as "secure base" by glancing back to caregiver while playing. (1.7) Enjoy playing next to or close to other children. (1.8) Interact briefly with other children by gesturing or offering a toy. (1.9)	Sometimes recognize the feelings of others and respond with words and/or behaviors to express care and concern (e.g., "Becky is crying"). (2.1) Make connection between choice and consequence that follows. (2.2) Notice differences in others, objects, and environment. (2.3) Engage in social play alongside other children and, on occasion, with other children. (2.4) Follow adult guidance to respond to conflict. (2.5) Show affection for adults that care for him/her on a regular basis. (2.6) Willingness to explore, but will seek help from trusted adults in new situations or when fearful. (2.7) Interact more regularly with one or two familiar children. (2.8)	Sometimes recognize the feelings others are expressing and acts appropriately when others are happy, sad, angry or afraid (e.g., comforts a friend who gets hurt). (3.1) Develop a growing understanding of how his/her actions affect others and begin to accept consequences of their actions. (3.2) Demonstrate emerging awareness and respect for differences between people (culture, ethnicity, abilities, and disabilities). (3.3) Work or play cooperatively with other children with some direction from adults. (3.4) Resolve conflict with peers by following suggestions from an adult. (3.5) Show affection for adults that care for him/her on a regular basis. (3.6) Demonstrate interactions with a few adults who are less familiar. (3.7) Occasionally play with the same one or two children for a short time. (3.8) Describe one or two children as their friends. (3.9) Join in with a small group of children. (3.10)	Recognize and respect the feelings, needs, and rights of others (e.g., using polite language, sharing with others). (4.1) Express empathy and sympathy for others. (4.2) Demonstrate understanding of how one's words and actions affect others. (4.3) Demonstrate awareness of and respect for differences among people (culture, ethnicity, abilities, and disabilities). (4.4) Play cooperatively with small group of peers for a sustained time. (4.5) Demonstrate cooperation with peers by sharing, taking turns, etc. (4.6) Resolve conflict with peers on their own sometimes. (4.7) Seek help from adults when in conflict with peer, if needed. (4.8) Demonstrate positive relationships by seeking out trusted adults for emotional support, physical assistance, social interaction, approval, and problem-solving. (4.9) Develop and maintain positive relationships with peers. (4.10)

C. Standard 2: Develop positive self-identify and sense of belonging.

Subdomain: Self-Concept and Self-Efficacy				
Standard SE 2: Develop positive self-identify and sense of belonging.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
SE 2 Indicators				
Show awareness of body parts of self and others. (0.1) Express preferences for objects, activities and people. (0.2) Respond to his/her own name by movements or facial expressions. (0.3)	Recognize self in mirror. (1.1) Develop preferences to food, toys, games, textures, etc. (1.2) Express own desires and preferences. (1.3)	Express own desires and preferences. (2.1) Identify self in photographs. (2.2) Express self-awareness using "Me" or "mine." (2.3)	Recognize self in terms of basic preferences, characteristics, and skills. (3.1)	Describe self, referring to characteristics, preferences, thoughts, and feelings. (4.1)

C. Standard 3: Express feelings and beliefs that he/she is capable of successfully making decisions, accomplishing tasks, and meeting goals.

Subdomain: Self-Concept and Self-Efficacy				
Standard SE 3: Express feelings and beliefs that he/she is capable of successfully making decisions, accomplishing tasks, and meeting goals.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
SE 3 Indicators				
Show that she/he expects results from own actions (e.g., repeat loud noise to gain attention, hit toy over and over to produce sound). (0.1) Express pleasure at things she/he has done (e.g., wiggle, coo, laugh). (0.2) Actively explore toys, and objects in the environment. (0.3) Express preferences for objects, activities and people. (0.4)	Try new tasks with encouragement from adults. (1.1) Show joy, pleasure, and/or excitement over accomplishments. (1.2) Demonstrate a willingness to explore the environment and try experiences in the presence of a familiar caregiver. (1.3) Express certain preferences. (1.4) Make simple choices with guidance from adults. (1.5)	Demonstrate confidence when completing familiar tasks. (2.1) Express preferences and may have strong emotions and/or actions (e.g., may say "no" to adult). (2.2) Use some language to express feelings of pleasure over accomplishments (e.g., says "I did it!" after using potty successfully). (2.3) Try new experiences with adult prompting and support. (2.4) Make simple choices with guidance from adults. (2.5)	Demonstrate confidence in completing familiar tasks. (3.1) Actively explore the environment and begin to try new experiences. (3.2) Make choices between two or three options (e.g., chooses milk or juice). (3.3)	Demonstrate confidence in range of abilities and express pride in accomplishments. (4.1) Attempt new experiences with confidence. (4.2) Make choices or decisions from a range of options. (4.3)

D. Standard 4: Regulate own emotions and behavior.

Subdomain: Self-Regulation				
Standard SE 4: Regulate own emotions and behavior.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
SE 4 Indicators				
Respond to adult's expression of feelings (e.g., their facial and vocal expressions). (0.1) Calm down when held, rocked, or talked to by a familiar adult. (0.2) Use simple behaviors to comfort self or ease distress (e.g., turns away when overstimulated). (0.3) Express basic feelings (e.g., fear, anger, surprise) through facial expressions, body movements, crying, smiling, laughing, and/or cooing. (0.4)	Respond to adult's expression of feelings (e.g., their facial and vocal expressions). (1.1) Seek comfort in daily routines, activities, and familiar adults. (1.2) Use body to express emotions (e.g., hugging mother, throwing a toy when angry). (1.3)	Recognize feelings when named by an adult. (2.1) Find comfort in rituals and routines (e.g., uses special "lovey" or comfort object for naptime) with adult assistance as needed. (2.2) Express more complex emotions through behaviors, facial expression and some words. (2.3)	Recognize and name basic emotions (happy, mad, sad) in self. (3.1) Express own ideas, interests, and feelings through words or actions. (3.2)	Recognize and accurately label the feelings of self. (4.1) Express basic feelings, needs, and wants in a manner that is age-appropriate to the situation. (4.2)

E. Standard 5: Regulate attention, impulses, and behavior.

Subdomain: Self-Regulation				
Standard SE 5: Regulate attention, impulses, and behavior.				
Infants (Birth to 11 months)	**Young Toddlers (9-18 months)**	**Older Toddlers (16-36 months)**	**Three-Year-Olds (36-48 months)**	**Four-Year-Olds (48-60 months)**
SE 5 Indicators				
Respond to having needs met. (0.1) Respond to changes in adult's tone of voice, expression, and visual cues (e.g., shaking head). (0.2)	Respond to simple rules and routines. (1.1) Accept some redirection from adults. (1.2) Act on impulses (e.g., pull mother's hair or reach for another child's bottle). (1.3) Develop a capacity to wait for needs to be met when responded to promptly and consistently. (1.4)	Show some understanding of simple rules and routines with adult support. (2.1) Accept some redirection from adults. (2.2) Respond positively to choices and limits set by an adult to help control their behavior. (2.3)	With prompting and support, follow rules and routines. (3.1) With prompting and support, respond appropriately during teacher-guided and child- initiated activities. (3.2) Cooperate and begin to focus attention during teacher-guided and child-initiated activities. (3.3) With adult support and guidance, wait for short periods of time to get something she/he wants (e.g., waits her turn to play with a toy, etc.). (3.4)	Follow rules and routines and adapt to changes in rules and routines. (4.1) Demonstrate control over impulsive behaviors and focus attention in various settings but sometimes require adult support and guidance. (4.2) With adult support and guidance, wait for short periods of time to get something he/she wants (e.g., waits her turn to play with a toy, etc.). (4.3)

F. Strategies for Social-Emotional Development

Strategies for Social-Emotional Development
Infants
Provide for attachment needs by establishing a primary caregiver system. Realize that young infants differ widely in their ability to quiet themselves when they are upset. The comfort you offer will need to be different for each child. Encourage young infants' expressions of pleasure by responding to them and following their lead in interactions. Be a partner in play with them. Talk with infants about the feelings they seem to be expressing, especially during caregiving times of feeding, dressing, and diapering. Create a personal relationship with each infant. Know the kind of cuddling, stroking, talking, and playing that bring good feelings to each individual infant. Realize that very young infants have limited resources for expression; crying may be all they are able to do at this early stage of emotional development. Caregivers should respond quickly and sensitively to infant's cries. This signals the infant that his/her needs are important and will be taken care of promptly.
Toddlers
Include plenty of materials in the environment to allow children to express feelings (e.g., dramatic play props, art, music/songs, puppets, and sand/water play for children over 18 months). Help young toddlers become more independent. Allow them to do more for themselves and offer them appropriate choices. Toddlers often respond with a loud "NO!" even when they really mean, "YES." Try not to ask questions that require a "yes" or "no" answer. For example, instead of saying "Would you like oatmeal for breakfast?" say, "Would you like oatmeal or cereal for breakfast?" Help toddlers deal with their fears by providing a safe environment and by offering them comfort when they are frightened. Provide words for the toddler's feelings (e.g., to Noah who breaks into a big smile as his father enters the room, say, "Noah, I can see you're happy to see Dad."). Know each child in your care and respond to his or her individual needs. Keep notes on children so you can provide the individual attention that each needs. Focus on children's positive qualities-their accomplishments and things they can do well (e.g., "You buttoned your coat all by yourself.").
3-Year-Olds
Provide opportunities for cooperative play like a rocking boat or a wheeled toy that accommodates two children. Comment on and encourage positive social interactions. Model positive and respectful communication between adults. Talk about feelings. Specifically comment on the child's feelings as well as the feelings of others. "You are dancing as if you are very happy." Focus on children's positive qualities-their accomplishments and things they can do well. Model the type of interactions with others you want children to develop: affection, empathy and gentleness (e.g., tell a child if you are angry but never react in anger by shaking or jerking). Include plenty of materials in the environment to allow children to express and share feelings and to role-play [e.g., dramatic play props (dolls, dress-up clothes, small people/figures), sand/water play; art, music and songs, puppets, books, etc.].
4-Year-Olds
Clearly state behavior expectations and provide specific feedback when children behave well. Model self-control by using self-talk: "Oh, I can't get this lid off. I am feeling frustrated [take a deep breath]. That's better. I'll try again." Coach children to express their feelings verbally, using either their home language or English. Read books that include conflicts or problems requiring cooperation. Ask children to predict what will happen next, or after reading, ask them to provide alternative solutions. Help children who are having difficulty making friendships with others by planning cooperative activities like buddy painting or collages. Teach these children how to initiate and sustain peer interactions. Make sure the learning environment is welcoming to every child and reflects his/her identity and culture. Use photos of children and family members, displays of children's work, and their names for functional purposes like taking attendance, storing belongings, or assigning jobs.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

Chapter 9. Glossary

§901. Definitions

Alliteration—the repetition of the same consonant sounds in a series of two or more neighboring words or syllables (e.g., bouncing baby boy, ba-be-bi-bo-boo, etc.).

Attachment—the strong emotional tie children feel with special people in their lives (family members and other caregivers).

Attend—to pay attention to something.

Attention—the ability to concentrate on an object, person, or event; to carefully observe or listen to something.

Attribute—a characteristic used to describe an object such as shape, color, size, etc.

Blending—the process of forming a word by combining parts of words. For example, when you blend the sounds /b/a/t/ together, they become the word "bat."

Cardinality—the concept of "how many" or the understanding that the last number identified when counting objects in a set represents "how many" are in the set. For example, the cardinality of the set {1 - 2 - 3} is 3.

Classify—to arrange or organize according to class or category. For example, a child might arrange a set of blocks according to color, with all of the red blocks are in one group and all of the blue blocks in another group.

Comparative Language—using words that note the degree of similarity or difference between two or more objects.

Conflict Resolution—learning to resolve a disagreement or argument in a calm and constructive manner.

Cooperative Play—any organized play among a group of children in which activities are planned for the purpose of achieving some goal (e.g., pretending to be a group of firefighters).

Culture—characteristics of a particular group of people that are based on shared knowledge, experiences, beliefs, values, attitudes, and/or understandings. May be expressed through shared or common language, religion, music, cuisine, art, and/or social habits.

Digital Tools—a broad range of electronic devices such as computers, tables, multi-touch screens, interaction whiteboards, mobile devices, cameras, DVD and music players, etc.

Empathy—the ability to understand or identify with another person's situation and/or feelings.

Engaged—to take part in; to be involved with an object, activity and/or person.

English Language Learners (ELL)—refers to children to who are learning a second language at the same time they are learning English.

Expressive Language—the ability to use words or gestures to communicate meaning.

Family Culture—a family's way of life, this includes their beliefs, customs, and behaviors.

Fiction—literature (e.g., books, stories, poems) where the people and events are imaginary.

Fine Motor Skills—tasks that use the smaller muscles of the body such as those in the wrists or fingers. Includes skills such as reaching, grasping, writing/drawing, or picking up small objects.

Gross Motor Skills—tasks that use the gross or large muscles of the body like those in the arms, legs, and core. Includes skills such as running, climbing, kicking, throwing, etc.

Hypothesize—to come up with an explanation or idea about something that can be tested by further investigation. For example, a child might hypothesize about what will happen when blue and yellow paint is mixed together.

Imitate Inflection—mimic changes in an adult's voice (e.g., changes in pitch or tone).

Intense Attention—an ability to focus intently or with great effort.

Joint Attention—a state in which the child and the caregiver pay attention to the same object or event, and the caregiver often talks about what they are looking at.

Learning Scheme—refers to the way in which young children begin to learn about their environment and how they organize information they take in from the environment. For example, a toddler discovers that a ball bounces when dropped from the high chair, and begins to experiment to see if other objects will bounce when dropped.

Locomotor—refers to movement; basic locomotor skills include walking, running, hopping, jumping, skipping, etc.

Manipulatives—materials that allow children to explore, experiment, and interact by using their hands. Such items include, but are not limited to, beads and laces, puzzles, small blocks, playdough, lacing cards, and items that can be snapped, zipped or hooked together, to name a few.

Melody—a series of musical notes arranged in succession.

Numeral—the symbol that is used to represent a number (e.g., 3 or III).

One-to-one Correspondence—the ability to match each item in one set to another item within a different, but equal set (e.g., matching a set of socks with a set of shoes).

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

Open-ended Questions—a question that tends to be broader and will require more than a one- or two-word response (e.g., How? Why? Where?).

Ordinal Number—a whole number that names the position of an object in a sequence (e.g., first, second, third, etc.).

Palming—scooping small objects, such as Cheerios, into the palm of their hand. This is called palming objects.

Pantomime—communicating by way of gesture or facial expression.

Parallel Talk (and Self-Talk)—

Parallel Talk—Adults talking to a child, describing what the child is doing.

Self-Talk—words or dialogue adults use to describe what they are doing.

Persistence—a child's ability to continue an activity or continue working on a task in spite of challenges that could discourage the child from continuing to try.

Phoneme—a sound unit of speech.

Phonemic Awareness—ability to hear and identify parts of the spoken language and auditorily divide into phonemes.

Pincer Grasp—the child's use of the thumb and forefinger to pick up or manipulate small objects.

Positional Words—words that are used to describe the location of something or to give directions related to movement (e.g., up, down, left, right, etc.).

Problem-Solving—behaviors practiced by young children that allow them to explore questions or situations and try different solutions.

Raking Grasp—infants use their hands to "rake" objects toward them and open their fingers to grasp an object.

Receptive Language—the child's ability to understand what is being said or communicated by others.

Replicate—to reproduce, imitate, or copy.

Rhythm—musical term that refers to the repeated pattern of sounds or silences. Also referred to as the "beat" of a song.

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

Segment—the ability to identify how many words are in a sentence (e.g., children will clap to each individual word) or how many syllables are in a word (e.g., children will clap to each syllable, "ba-by").

Self-concept—the set of attributes, abilities, attitudes, and values that an individual believes defines who he or she is.

Self-efficacy—belief in one's ability to accomplish a task, goal or outcome.

Self-soothe—the ability to calm oneself when upset or to soothe oneself to sleep.

Self-Regulate—the ability to control one's emotions and/or behaviors.

Seriate—the ability to arrange items in order along a dimension such as height, length, or weight (e.g., putting pegs in holes shortest to tallest or arranging pictures of three bears in order littlest to biggest, etc.).

Social Stimulation—opportunities that children have to interact and develop relationships with others.

Stamina—the ability to sustain prolonged physical or mental effort.

Standard Measurement vs. Non-Standard Measurement—

Standard Measurement—a measure determined by the use of standard units such as inches, feet, pound, cups, etc.

Non-Standard Measurement—a measure that is not determined by the use of standard units (e.g., blocks, string).

Subitize—to perceive how many objects are in a group, without counting. For example, recognize at a glance that there are three objects in a group.

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

Sympathy—acknowledging how another person is feeling and perhaps trying to provide some comfort or assurance to the person.

Temperament—the combination of mental, physical, and emotional traits of a person; a person's natural predisposition.

Tempo—musical term that refers to the measure of how quickly a beat is played. Tempo is measured in beats per minute (bpm).

Tone—any sound considered with reference to its quality, pitch, strength, source, etc.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

Chapter 11. Strategies to Support Children with Disabilities and English Language Learners

§1101. Strategies for Including Children with Disabilities in Program Activities

A. The goal of the Early Learning and Development standards is to provide a guide for the areas and skills that are important for all children, including children with disabilities. However, children with disabilities may need additional support or they may progress on the standards in ways that are different from typically developing children. There are many ways of adapting or modifying activities for children with disabilities. It is important that every teacher consider the uniqueness of each child and recognize that all children have different approaches, preferences, and skill levels. The following strategies, though not an exhaustive list, are recommended practices for helping teachers meet the diverse needs of each of their children.

Cognitive Delays or Learning Challenges	Hearing Impairments	Orthopedic, Motor, or Other Health Challenges	Communication Challenges	Visual Impairments	Challenging Behaviors/ Emotional Disturbances
Reduce distractions (background noise, clutter, etc.); provide access to areas that are quiet and offer a break from stressors in the environment. Give clear instructions, repeat and demonstrate when necessary; combine verbal and visual cues. Use concrete materials/experiences. Break down difficult tasks into smaller parts; make suggestions that give clues for next steps in an activity. Establish routines without being rigid; post picture and word sequences of schedules and routines. Plan for and limit the number of transitions. Allow time for meaningful repetition and practice. Provide encouragement and frequent feedback. Model appropriate use of materials, tools, and activities in classroom.	Get children's attention and use visual cues. Face children when possible, and use clear voice and facial expressions. Use objects or pictures to demonstrate what is being talked about. Provide many opportunities for communication with adults and peers. Ask for feedback to be sure message is understood. Limit background noise and other auditory distractions. Use multiple forms of communication, such as gestures, printed words, and objects, when needed. Learn about adaptive aids or communications systems children use; learn basic signs to communicate and to model appropriate behaviors. Sing along with tapes, CDs, etc. to encourage children to lip read.	Adapt/modify materials, equipment, toys, etc. by stabilizing/enlarging them, adding handles or grips, etc. Ensure that environment accommodates wheel-chairs, body boards, etc.; monitor pathways/floor space to promote accessibility and movement. Keep classroom uncluttered; ensure easy access to shelves, cubbies, sinks, etc. Learn about adaptive equipment; seek inexpensive solutions, if adaptive equipment is not available (e.g., support child's feet, by using a telephone book as a footrest, use a tray on walker to move toy). Provide additional time for children to get to materials/activities. Use non-locomotor movement activities, such as moving arms, even when feet are in place.	Plan experience/ opportunities that motivate children to give and receive messages with adults and peers. Verbalize what children tell you with their actions; ask open-ended questions. Add new information slowly and clearly; give only one verbal direction at a time. Provide language experiences with repetitive sounds, phrases, sentences, rhymes, chants, etc. Be familiar with an AAC (augmentative and alternative communication systems) used by children. Repeat and expand on children's thinking; introduce concepts and add new information slowly and clearly. Support children's communication in other areas, such as with writing or drawing.	Evaluate the environment, including the lighting to ensure that pathways are unobstructed, furnishings are consistently located and materials are positioned so children can see them clearly. Describe and label demonstrations, objects, or events that children cannot readily see. Give clear and specific directions, using children's names; provide additional directional language when possible (near, forward, next to, etc.). Use pictures/ books that are bold and uncluttered; use high-contrast colors (black/yellow, black/orange). Use auditory or tactile cues; plan activities to help children strengthen all of their senses. Use large, clear, tactile labels to identify materials, activities, etc.	Provide a warm, inviting, and supportive environment; have appropriate expectations of children's behavior. Establish consistent routines and transitions; limit waiting or unoccupied time between activities. Limit classroom rules; establish clear consequences for violations and follow through on them; use positive guidance techniques. Anticipate problems and have action plans in place to avoid them; develop signals for when particular behaviors should stop or when a child needs help. Model and role-play appropriate social behaviors and coping strategies; label feelings behind children's actions and help children to label the feelings themselves. Provide soft lighting, cozy spaces, and calming activities (e.g., water play, soothing music).

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

§1103. Strategies to support English Language Learners (ELL) in Program Activities

A. "English language learners" means children who are working to learn a second language (often English in Louisiana) while continuing to develop their first (or home) language. Teachers can support the ELL children by providing a language-rich environment, by supporting their social/emotional development, and by working to develop an understanding of the language and cultures of the ELL students. The following strategies, though not an exhaustive list, are recommended practices for helping teachers work more effectively with ELL children, as well as their families.

What Teachers Can Do For Children	What Teachers Can Do For Families
Provide a warm, welcoming learning environment. Learn some phrases in the child's home language that you can use when greeting the child or during daily activities. Encourage children to play and interact with one another. Provide environmental print in English and the child's home language. Model language by labeling your actions and the child's actions. Use visual cues or gestures when demonstrating a new skill or concept and repeat instructions more than once. Connect new concepts with familiar experiences. Provide books and songs within the classroom in the child's home language. At story time, choose repetitive books or books with simple language. Establish and maintain daily routines and schedules. Organize small group activities exclusively for your ELL children. Provide props in dramatic play that represent the child's culture. Provide an English-speaking buddy or partner for the ELL child. Provide a quiet space in the classroom where children can use manipulatives, puzzles, or playdough.	Understand the importance of the role you play and the impression you make on the family. Show interest in the child's family and culture. Gain information and knowledge about the child's community and culture. Have an open door policy. Use informal notes and phone calls to communicate with the family (you may need to use an interpreter). Post information on a bulletin board for parents in or near the classroom; include a display of children's artwork or photos. Develop family-friendly newsletters with pictures and photos, and translate as much of the newsletter as you can into the languages families in your group speak. Invite the families to the classroom to share their culture with the children. Organize family and community meetings and gatherings to learn more about cultural values and beliefs. Consider conducting home visits. Encourage families to continue the use of the native language at home. Consider the dietary, cultural and religious practices associated with the culture of the family when planning events.

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

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:

Family Impact Statement

In accordance with Section 953 and 974 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Family Impact Statement on the rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the State Board Office which has adopted, amended, or repealed a rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed rule affect the stability of the family? No.
2. Will the proposed rule affect the authority and rights of parents regarding the education and supervision of their children? No.
3. Will the proposed rule affect the functioning of the family? No.
4. Will the proposed rule affect family earnings and family budget? No.
5. Will the proposed rule affect the behavior and personal responsibility of children? No.
6. Is the family or a local government able to perform the function as contained in the proposed rule? Yes.

Poverty Impact Statement

In accordance with Section 973 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Poverty Impact Statement on the rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this Section, the word "poverty" means living at or below one hundred percent of the federal poverty line.

1. Will the proposed rule affect the household income, assets, and financial security? No.
2. Will the proposed rule affect early childhood development and preschool through postsecondary education development? Yes.
3. Will the proposed rule affect employment and workforce development? No.
4. Will the proposed rule affect taxes and tax credits? No.
5. Will the proposed rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? No.

Small Business Statement

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed rule on small businesses.

Public Comments

Interested persons may submit written comments via the U.S. Mail until 4:30 p.m., July 9, 2013, to Heather Cope, Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Heather Cope
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Bulletin 136—The Louisiana Standards for Early Childhood Care and Education—Programs Serving Children Birth-Five Years

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are no anticipated implementation costs to state or local governmental units. The proposed policy establishes early learning standards for children from birth to age five as authorized by Act 3 of the 2012 Regular Session of the Legislature. To improve the quality of services for children, the early childhood community within Louisiana has worked to combine the state's early learning standards into a single document that describes a continuum of learning from birth to

age five. This continuum is designed to help early childhood providers look across age levels and learning domains to see how children's development emerges and progresses over time. This proposed policy will replace the previous set of standards in Bulletin 105, and will be applicable to all children, including those with disabilities and English Language Learners.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

This policy will have no effect on revenue collections.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be no estimated costs and/or economic benefits to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This policy will have no effect on competition and employment.

Beth Scioneaux	Evan Brasseaux
Deputy Superintendent	Staff Director
1303#014	Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 1179—Driver Education, Traffic Safety, and Administrative Guide for Louisiana Schools
(LAC 28:XXXI.Chapters 1-15)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement the repeal of *Bulletin 1179—Driver Education, Traffic Safety, and Administrative Guide for Louisiana Schools.* Act 294 of the 2011 Legislature consolidated all drivers' education programs under the Louisiana Department of Public Safety and Corrections, which consequently removed all drivers' education programs and instruction from the Louisiana Department of Education. As such, the policies for driver's education services enumerated in Bulletin 1179 are no longer applicable.

Title 28
EDUCATION
Part XXXI. Bulletin 1179—Driver Education, Traffic Safety, and Administrative Guide for Louisiana Schools

Chapter 1. Rationale

§101. Introduction

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1217 (July 1999), repealed LR 39:

Chapter 3. Format of Curriculum

§301. Goal of Driver Education

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1217 (July 1999), repealed LR 39:

§303. Overview of Instructional Units

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1217 (July 1999), repealed LR 39:

§305. Structure and Format of Units

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1218 (July 1999), repealed LR 39:

§307. Development of Lesson Plans

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1218 (July 1999), repealed LR 39:

Chapter 5. Administrative Policies

§501. Introduction

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1219 (July 1999), repealed LR 39:

§503. Driver Education and Training Program for Children (R.S. 17:270)

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1219 (July 1999), amended LR 35:1488 (August 2009), LR 36:489 (March 2010), repealed LR 39:

§505. Driver Education and Training; Fees (R.S. 17:271.1)

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1220 (July 1999), repealed LR 39:

§507. Driver Education; Required (R.S. 32:402.1)

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1220 (July 1999), amended LR 35:1488 (August 2009), LR 36:490 (March 2010), LR 37:2137 (July 2011), repealed LR 39:

§509. Learner's License; School Instruction Permit; Special Restrictions on Motorcycles (R.S. 32:422)

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1220 (July 1999), repealed LR 39:

§511. SBESE Regulations Governing Driver Education

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1221 (July 1999), amended LR 30:2459 (November 2004), repealed LR 39:

§513. Certification for Driver Education Teachers

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1222 (July 1999), repealed LR 39:

§515. Plans for Utilizing Driver Simulators

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1222 (July 1999), repealed LR 39:

§517. Louisiana Department of Education Regulations

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1222 (July 1999), repealed LR 39:

§519. Scheduling Driver Education

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1222 (July 1999), repealed LR 39:

§521. Recommended Minimum Insurance Coverage for the Driver Education Automobile

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1222 (July 1999), repealed LR 39:

§523. Restriction on Use of the Driver Education Automobile

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1223 (July 1999), repealed LR 39:

§525. Proper Identification of the Driver Education Automobile

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1223 (July 1999), repealed LR 39:

§527. Records

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1223 (July 1999), repealed LR 39:

§529. Sources of Teaching Aids and Other Supplies

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1223 (July 1999), repealed LR 39:

Chapter 7. Regulations Governing the Issuance of the Application and School Instruction Permit

§701. Introduction

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1223 (July 1999), repealed LR 39:

§703. The Application and School Instruction Permit

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1224 (July 1999), repealed LR 39:

§705. Procedures for Issuing Application and School Instruction Permits

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1224 (July 1999), repealed LR 39:

Chapter 9. Classroom Unit I Nature of Driving in the Highway Transportation System (HTS)

§901. Introduction

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1226 (July 1999), repealed LR 39:

§903. Unit Objective

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1226 (July 1999), repealed LR 39:

§905. The HTS and the American Way of Life

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1226 (July 1999), repealed LR 39:

§907. Our Complex Highway Transportation System

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1227 (July 1999), repealed LR 39:

§909. The Requirements of Driving

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1227 (July 1999), repealed LR 39:

§911. General Approaches for Unit I

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1228 (July 1999), repealed LR 39:

Chapter 13. Classroom Unit III Traffic Law Observance and Enforcement

§1301. Introduction

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1231 (July 1999), repealed LR 39:

§1303. Unit Objective

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1232 (July 1999), repealed LR 39:

§1305. Nature of Traffic Laws and Enforcement

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1232 (July 1999), repealed LR 39:

§1307. Traffic Law Enforcement by Police

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1232 (July 1999), repealed LR 39:

§1309. Traffic Law Enforcement by Courts

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1233 (July 1999), repealed LR 39:

§1311. General Approaches for Unit III

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1234 (July 1999), repealed LR 39:

Chapter 15. Classroom Unit IV Motor Vehicle Capabilities and Limitations

§1501. Introduction

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1234 (July 1999), repealed LR 39:

§1503. Unit Objective

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1234 (July 1999), repealed LR 39:

§1505. Basic Performance Capabilities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1234 (July 1999), repealed LR 39:

§1507. Factors and Forces That Affect Vehicle Control Capabilities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1235 (July 1999), repealed LR 39:

§1509. Performance Capabilities for Various Motor Vehicles

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1236 (July 1999), repealed LR 39:

§1511. General Approaches for Unit IV

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(5).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:1237 (July 1999), repealed LR 39:

Family Impact Statement

In accordance with Section 953 and 974 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the state board office which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed Rule affect the stability of the family? No.

2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.

3. Will the proposed Rule affect the functioning of the family? No.

4. Will the proposed Rule affect family earnings and family budget? No.

5. Will the proposed Rule affect the behavior and personal responsibility of children? No.

6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

In accordance with Section 973 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a

Poverty Impact Statement on the Rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this Section, the word "poverty" means living at or below one hundred percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial security? No.

2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? No.

3. Will the proposed Rule affect employment and workforce development? No.

4. Will the proposed Rule affect taxes and tax credits? No.

5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? Yes.

Small Business Statement

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Public Comments

Interested persons may submit written comments via the U.S. Mail until 4:30 p.m., July 9, 2013, to Heather Cope, Executive Director, State Board of Elementary and Secondary Education, P.O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Heather Cope
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Bulletin 1179—Driver Education, Traffic Safety, and Administrative Guide for Louisiana Schools

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy will not result in an increase in costs or savings to state or local governmental units. The proposed policy repeals Bulletin 1179—Driver Education, Traffic Safety, and Administrative guide for Louisiana Schools. Act 294 of the 2011 legislature consolidated all driver's education programs under the Louisiana Department of Public Safety and Corrections, which consequently removed all driver's education programs and instruction from the Louisiana Department of Education. As such, the policies for driver's education services enumerated in Bulletin 1179 are no longer applicable.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be no costs or economic benefits 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.

Beth Scioneaux
Deputy Superintendent
1306#015

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 1934—Starting Points Preschool Regulations
(LAC 28:XXI.Chapters 1, 3 and 5)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement the repeal of *Bulletin 1934—Starting Points Preschool Regulations*. The Starting Points Program was replaced by the Cecil J. Picard LA 4 Program.

Title 28
EDUCATION
Part XXI. Bulletin 1934—Starting Points Preschool Regulations

Editor's Note: Bulletin 1934 was promulgated as a Rule in LR 19:1549 (December 1993) and LR 21:1220 (November 1995), and amended LR 24:295 (February 1998) in uncodified format. This bulletin became a codified document in February 1999 and historical notes will reflect activity from that time forward.

Chapter 1. General Provisions

§101. Purpose

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:274 (February 2002), amended LR 30:1653 (August 2004), repealed LR 39:

§103. Program Philosophy

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:274 (February 2002), amended LR 30:1653 (August 2004), repealed LR 39:

Chapter 3. Eligibility

§301. Eligibility Criteria

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 27:1685 (October 2001), LR 28:274 (February 2002), LR 30:1653 (August 2004), repealed LR 39:

§303. Eligibility Verification

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 27:1685 (October 2001), LR 28:275 (February 2002), amended LR 30:1654 (August 2004), repealed LR 39:

Chapter 5. Program Structure

§501. Health Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999) amended LR 28:275 (February 2002), LR 30:1654 (August 2004), LR 32:1219 (July 2006), repealed LR 39:

§503. Teacher Qualifications

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 27:1685 (October 2001), LR 30:1654 (August 2004), repealed LR 39:

§505. Professional Development

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17.154.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:275 (February 2002), LR 30:1654 (August 2004), repealed LR 39:

§507. Parent Involvement

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7.

HISTORICAL NOTE: Promulgated bythe Board of Elementary and Secondary Education, LR 28:254 (February 2002), amended LR 30:1654 (August 2004), repealed LR 39:

§509. Class Size Limitation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7.

HISTORICAL NOTE: Promulgated bythe Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:275 (February 2002), LR 30:1654 (August 2004), repealed LR 39:

§511. Length of School Day and School Year

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:275 (February 2002), LR 30:1654 (August 2004), repealed LR 39:

§513. Daily Schedule

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated bythe Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:275 (February 2002), amended LR 30:1654 (August 2004), repealed LR 39:

§515. Curriculum

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 27:1685 (October 2001), LR 28:276 (February 2002), amended LR 30:1655 (August 2004), repealed LR 39:

§517. Student Assessment

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:276 (February 2002), amended LR 30:1655 (August 2004), repealed LR 39:

§519. Equipment, Materials, and Supplies

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:276 (February 2002), amended LR 20:1655 (August 2004), repealed LR 39:

§521. Reporting

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:275 (February 2002), LR 30:1655 (August 2004), repealed LR 39:

§523. Monitoring

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended, LR 27:1685 (October 2001), LR 28:276 (February 2002), LR 30:1655 (August 2004), repealed LR 39:

§525. Religious Activities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:276 (February 2002), LR 30:1655 (August 2004), repealed LR 39:

§527. Adherence to Regulations

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S.17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:254 (February 1999), amended LR 28:276 (February 2002), LR 30:1655 (August 2004), repealed LR 39:

Family Impact Statement

In accordance with Section 953 and 974 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption,

repeal or amendment. All Family Impact Statements shall be kept on file in the state board office which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed Rule affect the stability of the family? No.

2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.

3. Will the proposed Rule affect the functioning of the family? No.

4. Will the proposed Rule affect family earnings and family budget? No.

5. Will the proposed Rule affect the behavior and personal responsibility of children? No.

6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

In accordance with Section 973 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Poverty Impact Statement on the rule proposed for adoption, amendment, or repeal. All Poverty Impact Statements shall be in writing and kept on file in the state agency which has adopted, amended, or repealed a rule in accordance with the applicable provisions of the law relating to public records. For the purposes of this Section, the word "poverty" means living at or below one hundred percent of the federal poverty line.

1. Will the proposed Rule affect the household income, assets, and financial security? No.

2. Will the proposed Rule affect early childhood development and preschool through postsecondary education development? No.

3. Will the proposed Rule affect employment and workforce development? No.

4. Will the proposed Rule affect taxes and tax credits? No.

5. Will the proposed Rule affect child and dependent care, housing, health care, nutrition, transportation, and utilities assistance? Yes.

Small Business Statement

The impact of the proposed Rule on small businesses as defined in the Regulatory Flexibility Act has been considered. It is estimated that the proposed action is not expected to have a significant adverse impact on small businesses. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Public Comments

Interested persons may submit written comments via the U.S. Mail until 4:30 p.m., July 9, 2013, to Heather Cope, Executive Director, State Board of Elementary and Secondary Education, P.O. Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Heather Cope
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Bulletin 1934—Starting Points Preschool Regulations

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy will not result in an increase in costs or savings to state or local governmental units. The proposed policy repeals Bulletin 1934—Starting Points Preschool Regulations. The Starting Points Program was replaced by the Cecil J. Picard LA 4 Program.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be no costs or economic benefits 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.

Beth Scioneaux	Evan Brasseaux
Deputy Director	Staff Director
1306#016	Legislative Fiscal Office

NOTICE OF INTENT

Department of Environmental Quality
Office of the Secretary
Legal Division

Carbamate Treatment Standards
(LAC 33:V.2299)(HW113ft)

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 Hazardous Waste regulations, LAC 33:V.2299.Tables 2 and 7 (Log #HW113ft).

This Rule is identical to federal regulations found in 76 FR 113, 34147, which are applicable in Louisiana. For more information regarding the federal requirement, contact the Regulation Development Section at (225) 219-3985 or P.O. Box 4302, Baton Rouge, LA 70821-4302. No fiscal or economic impact will result from the Rule. This Rule will be promulgated in accordance with the procedures in R.S. 49:953(F)(3) and (4).

This Rule adopts the revised federal treatment standards for carbamate wastes undergoing land disposal in Louisiana. Louisiana's hazardous waste program operates under a federal grant from the U.S. EPA. Part of the requirements for maintaining this grant is to maintain the Louisiana hazardous waste regulations equivalent to or more stringent than the corresponding federal regulations. The basis and rationale for this Rule are to mirror the federal regulations. 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.

Table 2. Treatment Standards for Hazardous Wastes					
		Regulated Hazardous Constituent		Wastewaters	Non-Wastewaters
Waste Code	Waste Description and Treatment/Regulatory Subcategory[1]	Common Name	CAS[2] Number	Concentration in mg/L[3]; or Technology Code4	Concentration in mg/kg[5] unless noted as "mg/L TCLP" or Technology Code4
		* * *			
K156	Organic waste (including heavy ends, still bottoms, light ends, spent solvents, filtrates, and decantates) from the production of carbamates and carbamoyl oximes.[10]	Acetonitrile	75-05-8	5.6	1.8
		Acetophenone	98-86-2	0.010	9.7
		Aniline	62-53-3	0.81	14
		Benomyl[10]	17804-35-2	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Benzene	71-43-2	0.14	10
		Carbaryl[10]	63-25-2	0.006; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
		Carbenzadim[10]	10605-21-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Carbofuran[10]	1563-66-2	0.006; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
		Carbosulfan[10]	55285-14-8	0.028; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Chlorobenzene	108-90-7	0.057	6.0
		Chloroform	67-66-3	0.046	6.0
		o-Dichlorobenzene	95-50-1	0.088	6.0
		Methomyl[10]	16752-77-5	0.028; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
		Methylene chloride	75-09-2	0.089	30
		Methyl ethyl ketone	78-93-3	0.28	36
		Naphthalene	91-20-3	0.059	5.6
		Phenol	108-95-2	0.039	6.2
		Pyridine	110-86-1	0.014	16
		Toluene	108-88-3	0.080	10
		Triethylamine[10]	121-44-8	0.081; or CMBST, CHOXD, BIODG or CARBN	1.5; or CMBST
K157	Wastewaters (including scrubber waters, condenser waters, washwaters, and separation waters) from the production of carbamates and carbamoyl oximes.	Carbon tetrachloride	56-23-5	0.057	6.0
		Chloroform	67-66-3	0.046	6.0
		Chloromethane	74-87-3	0.19	30
		Methomyl[10]	16752-77-5	0.028; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
		Methylene chloride	75-09-2	0.089	30
		Methyl ethyl ketone	78-93-3	0.28	36
		o-Phenylenediamine—Repealed.			

Table 2. Treatment Standards for Hazardous Wastes					
		Regulated Hazardous Constituent		Wastewaters	Non-Wastewaters
Waste Code	Waste Description and Treatment/Regulatory Subcategory[1]	Common Name	CAS[2] Number	Concentration in mg/L[3]; or Technology Code4	Concentration in mg/kg[5] unless noted as "mg/L TCLP" or Technology Code4
		Pyridine	110-86-1	0.014	16
		Triethylamine[10]	121-44-8	0.081; or CMBST, CHOXD, BIODG or CARBN	1.5; or CMBST
K158	Bag house dusts and filter/separation solids from the production of carbamates and carbamoyl oximes.	Benomyl—Repealed.			
		Benzene	71-43-2	0.14	10
		Carbenzadim[10]	10605-21-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Carbofuran[10]	1563-66-2	0.006; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
		Carbosulfan[10]	55285-14-8	0.028; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Chloroform	67-66-3	0.046	6.0
		Methylene chloride	75-09-2	0.089	30
		Phenol	108-95-2	0.039	6.2
K159	Organics from the treatment of thiocarbamate wastes.[10]	Benzene	71-43-2	0.14	10
		Butylate[10]	2008-41-5	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		EPTC (Eptam)[10]	759-94-4	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Molinate[10]	2212-67-1	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Pebulate[10]	1114-71-2	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
		Vernolate10	1929-77-7	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
K161	Purification solids (including filtration, evaporation, and centrifugation solids), baghouse dust, and floor sweepings from the production of dithiocarbamate acids and their salts.	Antimony	7440-36-0	1.9	1.15 mg/L TCLP
		Arsenic	7440-38-2	1.4	5.0 mg/L TCLP
		Carbon disulfide	75-15-0	3.8	4.8 mg/L TCLP
		Dithiocarbamates (total)[10]	NA	0.028; or CMBST, CHOXD, BIODG or CARBN	28; or CMBST
		Lead	7439-92-1	0.69	0.75 mg/L TCLP
		Nickel	7440-02-0	3.98	11 mg/L TCLP
		Selenium	7782-49-2	0.82	5.7 mg/L TCLP

* * *

Table 2. Treatment Standards for Hazardous Wastes					
		Regulated Hazardous Constituent		Wastewaters	Non-Wastewaters
Waste Code	Waste Description and Treatment/Regulatory Subcategory[1]	Common Name	CAS[2] Number	Concentration in mg/L[3]; or Technology Code4	Concentration in mg/kg[5] unless noted as "mg/L TCLP" or Technology Code4
P127	Carbofuran[10]	Carbofuran	1563-66-2	0.006; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
P128	Mexacarbate[10]	Mexacarbate	315-18-4	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P185	Tirpate[10]	Tirpate	26419-73-8	0.056; or CMBST, CHOXD, BIODG or CARBN	0.28; or CMBST
P188	Physostigmine salicylate[10]	Physostigmine salicylate	57-64-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P189	Carbosulfan[10]	Carbosulfan	55285-14-8	0.028; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P190	Metolcarb[10]	Metolcarb	1129-41-5	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P191	Dimetilan[10]	Dimetilan	644-64-4	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P192	Isolan[10]	Isolan	119-38-0	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P194	Oxamyl[10]	Oxamyl	23135-22-0	0.056; or CMBST, CHOXD, BIODG or CARBN	0.28; or CMBST
P196	Manganese dimethyldithiocarbamate[10]	Dithiocarbamates (total)	NA	0.028; or CMBST, CHOXD, BIODG or CARBN	28; or CMBST
P197	Formparanate[10]	Formparanate	17702-57-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P198	Formetanate hydrochloride[10]	Formetanate hydrochloride	23422-53-9	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P199	Methiocarb[10]	Methiocarb	2032-65-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P201	Promecarb[10]	Promecarb	2631-37-0	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST

Table 2. Treatment Standards for Hazardous Wastes					
		Regulated Hazardous Constituent		Wastewaters	Non-Wastewaters
Waste Code	Waste Description and Treatment/Regulatory Subcategory[1]	Common Name	CAS[2] Number	Concentration in mg/L[3]; or Technology Code4	Concentration in mg/kg[5] unless noted as "mg/L TCLP" or Technology Code4
P202	m-Cumenyl methylcarbamate[10]	m-Cumenyl methylcarbamate	64-00-6	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P203	Aldicarb sulfone[10]	Aldicarb sulfone	1646-88-4	0.056; or CMBST, CHOXD, BIODG or CARBN	0.28; or CMBST
P204	Physostigmine[10]	Physostigmine	57-47-6	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
P205	Ziram[10]	Dithiocarbamates (total)	NA	0.028; or CMBST, CHOXD, BIODG or CARBN	28; or CMBST
* * *					
U271	Benomyl[10]	Benomyl	17804-35-2	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U278	Bendiocarb[10]	Bendiocarb	22781-23-8	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U279	Carbaryl[10]	Carbaryl	63-25-2	0.006; or CMBST, CHOXD, BIODG or CARBN	0.14; or CMBST
U280	Barban[10]	Barban	101-27-9	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
* * *					
U364	Bendiocarb phenol[10]	Bendiocarb phenol	22961-82-6	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U367	Carbofuran phenol[10]	Carbofuran phenol	1563-38-8	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U372	Carbendazim[10]	Carbendazim	10605-21-7	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U373	Propham[10]	Propham	122-42-9	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U387	Prosulfocarb[10]	Prosulfocarb	52888-80-9	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST

Table 2. Treatment Standards for Hazardous Wastes					
		Regulated Hazardous Constituent		Wastewaters	Non-Wastewaters
Waste Code	Waste Description and Treatment/Regulatory Subcategory[1]	Common Name	CAS[2] Number	Concentration in mg/L[3]; or Technology Code4	Concentration in mg/kg[5] unless noted as "mg/L TCLP" or Technology Code4
U389	Triallate[10]	Triallate	2303-17-5	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U394	A2213[10]	A2213	30558-43-1	0.042; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U395	Diethylene glycol, dicarbamate[10]	Diethylene glycol, dicarbamate	5952-26-1	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U404	Triethylamine[10]	Triethylamine	121-44-8	0.081; or CMBST, CHOXD, BIODG or CARBN	1.5; or CMBST
U409	Thiophanate-methyl[10]	Thiophanate-methyl	23564-05-8	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U410	Thiodicarb[10]	Thiodicarb	59669-26-0	0.019; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST
U411	Propoxur[10]	Propoxur	114-26-1	0.056; or CMBST, CHOXD, BIODG or CARBN	1.4; or CMBST

Footnote 1. - Footnote 12. …

[Note: NA means not applicable]

Table 3. - 6. …

Table 7. Universal Treatment Standards			
Regulated Constituent—Common Name	CAS[1] Number	Wastewater Standard Concentration[2] in mg/L	Nonwastewater Standard Concentration[3] in mg/kg unless noted as "mg/L TCLP"
Organic Constituents			
* * *			
Aldicarb sulfone[6]—Repealed.			
* * *			
Barban[6]—Repealed.			
Bendiocarb[6]—Repealed.			
Benomyl[6]—Repealed.			
* * *			
Butylate[6]—Repealed.			
* * *			
Carbaryl[6]—Repealed.			
Carbenzadim[6]—Repealed.			
Carbofuran[6]—Repealed.			
Carbofuran phenol[6]—Repealed.			
* * *			
Carbosulfan[6]—Repealed.			
* * *			
m-Cumenyl methylcarbamate[6]—Repealed			
* * *			
Dithiocarbamates (total)[6]—Repealed.			
EPTC[6]—Repealed.			

Table 7. Universal Treatment Standards			
Regulated Constituent—Common Name	CAS[1] Number	Wastewater Standard Concentration[2] in mg/L	Nonwastewater Standard Concentration[3] in mg/kg unless noted as "mg/L TCLP"
* * *			
Formetanate hydrochloride[6]—Repealed.			
* * *			
Methiocarb[6]—Repealed.			
Methomyl[6]—Repealed.			
* * *			
Metolcarb[6]—Repealed.			
Mexacarbate[6]—Repealed.			
Molinate[6]—Repealed.			
* * *			
Oxamyl[6]—Repealed.			
* * *			
Pebulate[6]—Repealed.			
* * *			
Physostigmine[6]—Repealed.			
Physostigmine salicylate[6]—Repealed.			
Promecarb[6]—Repealed.			
* * *			
Propham[6]—Repealed.			
Propoxur[6]—Repealed.			
Prosulfocarb[6]—Repealed.			
* * *			
Thiodicarb[6]—Repealed.			
Thiophanate-methyl[6]—Repealed.			
* * *			
Triallate[6]—Repealed.			
* * *			
Triethylamine[6]—Repealed.			
* * *			
Vernolate[6]—Repealed.			
* * *			
Inorganic Constituents			
* * *			

Footnote 1. - Footnote 5. …

[6] Reserved.

Footnote 7. - Footnote 8. …

[NOTE: NA means not applicable]

Table 8. - 12. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2180 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Hazardous Waste Division, LR 16:1057 (December 1990), amended LR 17:658 (July 1991), LR 21:266 (March 1995), LR 22:22 (January 1996), LR 22:834 (September 1996), LR 23:566 (May 1997), LR 24:301 (February 1998), LR 24:670 (April 1998), LR 24:1732 (September 1998), LR 25:451 (March 1999), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:282 (February 2000), LR 27:295 (March 2001), LR 29:322 (March 2003), LR 30:1682 (August 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 32:828 (May 2006), LR 32:1843 (October 2006), LR 34:625 (April 2008), LR 34:1014 (June 2008), LR 38:777 (March 2012), amended by the Office of the Secretary, Legal Division, LR 39:

Family Impact Statement

This Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Poverty Impact Statement

This Rule has no known impact on poverty as described in R.S. 49:973.

Public Comments

All interested persons are invited to submit written comments on the proposed regulation. Persons commenting should reference this proposed regulation by HW113ft. Such comments must be received no later than July 30, 2013, at 4:30 p.m., and should be sent to Deidra Johnson, Attorney Supervisor, Office of the Secretary, Legal Division, P.O. Box 4302, Baton Rouge, LA 70821-4302 or to fax (225) 219-4068 or by e-mail to deidra.johnson@la.gov. The comment period for this Rule ends on the same date as the public hearing. Copies of this proposed regulation can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy of HW113ft. This regulation is available on the internet at www.deq.louisiana.gov/portal/tabid/1669/default.aspx.

Public Hearing

A public hearing will be held on July 30, 2013, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room, 602 North Fifth Street, Baton Rouge, LA 70802. Interested persons are invited to attend and submit oral

comments on the proposed amendments. Should individuals with a disability need an accommodation in order to participate, contact Deidra Johnson at the address given below or at (225) 219-3985. Two hours of free parking are allowed in the Galvez Garage with a validated parking ticket.

This proposed regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 North Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374; 201 Evans Road, Bldg. 4, Suite 420, New Orleans, LA 70123.

Herman Robinson, CPM
Executive Counsel

1306#022

NOTICE OF INTENT

Department of Environmental Quality
Office of the Secretary
Legal Division

Removal of Saccharin from Hazardous Waste List
(LAC 33:V.2267, 2299, 3105, 4901, and 4903) (HW112ft)

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 Hazardous Waste regulations, LAC 33:V.2267.A, 2299, Table 2, and 3105, Table 1 (Log #HW112ft).

This Rule is identical to federal regulations found in 75 FR 78918, which are applicable in Louisiana. For more information regarding the federal requirement, contact the Regulation Development Section at (225) 219-3985 or P.O. Box 4302, Baton Rouge, LA 70821-4302. No fiscal or economic impact will result from the Rule. This Rule will be promulgated in accordance with the procedures in R.S. 49:953(F)(3) and (4).

This Rule adopts the removal of saccharin and its salts from regulation as hazardous constituents, hazardous wastes and hazardous substances in Louisiana. Louisiana's hazardous waste program operates under a federal grant from the U.S. EPA. Part of the requirements for maintaining this grant is to maintain the Louisiana hazardous waste regulations equivalent to or more stringent than the corresponding federal regulations. The basis and rationale of this Rule are to mirror the federal regulations. 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.

Title 33
ENVIRONMENTAL QUALITY
Part V. Hazardous Waste and Hazardous Materials
Subpart 1. Department of Environmental Quality—Hazardous Waste
Chapter 22. Prohibitions on Land Disposal
Subchapter B. Hazardous Waste Injection Restrictions
§2267. Waste-Specific Prohibitions—Third Third Wastes

A. Effective January 1, 1991, the wastes specified in LAC 33:V.Chapter 49 as F039 (wastewaters), K002, K003, K005, K006, K007, K026, K032, K033, K034, K036 (wastewaters), K093, K094, K100 (wastewaters), K100 (generated by the process described in the waste listing description and disposed of after August 17, 1989, and not generated in the course of treating wastewater forms of these wastes), P006, P009, P013, P017, P022, P023, P024, P028, P031, P033, P034, P038 (wastewaters), P042, P045, P046, P047, P051, P056, P064, P065 (wastewaters), P073, P075, P076, P077, P078, P088, P093, P095, P096, P099, P101, P103, P116, P118, P119, U001, U004, U006, U017, U024, U027, U030, U033, U034, U038, U039, U042, U045, U048, U052, U055, U056, U068, U071, U072, U075, U076, U079, U081, U082, U084, U085, U087, U088, U090, U091, U096, U102, U112, U113, U117, U118, U120, U121, U123, U125, U126, U132, U136, U141, U145, U148, U152, U153, U156, U160, U166, U167, U181, U182, U183, U184, U186, U187, U190, U191, U194, U197, U201, U204, U207, U222, U225, U234, U236, U240, U243, U246, and U247 and the following wastes identified as hazardous based on a characteristic alone designated as D001, D004 (wastewaters), D005, D006, D008 (except for lead materials stored before secondary smelting), D009 (wastewaters), D010, D011, D012, D013, D014, D015, D016, and D017 and newly listed F025 are prohibited from underground injection.

B. - D.3. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2180 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Hazardous Waste Division, LR 22:22 (January 1996), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 25:1801 (October 1999), amended by the Office of the Secretary, Legal Division, LR 39.

§2299. Appendix-Tables 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Table 2. Treatment Standards for Hazardous Wastes					
Waste Code	Waste Description and Treatment/Regulatory Subcategory[1]	Regulated Hazardous Constituent	Wastewaters	Non-Wastewaters	
		Common Name	CAS[2] Number	Concentration in mg/L3; or Technology Code4	Concentration in mg/kg5 unless noted as "mg/L TCLP" or Technology Code[4]
* * *					
U202	Saccharin and salts—Repealed				
* * *					

Footnote 1. - Footnote 12. …

[Note: NA means not applicable]

Table 3. - 12. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2180 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Hazardous Waste Division, LR 16:1057 (December 1990), amended LR 17:658 (July 1991), LR 21:266 (March 1995), LR 22:22 (January 1996), LR 22:834 (September 1996), LR 23:566 (May 1997), LR 24:301 (February 1998), LR 24:670 (April 1998), LR 24:1732 (September 1998), LR 25:451 (March 1999), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:282 (February 2000), LR 27:295 (March 2001), LR 29:322 (March 2003), LR 30:1682 (August 2004), amended by the Office of the Secretary, Legal Affairs Division, LR 32:828 (May 2006), LR 32:1843 (October 2006), LR 34:625 (April 2008), LR 34:1014 (June 2008), LR 38:777 (March 2012), amended by the Office of the Secretary, Legal Division, LR 39:

Chapter 31. Incinerators

§3105. Applicability

A. - E. …

Table 1. Hazardous Constituents			
Common Name	Chemical Abstracts Name	Chemical Abstracts Number	Hazardous Waste Number
* * *			
Saccharin—Repealed.			
Saccharin salts—Repealed.			
* * *			
[1]The abbreviation N.O.S. (not otherwise specified) signifies those members of the general class not specifically listed by name in this table.			

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2180 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Hazardous Waste Division, LR 10:200 (March 1984), amended LR 11:1139 (December 1985), LR 13:433 (August 1987), LR 14:424 (July 1988), LR 15:737 (September 1989), LR 16:399 (May 1990), LR 18:1256 (November 1992), LR 18:1375 (December 1992), LR 20:1000 (September 1994), LR 21:944 (September 1995), LR 22:835 (September 1996), amended by the Office of Waste Services, Hazardous Waste Division, LR 24:318 (February 1998), LR 24:681 (April 1998), LR 24:1741 (September 1998), LR 25:479 (March 1999), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 27:301 (March 2001), LR 28:1004 (May 2002), LR 29:323 (March 2003), amended by the Office of the Secretary, Legal Affairs Division, LR 32:830 (May 2006), LR 34:629 (April 2008), LR 34:1898 (September 2008), LR 34:2396 (November 2008), LR 35:1880 (September 2009), LR 35:2350 (November 2009), amended by the Office of the Secretary, Legal Division, LR 39:

Chapter 49. Lists of Hazardous Wastes

[Editor's Note: Chapter 49 is divided into two Sections: category I hazardous wastes, which consist of hazardous wastes from nonspecific and specific sources (F and K wastes), acute hazardous wastes (P wastes), and toxic wastes (U wastes) (LAC 33:V.4901); and category II hazardous wastes, which consist of wastes that are ignitable, corrosive, reactive, or toxic (LAC 33:V.4903).]

§4901. Category I Hazardous Wastes

A. - F. …

Table 4. Toxic Wastes (Alphabetical Order by Substance)		
EPA Hazardous Waste Number	Chemical Abstract Number	Hazardous Waste (Substance)
* * *		
U202—Repealed.		
* * *		
U202—Repealed.		
* * *		
[1]CAS number given for parent compound only		

Table 4. Toxic Wastes (Numerical Order by EPA Hazardous Waste Number)		
EPA Hazardous Waste Number	Chemical Abstract Number	Hazardous Waste (Substance)
* * *		
U202—Repealed.		
U202—Repealed.		
* * *		
[1]CAS number given for parent compound only		

G. - Table 6. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq. and specifically 2180.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, LR 10:200 (March 1984), amended LR 10:496 (July 1984), LR 11:1139 (December 1985), LR 12:319 (May 1986), LR 13:84 (February 1987), LR 13:433 (August 1987), LR 14:426 (July 1988), LR 14:791 (November 1988), LR 15:182 (March 1989), LR 16:220 (March 1990), LR 16:614 (July 1990), LR 16:1057 (December 1990), LR 17:369 (April 1991), LR 17:478 (May 1991), LR 17:658 (July 1991), LR 18:723 (July 1992), LR 18:1256 (November 1992), LR 18:1375 (December 1992), LR 20:1000 (September 1994), LR 21:266 (March 1995), LR 21:944

(September 1995), LR 22:829, 840 (September 1996), amended by the Office of Waste Services, Hazardous Waste Division, LR 23:1522 (November 1997), LR 24:321 (February 1998), LR 24:686 (April 1998), LR 24:1754 (September 1998), LR 25:487 (March 1999), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 27:304 (March 2001), LR 27:715 (May 2001), LR 28:1009 (May 2002), LR 29:324 (March 2003), amended by the Office of Environmental Assessment, LR 31:1573 (July 2005), amended by the Office of the Secretary, Legal Affairs Division, LR 32:831 (May 2006), LR 33:1627 (August 2007), LR 34:635 (April 2008), LR 34:1020 (June 2008), LR 34:2392 (November 2008), LR 36:2555 (November 2010), LR 38:780 (March 2012), amended by the Office of the Secretary, Legal Division, LR 39:

Family Impact Statement

This Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Poverty Impact Statement

This Rule has no known impact on poverty as described in R.S. 49:973.

Public Comments

All interested persons are invited to submit written comments on the proposed regulation. Persons commenting should reference this proposed regulation by HW112ft. Such comments must be received no later than July 30, 2013, at 4:30 p.m., and should be sent to Deidra Johnson, Attorney Supervisor, Office of the Secretary, Legal Division, P.O. Box 4302, Baton Rouge, LA 70821-4302 or to fax (225) 219-4068 or by e-mail to deidra.johnson@la.gov. The comment period for this Rule ends on the same date as the public hearing. Copies of this proposed regulation can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy of HW112ft. This regulation is available on the internet at www.deq.louisiana.gov/portal/tabid/1669/default.aspx.

Public Hearing

A public hearing will be held on July 30, 2013, at 1:30 p.m. in the Galvez Building, Oliver Pollock Conference Room, 602 North Fifth Street, Baton Rouge, LA 70802. Interested persons are invited to attend and submit oral comments on the proposed amendments. Should individuals with a disability need an accommodation in order to participate, contact Deidra Johnson at the address given below or at (225) 219-3985. Two hours of free parking are allowed in the Galvez Garage with a validated parking ticket.

This proposed regulation is available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m. 602 North Fifth Street, Baton Rouge, LA 70802; 1823 Highway 546, West Monroe, LA 71292; State Office Building, 1525 Fairfield Avenue, Shreveport, LA 71101; 1301 Gadwall Street, Lake Charles, LA 70615; 111 New Center Drive, Lafayette, LA 70508; 110 Barataria Street, Lockport, LA 70374; 201 Evans Road, Bldg. 4, Suite 420, New Orleans, LA 70123.

Herman Robinson, CPM
Executive Counsel

1306#021

NOTICE OF INTENT

Office of the Governor
Division of Administration
Office of Facility Planning and Control

Building Code (LAC 34:III.131)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the provisions of R.S. 39:121, the Division of Administration, Facility Planning and Control hereby gives notice of its intent to amend Title 34, Part III, Facility Planning and Control, Chapter 1, Capital Improvement Projects, Section 131, Louisiana Building Code for state owned buildings. These rule changes are the result of a review by Facility Planning and Control of the editions of the codes specified by R.S. 40:1722 and the most recent editions of these codes. This review has led to the determination that new editions of these codes will provide a higher standard than the currently referenced editions. Facility Planning and Control is, therefore, establishing the appropriate editions of these codes as the standards.

Title 34
GOVERNMENT CONTRACTS, PROCUREMENT AND PROPERTY CONTROL
Part III. Facility Planning and Control
Chapter 1. Capital Improvement Projects
Subchapter A. Procedure Manual
§131. Louisiana Building Code

A. ...

1. the *Life Safety Code*, Standard 101, 2012 edition as published by the National Fire Protection Association;

2. ...

3. the *International Building Code*, 2012 edition as published by the International Code Council, not including chapter 1, administration, chapter 11, accessibility, chapter 27, electrical, and chapter 29, plumbing systems;

4. the *International Mechanical Code*, 2012 edition as published by the International Code Council;

5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:1410.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Facility Planning and Control, LR 8:473 (September 1982), amended LR 11:849 (September 1985), LR 33:2649 (December 2007), LR 37:3260 (November 2011), LR 39:

Family Impact Statement

1. The Effect of this Rule on the Stability of the Family. This Rule will have no effect on the stability of the family.

2. The Effect of this Rule on the Authority and Rights of Parents Regarding the Education and Supervision of their Children. This Rule will have no effect on the authority and rights of parents regarding the education and supervision of their children.

3. The Effect of this Rule on the Functioning of the Family. This Rule will have no effect on the functioning of the family.

4. The Effect of this Rule on Family Earnings and Family Budget. This Rule will have no effect on family earnings and family budget.

5. The Effect of this Rule on the Behavior and Personal Responsibility of Children. This Rule will have no effect on the behavior and personal responsibility of children.

6. The Effect of this Rule on the Ability of the Family or Local Government to Perform the Function as Contained in the Proposed Rule. This Rule will have no effect on the ability of the family or local government to perform the function as contained in the proposed Rule.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Small Business Statement

The Office of Facility Planning and Control has considered all methods of reducing the impact of the proposed Rule on small business as noted in R.S. 49:965.6. The intent of the proposed Rule is to upgrade the current edition of the *Life Safety Code*, *International Building Code* and the *International Mechanical Code* established as standards for the Louisiana Building Code. These codes are the basis of safety and mobility of the general public in the design of state owned buildings. It would not be feasible to consider a partial or modified compliance of these building codes specifically for small businesses. Any alternative code standards or exemption of small businesses from these revised building codes would jeopardize the well being of the general public.

Public Comments

Interested persons may submit comments to Mark Bell, Facility Planning and Control, P.O. Box 94095, Baton Rouge, LA 70804-9095. Written comments will be accepted through July 10, 2013.

John L. Davis
Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Building Code

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed administrative rule updates the Louisiana Building Code for state-owned buildings by updating the current editions of the Life Safety Code, the International Building Code and the International Mechanical Code established as standards for the Louisiana Building Code. Due to the new versions of these building codes, the cost per building project will likely increase.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no anticipated direct material effect on governmental revenues as a result of this measure.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There is no anticipated material impact to directly affected persons or nongovernmental groups as a result of the proposed rule change. Due to the proposed administrative rules updating the Louisiana Building Code for state-owned buildings, the cost per project will likely increase. Any project cost increase as a result of the proposed rule will likely be passed down to the state through the public bid process.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no anticipated direct material effect on competition and employment as a result of the proposed administrative rules. There will likely be the same number of jobs though some tasks may be slightly different as a result of the proposed administrative rule.

John L. Davis	Evan Brasseaux
Director	Staff Director
1306#074	Legislative Fiscal Office

NOTICE OF INTENT

Office of the Governor
Real Estate Commission

Buyer Broker Compensation; Written Disclosure and Acknowledgment (LAC 46:LXVII.3503)

Under the authority of the Louisiana Real Estate License Law, R.S. 37:1430 et seq., and in accordance with the provisions of the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., notice is hereby given that the Louisiana Real Estate Commission has initiated procedures to amend LAC 46:LXVII, Real Estate, Chapter 35, to require certain disclosures and acknowledgements in written offers regarding buyer broker compensation.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LXVII. Real Estate
Subpart 1. Real Estate
Chapter 35. Disclosure by Licensee
§3503. Buyer Broker Compensation; Written Disclosure and Acknowledgment

A. Buyer broker compensation shall not be included as part of closing costs paid by the seller, unless such compensation is disclosed in a written offer and accepted by the seller, which specifically states the amount of compensation being paid to the licensee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1431 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Real Estate Commission, LR 39:

Family Impact Statement

In accordance with R.S. 49:953(A)(1)(a)(viii) and 972, the following Family Impact Statement is submitted with the Notice of Intent for publication in the June 20, 2013 *Louisiana Register:* The proposed Rule has no known impact on family, formation, stability, or autonomy.

Poverty Impact Statement

This proposed Rule has no known impact on poverty as described in R.S. 49:973.

Public Comments

Interested parties are invited to submit written comments on the proposed regulation through July 11, 2013 at 4:30 p.m., to Stephanie Boudreaux, Louisiana Real Estate Commission, P.O. Box 14785, Baton Rouge, LA 70898-

4785, or 9071 Interline Avenue, Baton Rouge, LA 70809, or sboudreaux@lrec.state.la.us.

Bruce Unangst
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Buyer Broker Compensation; Written Disclosure and Acknowledgment

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change will have no impact on state or local governmental units. The purpose of the proposed rule is to make real estate transactions more transparent by prohibiting buyer broker compensation from being included in the closing costs paid by the seller, unless the specific amount of such compensation is disclosed in a written offer and accepted by the seller.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change will have no impact on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Directly affected persons or non-governmental groups include real estate licensees and the general public. Any costs and/or economic benefits will be determined by the disclosure and acknowledgments contained in the Residential Agreement to Buy or Sell.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is expected to have no effect on competition or employment.

Bruce Unangst
Executive Director
1306#018

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Wholesale Drug Distributors

Requirements, Qualifications, and Recordkeeping
(LAC 46:XCI.301, 305, and 311)

The Louisiana Board of Wholesale Drug Distributors proposes to amend LAC 46:XCI.301, 305, and 311 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 Practice Act. These proposed Rule amendments will support the board's ability to license entities and regulate the wholesale distribution of legend drugs and legend devices into and within the state of Louisiana in its effort to safeguard the life and health of its citizens and promote the public welfare. The proposed amendments to the Rule are set forth below.

Title 46
PROFESSIONAL AND OCCUPATION STANDARDS
Part XCI. Wholesale Drug Distributors
Chapter 3. Wholesale Drug or Device Distributors
§301. Licensing, Renewal and Reinstatement Requirements

A. - K. …

L. A license issued to a wholesale drug or device distributor will be revoked after 180 days from the date of issuance if an inspection and disciplinary hearing reveal a lack of legitimate business activity or a violation of the provisions of this Title.

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 29:1480 (August 2003), LR 32:396 (March 2006), LR 34:875 (May 2008), LR 35:1538 (August 2009), LR 36:322 (February 2010), LR 39:

§305. Qualifications

A. The board shall consider the following factors in issuing an initial license, the renewal of an existing license, or reinstatement of a license to a person to engage in the wholesale distribution of drugs and devices:

1. any convictions of the applicant or designated responsible party under any federal, state, or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances;

2. any felony convictions of the applicant or designated responsible party under federal, state, or local laws;

3. - 9. …

B. The board shall request all criminal history records information necessary to discover any information relating to the above factors for all new license applicants physically located in Louisiana. Criminal history records information shall only be requested for those licensees of previously issued licenses if they have appointed a new designated responsible party or if they have transferred an ownership interest of more than 10 percent to another owner.

C. The board shall deny a license to an applicant if it determines that the issuing of such a license would not be in the interest of public health, safety or welfare.

D. The designated responsible party must have knowledge of the policies and procedures pertaining to operations of the applicant or licensed wholesale drug or device distribution facility.

1. After January 1, 2014, any designated responsible party not already occupying the position must meet the following requirements:

a. be at least 21 years of age;

b. have at least two years of full-time employment history with either a pharmacy, legend drug or device distributor, or medical gas distributor in a capacity related to the dispensing, distribution, and recordkeeping of legend drugs or devices; or other similar qualifications as deemed acceptable by the board;

c. be employed by the applicant or wholesale drug or device distributor in a full-time position;

d. be actively involved in and aware of the actual daily operation of the wholesale drug or device distributor;

e. be physically present at the facility of the applicant or wholesale drug or device distributor during regular business hours, except when absence of the designated responsible party is authorized, including, but not limited to, sick leave and vacation leave;

f. serve in the capacity of a designated responsible party for only one applicant or wholesale drug or device distributor at a time, except where more than one licensed wholesale drug or device distributor is co-located in the same facility;

g. not have any felony convictions under federal, state, or local law relating to wholesale or retail legend drug or device distribution or controlled substances.

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 32:398 (March 2006), LR 35:1539 (August 2009), LR 39:

§311. Drug or Device Distribution Recordkeeping

A. - A.3. …

B. Wholesale drug or device distributors shall establish and maintain financial records, including all financial and banking receipts as they relate to drug, device, or medical gas sales, distribution, inventories, receipts or deliveries and monthly banking statements and deposit receipts for all banking accounts containing funds with which drugs or devices have been purchased and/or sold for a minimum of three years from the date each record was created.

C. Inventories and records shall be made available for inspection and photocopying by any official authorized by the board for a period of three years following disposition of the drugs or devices at issue.

D. Records described in this regulation that are kept at the inspection site facility or licensed physical location or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site facility or licensed physical location and not electronically retrievable shall be made available for inspection within two working days of a request by any official authorized by the board.

E. Copies of current licenses for customers who are authorized by law or regulation to procure or possess drugs or devices shall be maintained for all customers that are shipped or sold drugs or devices. If customer licenses are maintained off site, a list of customer names, addresses, license numbers, and license expiration dates shall be maintained at the licensed distribution location for all customers that are shipped or sold drugs or devices.

F. Wholesale drug or device distributors that distribute medical gas are not required to maintain a perpetual inventory on oxygen, but are required to maintain perpetual inventories on all other medical gases.

G. Wholesale drug or device distributors physically located and conducting operations in Louisiana:

1. shall not purchase or receive drugs or devices from other than wholesale drug distributors licensed by the board to ship or sell in or into Louisiana; and

2. shall notify the board of any wholesalers not licensed by this Board shipping in or into Louisiana or selling or offering to sell in or into Louisiana.

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 29:1480 (August 2003), LR 32:399 (March 2006), LR 34:875 (May 2008), LR 36:322 (February 2010), LR 39:

Family Impact Statement

The proposed rule amendments have no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Public Comments

Interested parties may submit written comments to Kimberly B. Barbier, Executive Assistant, Louisiana Board of Wholesale Drug Distributors, 12091 Bricksome Avenue, Suite B, Baton Rouge, LA 70816. Comments will be accepted through the close of business on Tuesday, July 23, 2013.

Public Hearing

If it becomes necessary to convene a public hearing to receive comments in accordance with the Administrative Procedures Act, the hearing will be held on Tuesday, July 30, 2013, at 11 a.m. at the office of the Louisiana Board of Wholesale Drug Distributors, 12091 Bricksome Avenue, Suite B, Baton Rouge, LA.

John Liggio
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Requirements, Qualifications, and Recordkeeping

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

Estimated implementation costs to the state include those associated with publishing the rule amendments estimated at $250 in FY 13 and $150 in FY 14. Licensees will be informed of these rule changes via the board's regular newsletter or other direct mailings, which will result in minimal costs to the board. Local governmental units will not incur any costs as a result of this Rule change.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections for the board as there will not be any increase in fees resulting from the Rule amendments. However, under the proposed Rule amendment in §305, the designated responsible party and any individual owners having greater than 10 percent ownership in the wholesale drug distributor applicant for licensure physically located in Louisiana will be subject to a criminal history record information check. In addition, any transferee of an ownership interest of greater than 10 percent of a current licensee and any newly designated responsible parties for current licensees physically located in Louisiana will also be subject to the criminal history records information check. Louisiana State Police (LSP) will generate $42.50 per request for criminal history record information. Of the $42.50 collected per criminal history record information request by LSP, $26 is retained by the state and $16.50 is transmitted to the FBI, therefore

resulting in approximately $1,560 in annual state revenue through LSP from an estimated 25 applicants with individuals having ownership greater than 10 percent and 35 applicant designated responsible parties. There will be no effect on revenue collections of local governmental units as a result of these rule amendments.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Wholesale drug distributor applicants for licensure and current licensees will be required to pay the $42.50 fee for each criminal history record information request submitted for the designated responsible party and any individual owners of greater than ten percent interest in the applicant/licensee. In addition, under the changes to §311, wholesale drug or device distributors will be required to also retain and store financial records for a minimum of 3 years along with its currently required perpetual inventories and transaction records. Since storage space for its other inventories and records is already required for 3 years, there is no anticipated fiscal impact as a result of this rule change. Under §301, a license can be revoked after 180 days from date of issuance if inspection and disciplinary hearing reveal a lack of legitimate business activity. This may result in the loss of potential revenue for distributors whose license is revoked until such time as the distributor establishes legitimate business in Louisiana and an application for reinstatement of the license is completed.

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 Leggio	John D. Carpenter
Executive Director	Legislative Fiscal Officer
1306#002	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Aging and Adult Services

Home- and Community-Based Services Waivers
Adult Day Health Care
(LAC 50:XXI.2101, 2103, 2105, 2107, 2301, 2305, 2501, 2503, 2701, 2703, and 2901)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services propose to amend LAC 50:XXI.Chapters 21, 23, 25, 27 and 2901 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services amended the provisions governing the adult day health care (ADHC) waiver to revise the provisions governing: 1) the program description; 2) the allocation of waiver opportunities; 3) the provision of services and discharge criteria; and 4) the reimbursement methodology to implement a quarter hour pay rate and a provider specific transportation component, and to reduce the direct care floor (*Louisiana Register*, Volume 37, Number 9). The September 20, 2011 final Rule was repromulgated in order to correct citation errors (*Louisiana Register*, Volume 38, Number 7).

The department now proposes to amend the provisions governing the ADHC waiver in order to clarify service definitions, provider responsibilities, and the admissions and discharge criteria.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community-Based Services Waivers
Subpart 3. Adult Day Health Care

Chapter 21. General Provisions

§2101. Introduction

A. - B. ...

C. Any provider of services under the ADHC waiver shall abide by and adhere to any federal or state laws, rules, policy, procedures, or manuals issued by the department. Failure to do so may result in sanctions.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2034 (September 2004), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2161 (October 2008), repromulgated LR 34:2565 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§2103. Program Description

A. ...

B. The target population for the ADHC Waiver Program includes individuals who:

1. …

2. 22 to 64 years old and with a physical disability; and

3. …

C. - C.6. …

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 Aging and Adult Services, LR 34:2566 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:2624 (September 2011), LR 39:

§2105. Request for Services Registry [Formerly §2107]

A. …

B. Individuals who desire their name to be placed on the ADHC waiver registry shall be screened to determine whether they meet nursing facility level of care. Only individuals who pass this screen shall be added to the registry.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2035 (September 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office of Aging and Adult Services, LR 32:2256 (December 2006), LR 34:2161 (October 2008), repromulgated LR 34:2566 (December 2008),amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§2107. Programmatic Allocation of Waiver Opportunities

A. …

B. Adult day health care waiver opportunities shall be offered to individuals on the registry according to priority groups. The following groups shall have priority for ADHC waiver opportunities in the order listed:

1. - 2. …

3. individuals admitted to a nursing facility who are approved for a stay of more than 90 days; and

B.4. - C. …

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2162 (October 2008), repromulgated LR 34:2566 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:2624 (September 2011), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

Chapter 23. Services

§2301. Covered Services

A. The following services are available to recipients in the ADHC waiver. All services must be provided in accordance with the approved plan of care (POC). No services shall be provided until the POC has been approved.

1. Adult Day Health Care. ADHC services furnished as specified in the plan of care at the ADHC center, in a non-institutional, community-based setting encompassing both health/medical and social services needed to ensure the optimal functioning of the participant. Services are furnished on a regularly scheduled basis, not to exceed 10 hours a day, 50 hours a week. An adult day health care center shall, at a minimum, furnish the following services:

a. assistance with activities of daily living;

b. …

c. individualized, exercise program;

d. individualized, goal directed recreation program;

e. health education classes;

f. meals shall not constitute a "full nutritional regimen" (three meals per day) but shall include a minimum of two snacks and a nutritional lunch;

g. individualized health/nursing services;

g.i. - NOTE. …

h. transportation to and from the center at the beginning and end of the program day;

i. transportation to and from medical and social activities when the participant is accompanied by center staff; and

j. transportation between the participant's place of residence and the ADHC in accordance with licensing standards.

2. Support Coordination. These services assist participants in gaining access to necessary waiver and other state plan services, as well as needed medical, social, educational, housing, and other services, regardless of the funding source for these services. Support coordination agencies shall be required to perform the following core elements of support coordination:

a. intake;

b. assessment;

c. plan of care development and revision;

d. linkage to direct services and other resources;

e. coordination of multiple services among multiple providers;

f. monitoring/follow-up;

g. reassessment;

h. evaluation and re-evaluation of level of care and need for waiver services;

i. ongoing assessment and mitigation of health, behavioral and personal safety risk;

j. responding to participant crises;

k. critical incident management; and

l. transition/discharge and closure.

3. Transition Intensive Support coordination. These services will assist participants currently residing in nursing facilities in gaining access to needed waiver and other state plan services, as well as needed medical, social, housing, educational and other services regardless of the funding source for these services. Support Coordinators shall initiate and oversee the process for assessment and reassessment, as well as be responsible for ongoing monitoring of the provision of services included in the participants approved POC. This service is paid up to 180 days prior to transitioning from the nursing facility when adequate pre-transition support and activity are provided and documented. This service is available to participants during transition from a nursing facility to the community.

4. Transition Service. These services that will assist an individual transition from a nursing facility to a living arrangement in a private residence where the individual is directly responsible for his/her own living expenses are time limited, non-recurring set-up expenses available for individuals who have been offered and approved for an adult day health care waiver opportunity and are transitioning from a nursing facility to a living arrangement in a private residence where the individual is directly responsible for his/her own expenses. Allowable expenses are those necessary to enable the individual to establish a basic household that does not constitute room and board, but include:

a. security deposits that are required to obtain a lease on an apartment or house;

b. specific set up fees or deposits (telephone, electric gas, water and other such necessary housing set up fees or deposits); and

c. essential furnishings to establish basic living arrangements; and health and welfare assurances (pest control/eradication, fire extinguisher, smoke detector and first aid supplies/kit).

B. These services must be prior approved in the participant's plan of care.

C. These services do not include monthly rental, mortgage expenses, food, monthly utilities charges and household appliances and/or items intended for purely diversional/recreational purposes.

D. These services may not be used to pay for furnishings or set-up living arrangements that are owned or leased by a waiver provider.

E. Support coordinators shall exhaust all other resources to obtain these items prior to utilizing the waiver. Funds are available one time per $1500 lifetime maximum for specific items as prior approved in the participant's POC.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2036 (September 2004), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2162 (October 2008), repromulgated LR 34:2566 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:2625 (September 2011), LR 39:

§2305. Plan of Care

A. The applicant and support coordinator have the flexibility to construct a plan of care that serves the participant's health and welfare needs. The service package provided under the POC shall include services covered under the adult day health care waiver in addition to services covered under the Medicaid state plan (not to exceed the established service limits for either waiver or state plan services) as well as other services, regardless of the funding source for these services.

1. All services approved pursuant to the POC shall be medically necessary and provided in a cost-effective manner.

2. The POC shall be developed using a person-centered process coordinated by the support coordinator.

B. Reimbursement shall not be made for adult day health care waiver services provided prior to the department's, or its designee's, approval of the POC.

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, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

Chapter 25. Admission and Discharge Criteria

§2501. Admission Criteria

A. Admission to the ADHC Waiver Program shall be determined in accordance with the following criteria:

1. meets the target population criteria as specified in the approved waiver document;

2. initial and continued Medicaid financial eligibility;

3. initial and continued eligibility for a nursing facility level of care;

4. justification, as documented in the approved POC, that the ADHC waiver services are appropriate, cost-effective and represent the least restrictive environment for the individual; and

5. reasonable assurance that the health and welfare of the individual can be maintained in the community with the provision of ADHC waiver services.

B. Failure of the individual to cooperate in the eligibility determination process, POC development, or to meet any of the criteria above shall result in denial of admission to the ADHC waiver.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2040 (September 2004), amended by the Department Of Hospitals, Office of Aging and Adult Services, LR 34:2163 (October 2008), repromulgated LR 34:2568 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:2625 (September 2011), LR 39:

§2503. Admission Denial and Discharge Criteria

A. - A.4. ...

5. The health and welfare of the individual cannot be assured through the provision of ADHC waiver services.

6. The individual fails to cooperate in the eligibility determination process, POC development, or in the performance of the POC.

7. - 8. ...

9. The individual fails to maintain a safe and legal home environment.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2163 (October 2008), repromulgated LR 34:2568 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:2625 (September 2011), LR 39:

Chapter 27. Provider Responsibilities

§2701. General Provisions

A. - B. ...

C. Any provider of services under the ADHC waiver shall not refuse to serve any individual who chooses their agency unless there is documentation to support an inability to meet the individual's health, safety and welfare needs, or all previous efforts to provide service and supports have failed and there is no option but to refuse services.

1. OAAS, or its designee, must be immediately notified of the circumstances surrounding a refusal by a provider to render services.

2. This requirement can only be waived by OAAS or its designee.

D. Providers must maintain adequate documentation as specified by OAAS, or its designee, to support service delivery and compliance with the approved POC and will provide said documentation at the request of the department, or its designee.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2041 (September 2004), amended by the Department of Health and Hospitals, Office for Aging and Adult Services, LR 34:2164 (October 2008), repromulgated LR 34:2568 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:2625 (September 2011), LR 39:

§2703. Reporting Requirements

A. Support coordinators and direct service providers, including ADHC providers, are obligated to report within specified time lines, any changes to the department that could affect the waiver participant's eligibility including, but not limited to, those changes cited in the denial or discharge criteria.

B. Support coordinators and direct service providers, including ADHC providers, are responsible for documenting the occurrence of incidents or accidents that affect the health, safety and welfare of the recipient and completing an incident report. The incident report shall be submitted to the department or its designee with the specified requirements within specified time lines.

C. Support coordinators shall provide the participant's approved POC to the ADHC provider in a timely manner.

D. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Office of Aging and

Adult Services, LR 34:2164 (October 2008), repromulgated LR 34:2568 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

Chapter 29. Reimbursement

§2901. General Provisions

A. …

B. Reimbursement shall not be made for ADHC waiver services provided prior to the department's approval of the POC.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2041 (September 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office of Aging and Adult Services, LR 32:2257 (December 2006), LR 34:2164 (October 2008), repromulgated LR 34:2569 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:2625 (September 2011), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

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. It is anticipated that this proposed Rule will have no impact on family functioning, stability or autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, July 25, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, 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.

Kathy H. Kliebert
Interim Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Home and Community-Based Services Waivers—Adult Day Health Care

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed Rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 12-13. It is anticipated that $1,394 ($697 SGF and $697 FED) will be expended in FY 12-13 for the state's administrative expense for promulgation of this proposed Rule and the final Rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed Rule will not affect revenue collections other than the federal share of the promulgation costs for FY 12-13. It is anticipated that $697 will be collected in FY 12-13 for the federal share of the expense for promulgation of this proposed Rule and the final Rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed Rule is being promulgated to amend the provisions governing the Adult Day Health Care (ADHC) Waiver in order to clarify service definitions, provider responsibilities, and the admissions and discharge criteria. It is anticipated that implementation of this proposed Rule will not have economic cost or benefits to ADHC providers for FY 12-13, FY 13-14, and FY 14-15.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This Rule has no known effect on competition and employment.

J. Ruth Kennedy	John D. Carpenter
Medicaid Director	Legislative Fiscal Officer
1306#053	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office for Citizens with Developmental Disabilities

Home and Community-Based Services Waivers
Children's Choice
Policy Clarifications and Self-Direction Service Initiative
(LAC 50:XXI.Chapters 111-123)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities propose to amend LAC 50:XXI.11101-11103 and Chapters 113-121, and to adopt §§11104, 11529 and Chapter 123 under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950, et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities adopted provisions in the children's choice Waiver for the allocation of additional waiver opportunities for the Money Follows the Person Rebalancing Demonstration Program (*Louisiana Register*, Volume 35, Number 9). The department promulgated an Emergency Rule which amended the provisions of the children's choice Waiver to provide for the allocation of waiver opportunities for children who have been identified by the Office for Citizens with Developmental Disabilities regional offices and human services authorities and districts as meeting state-funded family support criteria for priority level 1 and 2, and needing more family support services than what is currently available through state-funded family support services (*Louisiana Register*, Volume 36, Number 9).

This proposed Rule is being promulgated to clarify the provisions of the children's choice Waiver, and to adopt provisions for a self-direction initiative which will allow participants and their families to receive a coordination of children's choice services through a direct support professional rather than a licensed enrolled provider agency.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community-Based Services Waivers
Subpart 9. Children's Choice
Chapter 111. General Provisions
§11101. Introduction

A. …

B. The children's choice Waiver is an option offered to children on the Developmental Disabilities Request for Services Registry (DDRFSR) or as identified in §11105 or §11107. Families may choose to accept a children's choice waiver offer or remain on the DDRFSR.

C. - D. ...

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1983 (September 2002), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 35:1891 (September 2009), LR 39:

§11103. Participant Qualifications and Admissions Criteria

A. The children's choice waiver is available to children who:

1. …

2. have a developmental disability as specified in R.S. 28:451.2;

3. are on the DDRFSR unless otherwise specified in §11105 and §11107;

4. meet all of the financial and non-financial Medicaid eligibility criteria for a home and community-based services (HCBS) waiver;

5. meet the requirements for an intermediate care facility for persons with developmental disabilities (ICF/DD)level of care, which requires active treatment of a developmental disability under the supervision of a qualified developmental disability professional;

6. meet the assurance requirements that the health and welfare of the individual can be maintained in the community with the provision of children's choice services;

7. have justification, as documented in the approved plan of care, that the children's choice services are appropriate, cost effective and represent the least restrictive environment for the individual;

8. are residents of Louisiana; and

9. are citizens of the United States or a qualified alien.

B. …

C. Children who reach their nineteenth birthday while participating in the children's choice Waiver will transfer into an appropriate waiver for adults as long as they remain eligible for waiver 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, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 35:1892 (September 2009), LR 39:

§11104. Admission Denial or Discharge Criteria

A. Individuals shall be denied admission to or discharged from the children's choice Waiver if one of the following criteria is met:

1. the individual does not meet the financial eligibility requirements for the Medicaid Program;

2. the individual does not meet the requirements for ICF/DD level of care;

3. the individual is incarcerated or placed under the jurisdiction of penal authorities, courts or state juvenile authorities;

4. the individual resides in another state or has a change of residence to another state;

5. the participant is admitted to an ICF/DD or nursing facility with the intent to stay and not to return to waiver services:

a. The waiver participant may return to waiver services when documentation is received from the treating physician that the admission is temporary and shall not exceed 90 days.

b. The participant will be discharged from the waiver on the ninety-first day if the participant is still in the ICF/DD or nursing facility.

6. the health and welfare of the individual cannot be assured through the provision of children's choice services within the individual's approved plan of care;

7. the individual fails to cooperate in the eligibility determination/re-determination process and in the development or implementation of the approved plan of care;

8. continuity of services is interrupted as a result of the participant not receiving a children's choice service during a period of 30 or more consecutive days:

a. This does not include interruptions in children's choice services because of hospitalization, institutionalization (such as ICFs/DD or nursing facilities), or non-routine lapses in services where the family agrees to provide all needed or paid natural supports.

b. There must be documentation from the treating physician that this interruption will not exceed 90 days.

c. During this 90-day period, the Office for Citizens with Developmental Disabilities (OCDD) will not authorize payment for children's choice services.

B. Children who reach their nineteenth birthday while participating in the children's choice Waiver will transfer into an appropriate waiver for adults as long as they remain eligible for waiver 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, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 39:

Chapter 113. Service

§11301. Service Cap

A. …

B. Participants are eligible to receive all medically necessary Medicaid State Plan services, including Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

C. - D. …

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1983 (September 2002), amended by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2440 (November 2007), LR 37:2157 (July 2011), amended LR 39:507 (March 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 39:

§11303. Service Definitions

A. …

1. Children's choice services may be utilized to supplement EPSDT State Plan services that are prior approved as medically necessary.

2. Children's choice family supports services cannot be provided on the same day at the same time as EPSDT's personal care services.

3. Children's choice family supports services cannot be provided on the same day at the same time as any other children's choice waiver service except for the following:

a. environmental accessibility adaptations;

b. family training;

c. specialized medical equipment and supplies; or

d. support coordination.

4. Children's choice services cannot be provided in a school setting.

5. Services provided through a program funded under the Individuals with Disabilities Education Act (IDEA) must be utilized before accessing children's choice therapy services.

B. Support coordination consists of the coordination of services which will assist participants who receive children's choice services in gaining access to needed waiver and other Medicaid services, as well as needed medical, social, educational and other services, regardless of the funding source. The support coordinator is responsible for convening the person-centered planning team comprised of the participant, participant's family, direct service providers, medical and social work professionals, as necessary, and advocates who assist in determining the appropriate supports and strategies to meet the participant's needs and preferences. The support coordinator shall be responsible for the ongoing coordination of supports and services included in the participant's plan of care. Support coordinators shall initiate the process of assessment and reassessment of the participant's level of care and the review of plans of care as required.

1. Support coordination services are provided to all children's choice participants to assist them in gaining access to needed waiver services, Medicaid State Plan services, as well as needed medical, social, educational and other services regardless of the funding source for the services. Support coordinators provide information and assistance to waiver participants by directing and managing their services in compliance with the rules and regulations governing support coordination.

a. Support coordinators shall be responsible for ongoing monitoring of the provision of services included in the participant's approved plan of care.

b. Support coordinators shall also participate in the evaluation and re-evaluation of the participant's plan of care.

c. Support coordinators will have limited annual plan of care approval authority as authorized by OCDD as indicated in policy and procedures.

2. Support coordinators are responsible for providing assistance to participants who choose self-direction option with their review of the Self-Direction Employer Handbook and for being available to these participants for on-going support and help with carrying out their employer responsibilities.

3. Provider Qualifications. Providers must have a current, valid support coordination license and meet all other requirements for targeted case management services as set forth in LAC 50:XV.Chapter 105 and the Medicaid Targeted Case Management Manual.

C. Center-based respite is service provided in a licensed respite care facility to participants unable to care for themselves. These services are furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

D. Environmental accessibility adaptations are physical adaptations to the home or vehicle provided when required by the participant's plan of care as necessary to ensure the health, welfare and safety of the participant, or which enable the participant to function with greater independence in the community, and without which the participant would require additional supports or institutionalization.

1. Such adaptations to the home may include:

a. the installation of ramps and/or grab-bars;

b. widening of doorways;

c. modification of bathroom facilities; or

d. installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the participant.

2. …

3. Home modification funds are not intended to cover basic construction cost. For example, in a new home, a bathroom is already part of the building cost. Waiver funds can be used to cover the difference between constructing a bathroom and building an accessible or modified bathroom.

4. All services shall be in accordance with applicable state and local building codes.

5. An example of adaptation to the vehicle is a van lift.

6. Excluded is the purchase or lease of a vehicle and regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.

7. Excluded are those adaptations or improvements to the home or vehicle which are of general utility, and are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, central air conditioning, a fence, etc.

8. Fire alarms, smoke detectors, and fire extinguishers are not considered environmental adaptations and are excluded.

9. Any services covered by Title XIX (Medicaid State Plan Services) are excluded.

E. Family training consists of formal instruction offered through training and education designed to assist the families of children's choice Waiver participants in meeting the needs of their children.

1. The training and education must be conducted by professional organizations or practitioners who offer education or training appropriate to the needs of the child as identified in the plan of care.

2. Family training must be prior approved by the OCDD regional offices or human services authorities or districts and incorporated into the approved plan of care.

3. For purposes of this service only, "family" is defined as unpaid persons who live with or provide care to a participant in the children's choice Waiver and may include a parent, spouse, stepparent, grandparent, child, sibling, relative, foster family, legal guardian, or in-law.

4. …

F. Family support services are services that enable a family to keep their child or family member at home, thereby enhancing family functioning. Services may be provided in the home or outside of the home in settings such as after school programs, summer camps, or other places as specified in the approved plan of care. Family support includes:

1. assistance and prompting with eating, bathing, dressing, personal hygiene, and essential housekeeping incidental to the care of the child, rather than the child's family. The preparation of meals is included, but not the cost of the meals themselves; and

2. …

3. Family members who provide family support services must meet the same standards of service, training requirements and documentation requirements as caregivers who are unrelated to the participant. Services cannot be provided by the following:

a. legally responsible relatives (spouses, parents or step-parents, foster parents, or legal guardians); or

b. any other individuals who live in the same household with the waiver participant.

G. Specialized Medical Equipment and Supplies.

1. Specialized medical equipment and supplies are devices, controls, or appliances, as specified in the plan of care, which enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

2. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the participant.

3. All items shall meet applicable standards of manufacture, design and installation.

4. This service may also be used for routine maintenance or repair of specialized equipment. Some examples would include sip and puffer switches; other specialized switches; and voice-activated, light-activated, or motion-activated devices to access the participant's environment.

5. Routine maintenance or repair of specialized medical equipment is funded under this service.

6. Excluded are those durable and non-durable items that are available under the Medicaid State Plan. The Support Coordinator shall pursue and document all alternate funding sources that are available to the participant before submitting a request for approval to purchase or lease specialized medical equipment and supplies.

7. Excluded are those specialized equipment and supplies that are not of direct medical or remedial benefit to the participant such as, but not limited to:

a. appliances;
b. personal computers and software;
c. daily hygiene products;
d. rent subsidy;
e. food;
f. bed linens;
g. exercise equipment;
h. taxi fares, bus passes, etc;
i. pagers and telephones; and
j. home security systems.

H. Applied Behavioral Analysis-Based Therapy

1. Applied behavioral analysis (ABA)based therapy is used to assess, teach and modify targeted behaviors in promoting social, emotional and language development by reducing behaviors that interfere with learning and cognitive functioning.

2. ABA-based therapies utilized are based on reliable evidence and not experimental.

3. Services must be provided by a licensed Psychologist or an unlicensed assistant with a Master's degree working under the direction of a licensed Psychologist. All work performed by the unlicensed assistant must be approved by the licensed Psychologist.

I. Aquatic Therapy

1. Aquatic therapy uses the resistance of water to rehabilitate a participant with a chronic illness, poor or lack of muscle tone or a physical injury/disability.

2. Aquatic therapy is not for participants who have fever, infections and are bowel/ bladder incontinent.

J. Art Therapy

1. Art therapy is used to increase awareness of self and others; cope with symptoms, stress and traumatic experiences; enhance cognitive abilities; and as a mode of communication and enjoyment of the life–affirming pleasure of making art.

2. Art therapy is the therapeutic use of art by people who experience illness, trauma, emotional, behavioral or mental health problems; by those who have learning or physical disabilities, life-limiting conditions, brain injuries

or neurological conditions and/or challenges in living; and by people who strive to improve personal development.

K. Music Therapy

1. Music therapy services help participants improve their cognitive functioning, motor skills, emotional and affective development, behavior and social skills and quality of life.

L. Sensory Integration

1. Sensory integration is used to improve the way the brain processes and adapts to sensory information, as opposed to teaching specific skills. Sensory integration involves activities that provide vestibular, proprioceptive and tactile stimuli which are selected to match specific sensory processing deficits of the child.

M. Hippotherapy/Therapeutic Horseback Riding

1. Hippotherapy/therapeutic horseback riding are services used to promote the use of the movement of the horse as a treatment strategy in physical, occupational and speech-language therapy sessions for people living with disabilities.

2. Hippotherapy improves muscle tone, balance, posture, coordination, motor development as well as motor planning that can be used to improve sensory integration skills and attention skills.

a. Specially trained therapy professionals evaluate each potential participant on an individual basis to determine the appropriateness of including hippotherapy as a treatment strategy.

b. Hippotherapy requires therapy sessions that are one-on-one with a licensed physical therapist, speech therapist or occupational therapist who works closely with the horse professional in developing treatment strategies. The licensed therapist must be present during the hippotherapy sessions.

c. Hippotherapy must be ordered by a physician with implementation of service, treatment strategies and goals developed by a licensed therapist. Services must be included in the participant's plan of care.

3. Therapeutic horseback riding teaches riding skills and improves neurological function and sensory processing.

a. Therapeutic horseback riding must be ordered by a physician with implementation of service, treatment strategies and goals developed by a licensed therapist. Services must be included in the participant's plan of care.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1983 (September 2002), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1871 (September 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 36:324 (February 2010), LR 39:

Chapter 115. Providers

Subchapter A. Provider Qualifications

§11501. Support Coordination Providers and Service Providers

A. Support Coordination Providers. Families of waiver participants shall choose one support coordination agency from those available in their region to provide developmental disabilities support coordination services.

B. Service Providers. Agencies licensed to provide personal care attendant services may enroll as a provider of children's choice services with the exception of support coordination services and therapy services. Agencies that enroll to be a children's choice service provider shall provide family support services, and shall either provide or subcontract for center-based respite, environmental accessibility adaptations, family training, and specialized medical equipment and supplies. Families of participants shall choose one service provider agency from those available in their region that will provide all waiver services, except support coordination.

1. Family members who provide family support services must meet the same standards of service, training requirements and documentation requirements, as caregivers who are unrelated to the participant. Service cannot be provided by the following:

a. legally responsible relatives (spouses, parents or step-parents, foster parents, or legal guardians); or

b. any other individuals who live in the same household with the waiver participant.

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1984 (September 2002), LR 39:

Subchapter B. Provider Requirements

§11521. General Requirements for Medicaid Enrollment

A. In order to participate in the Medicaid Program, a provider must meet all of the following requirements.

1. The provider must meet all the requirements for licensure as established by state laws and rules promulgated by the Department of Health and Hospitals (DHH) or have a current, valid license or certification from the appropriate governing board for that profession.

2. - 3. …

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1984 (September 2002), LR 39:

§11523. Enrollment

A. Both support coordination and direct services providers must comply with the requirements of this §11523 in order to participate as Children Choice providers. Agencies will not be added to the Freedom of Choice (FOC) list of available providers maintained by OCDD until they have received a Medicaid provider number.

B. Providers shall attend all mandated meetings and training sessions as directed by OCDD as a condition of enrollment and continued participation as waiver providers. Attendance at a provider enrollment orientation shall be required prior to enrollment as a Medicaid provider of services. The frequency of the provider enrollment orientations shall be determined by the DHH Health Standards Section.

C. …

D. Participant case records and billing records shall be housed at the site in the DHH administrative region where the participant resides.

E. - G. …

H. Providers shall develop a Quality Improvement Plan which must be submitted for approval within 60 days after the DHH training. Self-assessments are due six months after approval of the plan and yearly thereafter.

I. - K. …

L. Waiver services are to be provided only to persons who are waiver participants, and strictly in accordance with the provisions of the approved plan of care.

M. Changes in the following areas are to be reported to both OCDD and the Provider Enrollment Section in writing at least 10 days prior to any change:

1. 5.…

N. The provider must complete a new provider enrollment packet when a change in ownership of 5 percent to 50 percent of the controlling interest occurs, but may continue serving participants. When 51 percent or more of the controlling interest is transferred, a complete re-certification process must occur and the agency shall not continue serving participants until the re-certification process is complete.

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1984 (September 2002), amended LR 28:2533 (December 2002), repromulgated LR 29:38 (January 2003), LR 39:

§11527. Direct Service Providers

A. Direct service providers, except those listed in §11529, must also comply with §11527 in order to participate as children's choice providers.

1. The provider must be licensed by the DHH as a home and community-based services provider and meet the module specific requirements for the services being provided.

2. …

3. The following services may either be provided directly by the direct service provider or by written agreement (subcontract) with other agents. The actual provider of the service, whether it is the direct service provider or a subcontracted agent, shall meet the following licensure or other qualifications

a. Center-based respite must be provided by a facility licensed by DHH and meet all module specific requirements for the service.

b. Family training must be provided at approved events.

c. Environmental adaptations must be provided by an individual/agency deemed capable to perform the service by the participant's family and the direct service provider agency. When required by state law, the person performing the service must meet applicable requirements for a professional license. When building code standards are applicable, modifications to the home shall meet such standards.

d. Specialized Medical Equipment and Supplies agencies who are vendors of technological equipment and supplies must be enrolled in the Medicaid Program as a durable medical equipment provider and must meet all applicable vendor standards and requirements for manufacturing, design and installation of technological equipment and supplies.

4. Providers shall maintain a 24-hour toll-free telephone number manned by a person and shall provide a written plan to the participants, families and support coordinators that explains how workers can be contacted and the expected response time.

5. Providers shall develop and provide brochures to interested parties that document the agency's experience, toll-free telephone number, OCDD information, and other pertinent information. All brochures are subject to OCDD approval prior to distribution.

6. - 7. …

8. The agency shall document that its employees and the employees of subcontractors do not have a criminal record as defined in 42 CFR 441.404(b) which states, Providers of community supported living arrangements services:

8.a. - 10. …

11. Enrollment of direct service providers is contingent on the submission of a complete application packet.

12. Service delivery shall be documented with progress notes on participant status, supports provided that address personal outcomes, participant responses, etc. Progress notes shall be dated and signed in ink. Whiteout is not to be used in making corrections.

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1985 (September 2002), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1872 (September 2007). LR 39:

§11529. Professional Services Providers

A. Professional services are direct services to participants, based on need, that may be utilized to increase the participant's independence, participation and productivity in the home and community. Service intensity, frequency and duration will be determined by individual need. Professional services include the following:

1. applied behavior analysis (ABA)-based therapy;
2. aquatic therapy;
3. art therapy;
4. music therapy;
5. sensory integration; and
6. hippotherapy/therapeutic horseback riding.

B. Professional services must be delivered with the participant present and in accordance with the plan of care.

C. Children's choice services cannot be provided on the same day at the same time as any other waiver or State Plan service except for the following services:

1. environmental accessibility adaptations;
2. family training;
3. specialized medical equipment and supplies;
4. support coordination; and
5. therapy

D. Children's choice services cannot be provided in a school setting.

E. Provider Qualifications

1. Individual practitioners must enroll as a Medicaid provider;

2. Have a current, valid license or certification from the appropriate governing board for that profession; and

3. Possess one year of post licensure or certification experience.

a. In addition, the specific service delivered must be consistent with the scope of the license or certification held by the professional.

F. All services rendered shall be prior approved and in accordance with the plan of care.

G. All services must be documented in service notes, which describes the services rendered and progress towards the participant's personal outcomes and his/her plan of care.

H. Providers of professional services must maintain adequate documentation to support service delivery and compliance with the approved plan of care and provide said documentation upon the DHH's request.

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, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 39:

Chapter 117. Crisis Provisions

§11701. Participation in Children's Choice

A. Families must choose to either accept children's choice services or remain on the DDRFSR. This is an individual decision based on a family's current circumstances. In the event that a family chooses children's choice for their child and later experiences a crisis that increases the need for paid supports to a level that cannot be accommodated within the service cap specified in §11301.A on waiver expenditures, they may request consideration for a crisis designation. A crisis is defined as a catastrophic change in circumstances rendering the natural and community support system unable to provide for the health and welfare of the child at the level of benefits offered under children's choice. The procedure in this Chapter has been developed to address these situations.

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1986 (September 2002), LR 39:

§11703. Crisis Designation Criteria

A. - A.5. …

B. Exhausting available funds through the use of therapies, environmental accessibility adaptations, and specialized medical equipment and supplies does not qualify as justification for crisis designation.

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1986 (September 2002), amended LR 29:704 (May 2003), LR 39:

§11705. Crisis Extension Provisions

A. Additional services (crisis support) outside of the waiver cap amount shall be approved by the OCDD state office. Crisis designation is time limited, depending on the anticipated duration of the causative event. Each request for crisis designation may be approved for a maximum of three months or the annual plan of care date, not to exceed 12 months.

B. When the crisis designation is extended at the end of the initial duration (or at any time thereafter), the family may request the option of returning the child's name to the original application date on the DDRFSR when it is determined that the loss of the caregiver and lack of natural or community supports will be long term or permanent. This final determination will be made by OCDD. Eligibility and services through children's choice shall continue as long as the child meets eligibility criteria.

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1986 (September 2002), LR 39:

Chapter 119. Noncrisis Provisions

§11901. General Provisions

A. Restoring the participant to the DDRFSR under noncrisis provisions will allow that individual to be placed in the next available waiver slot that will provide the appropriate services, provided the participant is still eligible when a slot becomes available. The fact that the participant is being restored to the DDRFSR does not require that the department immediately offer him/her a waiver slot if all slots are filled or to make a slot available to this participant for which another participant is being evaluated, even though that other participant was originally placed on the DDRFSR on a later date. Waiver services will not be terminated as a result of a participant's name being restored to the registry.

B. If another developmental disabilities waiver would provide the participant with the services at issue, the department may place the participant in any waiver that would provide the appropriate services.

C. In the event that the waiver eligibility, other than for the developmental disabilities waiver, of a person who elected or whose legal representative elected that they receive services under the children's choice waiver is terminated based on inability to assure health and welfare of the waiver participant, the department will restore him/her to the DDRFSR for the developmental disabilities waiver in the date order of the original request.

D. If and when a new adult waiver is adopted, a children's choice participant aging out of that program will be evaluated for both the capped waiver and the developmental disabilities waiver, and transferred to the waiver which services are most appropriate for him/her at that time, with a right of appeal of the department's decision.

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1986 (September 2002), LR 39:

§11903. Good Cause

A. A person who has elected or whose legal representative has elected that they receive services under Children's Choice waiver shall be allowed to restore his or her name to the DDRFSR for the developmental disabilities

waiver in original date order, when they meet all of the following criteria:

1. he/she would benefit from the services that are available in the developmental disabilities waiver, but are not actually available to him or her through his/her current waiver or through Medicaid State Plan services; and

2. he/she would qualify for those services under the standards utilized for approving and denying the services to the developmental disabilities waiver participants; and

3. there has been a change in circumstances since his or her enrollment in the Children's Choice waiver that causes these other services to be appropriate. The change does not have to be a change in the participant's medical condition, but can include loss of in-home assistance through a caretaker's decision to take on or increase employment, or to obtain education or training for employment. (Note: The temporary absence of a caretaker due to a vacation is not considered good cause.); and

4. the person's original request date for the developmental disabilities waiver has been passed on to the DDRFSR.

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1986 (September 2002), LR 39:

§11905. Determination Responsibilities and Appeals

A. The OCDD and human services authorities and districts shall have the responsibility for making the determinations as to the matters set forth in this Chapter 119. Persons who have elected or whose legal representatives have elected that they receive services under the Children's Choice waiver have the right to appeal any determination of the department as to matters set forth in this Chapter 119, under the regulations and procedures applicable to Medicaid fair hearings.

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1987 (September 2002), LR 39:

Chapter 121. Reimbursement

§12101. Reimbursement Methodology

A. …

B. Direct service providers shall be reimbursed according to the following reimbursement methodology. Actual rates will be published in the Children's Choice provider manual and will be subsequently amended by direct notification to the affected providers. For services provided by a subcontractor agency, the enrolled direct service provider shall coordinate and reimburse the subcontractor according to the terms of the contract and retain the administrative costs.

1. Family support, crisis support, center-based respite, applied behavior analysis (ABA-based therapy, aquatic therapy, art therapy, music therapy, sensory integration, and hippotherapy/therapeutic horseback riding services shall be reimbursed at a flat rate per 15-minute unit of service, which covers both service provision and administrative costs.

2. …

3. Environmental accessibility adaptations and specialized medical equipment and supplies shall be reimbursed at cost plus a set administrative add-on per project.

B.4. - D.1.c. …

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 for Citizens with Developmental Disabilities, Bureau of Health Services Financing, repromulgated for LAC, LR 28:1987 (September 2002), LR 33:1872 (September 2007), amended by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 34:250 (February 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 36:324 (February 2010), amended LR 36:2280 (October 2010), amended LR 37:2157 (July 2011), LR 39:

Chapter 123. Self-Direction Initiative

§12301. Self-Direction Service Delivery Option

A. The self-direction initiative is a voluntary, self-determination option which allows the participant to coordinate the delivery of Children's Choice services, as designated by OCDD, through an individual direct support professional rather than through a licensed, enrolled provider agency. Selection of this option requires that the participant utilize a payment mechanism approved by the department to manage the required fiscal functions that are usually handled by a provider agency.

B. Participant Responsibilities. Waiver participants choosing the self-directed service delivery option must understand the rights, risks and responsibilities of managing their own care and individual budget. If the participant is under 18 years of age or is unable to make decisions independently, he/she must have an authorized representative who understands the rights, risks and responsibilities of managing his/her care and supports within his/her individual budget. The employer must be at least 18 years of age. Responsibilities of the participant or authorized representative include:

1. completion of mandatory trainings, including the rights and responsibilities of managing his/her own services and supports and individual budget;

2. participation in the self-direction service delivery option without a lapse in or decline in quality of care or an increased risk to health and welfare;

a. adhere to the health and welfare safeguards identified by the team, including the application of a comprehensive monitoring strategy and risk assessment and management systems;

3. participation in the development and management of the approved budget:

a. this annual budget is determined by the recommended service hours listed in the participant's plan of care to meet his/her needs;

b. the participant's individual budget includes a potential amount of dollars within which the participant or his/her authorized representative exercises decision-making responsibility concerning the selection of services and service providers.; and

c. an administrative fee will be deducted from the participant's approved budget;

4. all services rendered shall be prior approved and in accordance with the plan of care; and

5. all services must be documented in service notes, which describes the services rendered and progress towards the participant's personal outcomes and his/her plan of care.

C. Termination of the Self-Direction Service Option. Termination of participation in the self-direction service delivery option requires a revision of the plan of care, the elimination of the fiscal agent and the selection of the Medicaid-enrolled waiver service provider(s) of choice.

1. Voluntary termination. The waiver participant may chose at any time to withdraw from the self-direction service delivery option and return to the traditional provider agency management of services.

2. Involuntary termination. The department may terminate the self-direction service delivery option for a participant and require him/her to receive provider-managed services under the following circumstances:

a. the health or welfare of the participant is compromised by continued participation in the self-direction service delivery option;

b. the participant is no longer able to direct his/her own care and there is no authorized representative to direct the care;

c. there is misuse of public funds by the participant or the authorized representative; or

d. over three payment cycles in a one year period, the participant or authorized representative:

i. places barriers to the payment of the salaries and related state and federal payroll taxes of direct support staff;

ii. fails to follow the approved budget;

iii. fails to provide required documentation of expenditures and related items; or

iv. fails to cooperate with the fiscal agent or support coordinator in preparing any additional documentation of expenditures.

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, Bureau of Health Services Financing, Office for Citizens with Developmental Disabilities, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

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. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 as it will allow waiver participants more latitude to direct their own care and bring more unification to the delivery of services in the home setting.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821—9030. She is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, July 25, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, 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.

Kathy H. Kliebert
Interim Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Home and Community-Based Services Waivers—Children's Choice—Policy Clarifications and Self-Direction Service Initiative

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed Rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 12-13. It is anticipated that $3,608 ($1,804 SGF and $1,804 FED) will be expended in FY 12-13 for the state's administrative expense for promulgation of this proposed Rule and the final Rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed Rule will not affect revenue collections other than the federal share of the promulgation costs for FY 12-13. It is anticipated that $1,804 will be collected in FY 12-13 for the federal share of the expense for promulgation of this proposed Rule and the final Rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed Rule is being promulgated to clarify the provisions of the Children's Choice Waiver and adopt provisions for a self-direction initiative which will allow participants, and their families, to receive a coordination of Children's Choices services through a direct support professional rather than a licensed enrolled provider agency. It is anticipated that implementation of this proposed Rule will not have economic cost or benefits to Children's Choice Service providers for FY 12-13, FY 13-14, and FY 14-15.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This Rule has no known effect on competition and employment.

J. Ruth Kennedy
Medicaid Director
1306#054

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Aging and Adult Services

Home- and Community-Based Services Waivers
Support Coordination Standards for Participation
(LAC 50:XXI.Chapter 5)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services propose to amend LAC 50:XXI.Chapter 5 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services (OAAS) provide Medicaid coverage for support coordination services rendered to waiver participants who receive services in home- and community-based waiver programs administered by OAAS. The department promulgated an Emergency Rule which adopted provisions to establish Standards for participation for support coordination agencies that provide support coordination services to participants in OAAS-administered waiver programs (*Louisiana Register*, Volume 37, Number 12). The department promulgated an Emergency Rule which amended the December 20, 2011 Emergency Rule in order to clarify the provisions governing support coordination services rendered to participants of OAAS-administered waiver programs (*Louisiana Register*, Volume 38, Number 8). This proposed Rule is being promulgated to continue the provisions of the August 20, 2012 Emergency Rule.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home- and Community-Based Services Waivers
Subpart 1. General Provisions
Chapter 5. Support Coordination Standards for Participation for Office of Aging and Adult Services Waiver ProgramsSubchapter A. General Provisions

§501. Introduction

A. The Department of Health and Hospitals (DHH) establishes these minimum standards for participation which provides the core requirements for support coordination services provided under home- and community-based waiver programs administered by the Office of Aging and Adult Services (OAAS). OAAS must determine the adequacy of quality and protection of waiver participants in accordance with the provisions of these standards.

B. OAAS, or its designee, is responsible for setting the standards for support coordination, monitoring the provisions of this Rule, and applying administrative sanctions for failures by support coordinators to meet the minimum standards for participation in serving participants of OAAS-administered waiver programs.

C. Support coordination are services that will assist participants in gaining access to needed waiver and other state plan services, as well as needed medical, social, educational, housing, and other services, regardless of the funding source for these services.

D. Upon promulgation of the final Rule governing these standards for participation, existing support coordination providers of OAAS-administered waiver programs shall be required to meet the requirements of this Chapter as soon as possible and no later than six months from the promulgation of this Rule.

E. If, in the judgment of OAAS, application of the requirements stated in these standards would be impractical in a specified case; such requirements may be modified by the OAAS assistant secretary to allow alternative arrangements that will secure as nearly equivalent provision of services as is practical. In no case will the modification afford less quality or protection, in the judgment of OAAS, than that which would be provided with compliance of the provisions contained in these standards.

1. Requirement modifications may be reviewed by the OAAS assistant secretary and either continued or canceled.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§503. Certification Requirements

A. All agencies that provide support coordination to OAAS-administered home- and community-based waivers must be certified by the Department of Health and Hospitals. It shall be unlawful to operate as a support coordination agency for OAAS-administered waivers without being certified by the department.

B. In order to provide support coordination services for OAAS-administered home- and community-based waiver programs, the agency must:

1. be certified and meet the standards for participation requirements as set forth in this Rule;
2. sign a performance agreement with OAAS;
3. assure staff attends all training mandated by OAAS;
4. enroll as a Medicaid support coordination agency in all regions in which it intends to provide services for OAAS-administered home- and community-based services; and
5. comply with all DHH and OAAS policies and procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§505. Certification Issuance

A. A certification shall:

1. be issued only to the entity named in the certification application;
2. be valid only for the support coordination agency to which it is issued after all applicable requirements are met;
3. enable the support coordination agency to provide support coordination for OAAS-administered home- and community-based waivers within the specified DHH region; and

4. be valid for the time specified on the certification, unless revoked, suspended, modified or terminated prior to that date.

B. Provisional certification may be granted when the agency has deficiencies which are not a danger to the health and welfare of clients. Provisional certification shall be issued for a period not to exceed 90 days.

C. Initial certification shall be issued by OAAS based on the survey report of DHH, or its designee.

D. Unless granted a waiver by OAAS, a support coordination agency shall provide such services only to waiver participants residing in the agency's designated DHH region.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§507. Certification Refusal or Revocation and Fair Hearing

A. A certification may be revoked or refused if applicable certification requirements, as determined by OAAS or its designee, have not been met. Certification decisions are subject to appeal and fair hearing, in accordance with R.S. 46:107(A)(3).

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§509. Certification Inspections

A. Certification inspections are usually annual but may be conducted at any time. No advance notice is given. Monitors must be given access to all of the areas in the facility and all relevant files and records.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

Subchapter B. Administration and Organization

§513. Governing Body

A. A support coordination agency shall have an identifiable governing body with responsibility for and authority over the policies and activities of the agency.

1. An agency shall have documents identifying all members of the governing body, their addresses, their terms of membership, officers of the governing body and terms of office of any officers.

2. The governing body shall be comprised of three or more persons and shall hold formal meetings at least twice a year.

3. There shall be written minutes of all formal meetings of the governing body and by-laws specifying frequency of meetings and quorum requirements.

B. The governing body of a support coordination agency shall:

1. ensure the agency's continual compliance and conformity with all relevant federal, state, local and municipal laws and regulations;

2. ensure that the agency is adequately funded and fiscally sound;

3. review and approve the agency's annual budget;

4. designate a person to act as administrator and delegate sufficient authority to this person to manage the agency;

5. formulate and annually review, in consultation with the administrator, written policies concerning the agency's philosophy, goals, current services, personnel practices, job descriptions and fiscal management;

6. annually evaluate the administrator's performance;

7. have the authority to dismiss the administrator;

8. meet with designated representatives of the department whenever required to do so;

9. inform the department, or its designee, prior to initiating any substantial changes in the services provided by the agency;

10. ensure that a continuous quality improvement (CQI) process is in effect; and

11. ensure that services are provided in a culturally sensitive manner as evidenced by staff trained in cultural awareness and related policies and procedures.

C. A support coordination agency shall maintain an administrative file that includes:

1. documents identifying the governing body;

2. a list of members and officers of the governing body, along with their addresses and terms of membership;

3. minutes of formal meetings and by-laws of the governing body, if applicable;

4. documentation of the agency's authority to operate under state law;

5. an organizational chart of the agency which clearly delineates the line of authority;

6. all leases, contracts and purchases-of-service agreements to which the agency is a party;

7. insurance policies;

8. annual budgets and, if performed, audit reports;

9. the agency's policies and procedures; and

10. documentation of any corrective action taken as a result of external or internal reviews.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§515. Business Location and Operations

A. Each support coordination agency shall have a business location which shall not be in an occupied personal residence. The business location shall be in the DHH region for which the certification is issued and shall be where the agency:

1. maintains staff to perform administrative functions;

2. maintains the agency's personnel records;

3. maintains the agency's participant service records; and

4. holds itself out to the public as being a location for receipt of participant referrals.

B. The business location shall have:

1. a published nationwide toll-free telephone number answered by a person which is available and accessible 24 hours a day, 7 days a week, including holidays;

2. a published local business number answered by agency staff during the posted business hours;

3. a business fax number that is operational 24 hours a day, 7 days a week, including holidays;

4. internet access and a working e-mail address which shall be provided to OAAS;

5. hours of operation, which must be at least 30 hours a week, Monday-Friday, posted in a location outside of the business that is easily visible to persons receiving services and the general public; and

6. at least one staff person on the premises during posted hours of operation.

C. Records and other confidential information shall be secure and protected from unauthorized access.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§517. Financial Management

A. The agency must establish a system of financial management and staffing to assure maintenance of complete and accurate accounts, books and records in keeping with generally accepted accounting principles.

B. The agency must not permit public funds to be paid or committed to be paid, to any person who is a member of the governing board or administrative personnel who may have any direct or indirect financial interest, or in which any of these persons serve as an officer or employee, unless the services or goods involved are provided at a competitive cost or under terms favorable to the agency. The agency shall have a written disclosure of any financial transaction with the agency in which a member of the governing board, administrative personnel, or his/her immediate family is involved.

C. The agency must obtain any necessary performance bonds and/or lines of credit as required by the department.

D. For the protection of its participants, staff, facilities, and the general public, the agency must have adequate and appropriate general and/or professional liability insurance as specified by OAAS.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§519. Policy and Procedures

A. The support coordination agency shall have written policies and procedures approved by the owner or governing body which must be implemented and followed that address at a minimum the following:

1. confidentiality and confidentiality agreements;
2. security of files;
3. publicity and marketing, including the prohibition of illegal or coercive inducement, solicitation and kickbacks;
4. personnel;
5. participant rights;
6. grievance procedures;
7. emergency preparedness;
8. abuse and neglect reporting;
9. critical incident reporting;
10. worker safety;
11. documentation; and
12. admission and discharge procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§521. Organizational Communication

A. The agency must establish procedures to assure adequate communication among staff to provide continuity of services to the participant and to facilitate feedback from staff, participants, families, and when appropriate, the community at large.

B. The agency must have brochures and make them available to OAAS or its designee. The brochures must include the following information:

1. that each participant has the freedom to choose their providers and that their choice of provider does not affect their eligibility for waiver, state plan, or support coordination services;

2. that a participant receiving support coordination through OAAS may contact the OAAS help line for information, assistance with, or questions about OAAS programs;

3. the OAAS help line number along with the appropriate OAAS regional office telephone numbers;

4. information, including the Health Standards Section complaint line, on where to make complaints against support coordinators, support coordination agencies, and providers; and

5. a description of the agency, services provided, current address, and the agency's local and nationwide toll-free number.

C. The brochure may also include the agency's experience delivering support coordination services.

D. The support coordination agency shall be responsible for:

1. obtaining written approval of the brochure from OAAS prior to distributing to applicants/participants of OAAS-administered waiver programs;

2. providing OAAS staff or its designee with adequate supplies of the OAAS-approved brochure; and

3. timely completing revisions to the brochure, as requested by OAAS, to accurately reflect all program changes as well as other revisions OAAS deems necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

Subchapter C. Provider Responsibilities

§525. General Provisions

A. Any entity wishing to provide support coordination services for any OAAS-administered home- and community-based waiver program shall meet all of the standards for participation contained in this Rule, unless otherwise specifically noted within these provisions.

B. The support coordination agency shall also abide by and adhere to any federal, state law, Rule, policy, procedure, performance agreement, manual or memorandum pertaining to the provision of support coordination services for OAAS-administered home- and community-based waiver programs.

C. Failure to comply with the requirements of these standards for participation may result in sanctions including, but not limited to:

1. recoupment of funds;

2. cessation of linkages;

3. citation of deficient practice and plan of correction submission;

4. removal from the freedom of choice list; or

5. decertification as a support coordination agency for OAAS-administered home- and community-based waiver services.

D. A support coordination agency shall make any required information or records, and any information reasonably related to assessment of compliance with these requirements, available to the department.

E. Designated representatives of the department, in the performance of their mandated duties, shall be allowed by a support coordination agency to:

1. inspect all aspects of a support coordination agency operations which directly or indirectly impact participants; and

2. conduct interviews with any staff member or participant of the agency.

F. A support coordination agency shall, upon request by the department, make available the legal ownership documents of the agency.

G. Support coordination agencies must comply with all of the department's systems/software requirements.

H. Support coordination agencies shall, at a minimum:

1. maintain and/or have access to a comprehensive resource directory containing all of the current inventory of existing formal and informal resources that identifies services within the geographic area which shall address the unique needs of participants of OAAS-administered home- and community-based waiver programs;

2. establish linkages with those resources;

3. demonstrate knowledge of the eligibility requirements and application procedures for federal, state and local government assistance programs, which are applicable to participants of OAAS-administered home- and community-based waiver programs;

4. employ a sufficient number of support coordinators and supervisory staff to comply with OAAS staffing, continuous quality improvement (CQI), timeline, workload, and performance requirements;

5. demonstrate administrative capacity and the financial resources to provide all core elements of support coordination services and ensure effective service delivery in accordance with programmatic requirements;

6. assure that all agency staff is employed in accordance with Internal Revenue Service (IRS) and Department of Labor regulations (subcontracting of individual support coordinators and/or supervisors is prohibited);

7. have appropriate agency staff attend trainings, as mandated by DHH and OAAS;

8. have a documented CQI process;

9. document and maintain records in accordance with federal and state regulations governing confidentiality and program requirements;

10. assure each participant has freedom of choice in the selection of available qualified providers and the right to change providers in accordance with program guidelines; and

11. assure that the agency and support coordinators will not provide both support coordination and Medicaid-reimbursed direct services to the same participant(s).

I. Abuse and Neglect. Support coordination agencies shall establish policies and procedures relative to the reporting of abuse and neglect of participants, pursuant to the provisions of R.S. 15:1504-1505, R.S. 40:2009.20 and any subsequently enacted laws. Providers shall ensure that staff complies with these regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§527. Support Coordination Services

A. Support coordination is services that will assist participants in gaining access to needed waiver and other state plan services, as well as needed medical, social, educational, housing and other services, regardless of the funding source for these services. Support coordination agencies shall be required to perform the following core elements of support coordination services:

1. intake;

2. assessment;

3. plan of care development and revision;

4. linkage to direct services and other resources;

5. coordination of multiple services among multiple providers;

6. monitoring/follow-up;

7. reassessment;

8. evaluation and re-evaluation of level of care and need for waiver services;

9. ongoing assessment and mitigation of health, behavioral and personal safety risk;

10. responding to participant crisis;

11. critical incident management; and

12. transition/discharge and closure.

B. The support coordination agency shall also be responsible for assessing, addressing and documenting delivery of services, including remediation of difficulties encountered by participants in receiving direct services.

C. A support coordination agency shall not refuse to serve, or refuse to continue to serve, any individual who chooses/has chosen its agency unless there is documentation to support an inability to meet the individual's health and welfare needs, or all previous efforts to provide service and supports have failed and there is no option but to refuse services.

1. Before an agency can refuse to provide or to continue to provide services to an individual, OAAS must be immediately notified of the circumstances surrounding a refusal by a support coordination agency to provide/continue to provide services along with supporting documentation.

2. This requirement can only be waived by OAAS.

D. Support coordination agencies must establish and maintain effective communication and good working relationships with providers of services to participants served by the agency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§529. Transfers and Discharges

A. All participants of OAAS-administered waiver programs must receive support coordination services. However, a participant has the right to choose a support coordination agency. This right includes the right to be discharged from his/her current support coordination agency and be transferred to another support coordination agency.

B. Upon notice by the participant or his/her authorized representative that the participant has selected another support coordination agency or the participant has decided to discontinue participation in the waiver program, the agency shall have the responsibility of planning for the participant's transfer or discharge.

C. The support coordination agency shall also have the responsibility of planning for a participant's transfer when the support coordination agency ceases to operate or when the participant moves from the geographical region serviced by the support coordination agency.

D. The transfer or discharge responsibilities of the support coordinator shall include:

1. holding a transfer or discharge planning conference with the participant, his/her family, providers, legal representative and advocate, if such are known, in order to facilitate a smooth transfer or discharge, unless the participant declines such a meeting;

2. providing a current plan of care to the receiving support coordination agency (if applicable); and

3. preparing a written discharge summary. The discharge summary shall include, at a minimum, a summary on the health, behavioral, and social issues of the client and shall be provided to the receiving support coordination agency (if applicable).

E. The written discharge summary, along with the current plan of care, shall be completed and provided to the receiving support coordination agency and OAAS regional office, within five working days of any of the following:

1. notice by the participant or authorized representative that the participant has selected another support coordination agency;

2. notice by the participant or authorized representative that the participant has decided to discontinue participation in the waiver program;

3. notice by the participant or authorized representative that the participant will be transferring to a DHH geographic region not serviced by his/her current support coordination agency; or

4. notice from OAAS or its designee that "good cause" has been established by the support coordination agency to discontinue services.

F. The support coordination agency shall not coerce the participant to stay with the support coordination agency or interfere in any way with the participant's decision to transfer. Failure to cooperate with the participant's decision to transfer to another support coordination agency will result in adverse action by the department.

G. If a support coordination agency ceases to operate, the agency must give OAAS at least 60 days written notice of its intent to close. Where transfer of participants is necessary due to the support coordination agency closing, the written discharge summary for all participants served by the agency shall be completed within 10 working days of the notice to OAAS of the agency's intent to close.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§531. Staffing Requirements

A. Agencies must maintain sufficient staff to comply with OAAS staffing, timeline, workload, and performance requirements. This includes, but is not limited to, including sufficient support coordinators and support coordinator supervisors that have passed all of the OAAS training and certification requirements. In no case may an agency have less than one certified support coordination supervisor and less than one certified support coordinator. Agencies may employ staff who are not certified to perform services or requirements other than assessment and care planning.

B. Agencies must maintain sufficient supervisory staff to comply with OAAS supervision and CQI requirements. Support coordination supervisors must be continuously available to support coordinators by telephone.

1. Each support coordination agency must have and implement a written plan for supervision of all support coordination staff.

2. Each supervisor must maintain a file on each support coordinator supervised and hold documented supervisory sessions and evaluate each support coordinator at least annually.

C. Agencies shall employ or contract a licensed registered nurse to serve as a consultant. The nurse consultant shall be available a minimum of 16 hours per month.

D. Agencies shall ensure that staff is available at times which are convenient and responsive to the needs of participants and their families.

E. Support coordinators may only carry caseloads that are composed exclusively of OAAS participants. Support coordination supervisors may only supervise support coordinators that carry caseloads that are composed exclusively of OAAS participants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§533. Personnel Standards

A. Support coordinators must meet one of the following requirements:

1. a bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education;

2. a diploma, associate's bachelor's or master's degree in nursing (RN) currently licensed in Louisiana;

3. a bachelor's or master's degree in a human service related field which includes:

a. psychology;
b. education;
c. counseling;
d. social services;
e. sociology;
f. philosophy;
g. family and participant sciences;

h. criminal justice;
i. rehabilitation services;
j. substance abuse treatment;
k. gerontology; and
l. vocational rehabilitation; or

4. a bachelor's degree in liberal arts or general studies with a concentration of at least 16 hours in one of the fields in §533.A.3.a.-l. of this Section.

B. Support coordination supervisors must meet the following requirements:

1. a bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education and two years of paid post degree experience in providing support coordination services;

2. a diploma, associate's, bachelor's or master's degree in nursing (RN), currently licensed in Louisiana, and two years of paid post degree experience in providing support coordination services;

3. a bachelor's or master's degree in a human service related field which includes: psychology, education, counseling, social services, sociology, philosophy, family and participant sciences, criminal justice, rehabilitation services, child development, substance abuse, gerontology, and vocational rehabilitation and two years of paid post degree experience in providing support coordination services; or

4. a bachelor's degree in liberal arts or general studies with a concentration of at least 16 hours in one of the following fields: psychology, education, counseling, social services, sociology, philosophy, family and participant sciences, criminal justice, rehab services, child development, substance abuse, gerontology, and vocational rehabilitation and two years of paid post degree experience in providing support coordination services.

C. Documentation showing that personnel standards have been met must be placed in the individual's personnel file.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§535. Employment and Recruitment Practices

A. A support coordination agency shall have written personnel policies, which must be implemented and followed, that include:

1. a plan for recruitment, screening, orientation, ongoing training, development, supervision and performance evaluation of staff members;

2. a policy to prevent discrimination and comply with all state and federal employment practices and laws;

3. a policy to recruit, wherever possible, qualified persons of both sexes representative of cultural and racial groups served by the agency, including the hiring of qualified persons with disabilities;

4. written job descriptions for each staff position, including volunteers;

5. an employee grievance procedure that allows employees to make complaints without fear of retaliation; and

6. abuse reporting procedures that require all employees to report any incidents of abuse or mistreatment, whether that abuse or mistreatment is done by another staff member, a family member, a participant or any other person.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§537. Orientation and Training

A. Support coordinators must receive necessary orientation and periodic training on the provision of support coordination services arranged or provided through their agency at the agency's expense.

B. Orientation of at least 16 hours shall be provided by the agency to all staff, volunteers and students within five working days of employment which shall include, at a minimum:

1. core OAAS support coordination requirements;
2. policies and procedures of the agency;
3. confidentiality;
4. documentation of case records;
5. participant rights protection and reporting of violations;
6. abuse and neglect policies and procedures;
7. professional ethics;
8. emergency and safety procedures;
9. infection control, including universal precautions; and
10. critical incident reporting.

C. In addition to the minimum 16 hours of orientation, all newly hired support coordinators must receive a minimum of 16 hours of training during the first 90 calendar days of employment which is related to the specific population served and knowledge, skills and techniques necessary to provide support coordination to the specific population. This training must be provided by an individual or organization with demonstrated knowledge of the training topic and the target population. Such resources may be identified and/or mandated by OAAS. These 16 hours of training must include, at a minimum:

1. fundamentals of support coordination;
2. interviewing techniques;
3. data management and record keeping;
4. communication skills;
5. risk assessment and mitigation;
6. person centered planning;
7. emergency preparedness planning;
8. resource identification;
9. back-up staff planning;
10. critical incident reporting; and
11. continuous quality improvement.

D. In addition to the agency-provided training requirements set forth above, support coordinators and support coordination supervisors must successfully complete all OAAS assessment and care planning training.

E. No support coordinator shall be given sole responsibility for a participant until all of the required training is satisfactorily completed and the employee possesses adequate abilities, skills, and knowledge of support coordination.

F. All support coordinators and support coordination supervisors must complete a minimum of 40 hours of training per year. For new employees, the orientation cannot

be counted toward the 40 hour minimum annual training requirement. The 16 hours of initial training for support coordinators required in the first 90 days of employment may be counted toward the 40 hour minimum annual training requirement. Routine supervision shall not be considered training.

G. A newly hired or promoted support coordination supervisor must, in addition to satisfactorily completing the orientation and training set forth above, also complete a minimum of 24 hours on all of the following topics prior to assuming support coordination supervisory responsibilities:

1. professional identification/ethics;
2. process for interviewing, screening and hiring staff;
3. orientation/in-service training of staff;
4. evaluating staff;
5. approaches to supervision;
6. managing workload and performance requirements;
7. conflict resolution;
8. documentation;
9. population specific service needs and resources;
10. participant evacuation tracking; and
11. the support coordination supervisor's role in CQI systems.

H. Documentation of all orientation and training must be placed in the individual's personnel file. Documentation must include an agenda and the name, title, agency affiliation of the training presenter(s) and other sources of training.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§539. Participant Rights

A. Unless adjudicated by a court of competent jurisdiction, participants served by a support coordination agency shall have the same rights, benefits, and privileges guaranteed by the constitution and the laws of the United States and Louisiana.

B. There shall be written policies and procedures that protect the participant's welfare, including the means by which the protections will be implemented and enforced.

C. Each support coordination agency's written policies and procedures, at a minimum, shall ensure the participant's right to:

1. human dignity;
2. impartial access to treatment regardless of race, religion, sex, ethnicity, age or disability;
3. cultural access as evidenced by:
   a. interpretive services;
   b. translated materials;
   c. the use of native language when possible; and
   d. staff trained in cultural awareness;
4. have sign language interpretation;
5. utilize service animals and/or mechanical aids and devices that assist those persons with special needs to achieve maximum service benefits;
6. privacy;
7. confidentiality;
8. access his/her records upon the participant's written consent for release of information;
9. a complete explanation of the nature of services and procedures to be received, including:
   a. risks;
   b. benefits; and
   c. available alternative services;
10. actively participate in services, including:
   a. assessment/reassessment;
   b. plan of care development/revision; and
   c. discharge;
11. refuse specific services or participate in any activity that is against their will and for which they have not given consent;
12. obtain copies of the support coordination agency's complaint or grievance procedures;
13. file a complaint or grievance without retribution, retaliation or discharge;
14. be informed of the financial aspect of services;
15. be informed of any third-party consent for treatment of services, if appropriate;
16. personally manage financial affairs, unless legally determined otherwise;
17. give informed written consent prior to being involved in research projects;
18. refuse to participate in any research project without compromising access to services;
19. be free from mental, emotional and physical abuse and neglect;
20. be free from chemical or physical restraints;
21. receive services that are delivered in a professional manner and are respectful of the participant's wishes concerning their home environment;
22. receive services in the least intrusive manner appropriate to their needs;
23. contact any advocacy resources as needed, especially during grievance procedures; and
24. discontinue services with one provider and freely choose the services of another provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§541. Grievances

A. The support coordination agency shall establish and follow a written grievance procedure to be used to process complaints by participants, their family member(s), or a legal representative that is designed to allow participants to make complaints without fear of retaliation. The written grievance procedure shall be provided to the participant.

B. Grievances must be periodically reviewed by the governing board in an effort to promote improvement in these areas.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§543. Critical Incident Reporting

A. Support coordination agencies shall report critical incidents according to established OAAS policy including timely entries into the designated DHH critical incident database.

B. Support coordination agencies shall perform the following critical incident management actions:

1. coordinate immediate action to assure the participant is protected from further harm and respond to any emergency needs of the participant;

2. continue to follow up with the direct services provider agency, the participant, and others, as necessary, and update the critical incident database follow-up notes until the incident is closed by OAAS;

3. convene any planning meetings that may be needed to resolve the critical incident or develop strategies to prevent or mitigate the likelihood of similar critical incidents from occurring in the future and revise the plan of care accordingly;

4. send the participant and direct services provider a copy of the incident participant summary within 15 days after final supervisory review and closure by the regional office; and

5. during the plan of care review process, perform an annual critical incident analysis and risk assessment and document within the plan of care strategies to prevent or mitigate the likelihood of similar future critical incidents.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§545. Participant Records

A. Participant records shall be maintained in the support coordinator's office. The support coordinator shall have a current written record for each participant which shall include:

1. identifying data including:
   a. name;
   b. date of birth;
   c. address;
   d. telephone number;
   e. social security number; and
   f. legal status;

2. a copy of the participant's plan of care, as well as any revisions or updates to the plan of care;

3. required assessment(s) and any additional assessments that the agency may have performed, received, or are otherwise privy to;

4. written monthly, interim, and quarterly documentation according to current policy and reports of the services delivered for each participant for each visit and contact;

5. current emergency plan completed according to OAAS guidelines; and

6. current back-up staffing plan completed according to OAAS guidelines.

B. Support coordination agencies shall maintain participant records in readily accessible form for a period of six years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§547. Emergency Preparedness

A. Support coordination agencies shall ensure that each participant has an individual plan for dealing with emergencies and disasters and shall assist participants in identifying the specific resources available through family, friends, the neighborhood, and the community. The support coordinator shall assess monthly whether the emergency plan information is current and effective and shall make changes accordingly.

B. A disaster or emergency may be a local, community-wide, regional, or statewide event. Disasters or emergencies may include, but are not limited to:

1. tornados;
2. fires;
3. floods;
4. hurricanes;
5. power outages;
6. chemical spills;
7. biohazards;
8. train wrecks; or
9. declared health crisis.

C. Support coordination agencies shall update participant evacuation tracking information and submit such to OAAS in the required format and timelines as described in the current OAAS policy for evacuation preparedness.

D. Continuity of Operations. The support coordination agency shall have an emergency preparedness plan to maintain continuity of the agency's operations in preparation for, during, and after an emergency or disaster. The plan shall be designed to manage the consequences of all hazards, declared disasters or other emergencies that disrupt the agency's ability to render services.

E. The support coordination agency shall follow and execute its emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.

F. The support coordinator shall cooperate with the department and with the local or parish Office of Homeland Security and Emergency Preparedness in the event of an emergency or disaster and shall provide information as requested.

G. The support coordinator shall monitor weather warnings and watches as well as evacuation orders from local and state emergency preparedness officials.

H. All agency employees shall be trained in emergency or disaster preparedness. Training shall include orientation, ongoing training, and participation in planned drills for all personnel.

I. Upon request by the department, the support coordination agency shall submit a copy of its emergency preparedness plan and a written summary attesting to how the plan was followed and executed. The summary shall contain, at a minimum:

1. pertinent plan provisions and how the plan was followed and executed;

2. plan provisions that were not followed;

3. reasons and mitigating circumstances for failure to follow and execute certain plan provisions;

4. contingency arrangements made for those plan provisions not followed; and

5. a list of all injuries and deaths of participants that occurred during execution of the plan, evacuation or temporary relocation including the date, time, causes, and circumstances of the injuries and deaths.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§549. Continuous Quality Improvement Plan

A. Support coordination agencies shall have a continuous quality improvement plan which governs the agency's internal quality management activities.

B. The CQI plan shall demonstrate a process of continuous cyclical improvement and should utilize the Centers for Medicare and Medicaid Services' "DDRI" operative framework for quality reporting of the Medicaid home- and community-based services (HCBS) waivers. "DDRI" is comprised of the following four components which are a common vocabulary linking CMS expectations and state quality efforts:

1. design;
2. discovery;
3. remediation; and
4. improvement.

C. The CQI plan shall follow an evidence-based approach to quality monitoring with an emphasis on the assurances which the state must make to CMS. The assurances falling under the responsibility of support coordination are those of participant health and welfare, level of care determination, plan of care development, and qualified agency staff.

D. CQI plans shall include, at a minimum:

1. internal quality performance measures and valid sampling techniques to measure all of the OAAS support coordination monitoring review elements;

2. strategies and actions which remediate findings of less than 100 percent compliance and demonstrate ongoing improvement in response to internal and OAAS quality monitoring findings;

3. a process to review, resolve and redesign in order to address all systemic issues identified;

4. a process for obtaining input annually from the participant/guardian/authorized representatives and possibly family members to include, but not be limited to:

a. satisfaction surveys done by mail or phone; or

b. other processes for receiving input regarding the quality of services received;

5. a process for identifying on a quarterly basis the risk factors that affects or may affect the health or welfare of individuals being supported which includes, but is not limited to:

a. review and resolution of complaints;

b. review and resolution of incidents; and

c. the respective protective services' agency's investigations of abuse, neglect and exploitation;

6. a process to review and resolve individual participant issues that are identified; and

7. a process to actively engage all agency staff in the CQI plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§551. Support Coordination Monitoring

A. Support coordination agencies shall offer full cooperation with the OAAS during the monitoring process. Responsibilities of the support coordination agency in the monitoring process include, but are not limited to:

1. providing policy and procedure manuals, personnel records, case records, and other documentation;

2. providing space for documentation review and support coordinator interviews;

3. coordinating agency support coordinator interviews; and

4. assisting with scheduling participant interviews.

B. There shall be an annual OAAS support coordination monitoring of each support coordination agency and the results of this monitoring will be reported to the support coordination agency along with required follow-up actions and timelines. All individual findings of noncompliance must be addressed, resolved and reported to OAAS within specified timelines. All recurrent problems shall be addressed through systemic changes resulting in improvement. Agencies which do not perform all of the required follow-up actions according to the timelines will be subject to sanctions of increasing severity as described in §525.C.1-5.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

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. It is anticipated that this proposed Rule will have no impact on family functioning, stability or autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, July 25, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, 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.

Kathy H. Kliebert
Interim Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Home and Community-Based Services Waivers Support Coordination Standards for Participation

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 12-13. It is anticipated that $3,772 ($1,886 SGF and $1,886 FED) will be expended in FY 12-13 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect revenue collections other than the federal share of the promulgation costs for FY 12-13. It is anticipated that $1,886 will be collected in FY 12-13 for the federal share of the expense for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule, which continues the provisions of the August 20, 2012 emergency rule, adopts provisions to establish Standards for Participation for support coordination agencies that provide support coordination services to participants in Office of Aging and Adult Services (OAAS) administered waiver programs. It is anticipated that implementation of this proposed rule will not have economic cost or benefits to support coordination agencies for FY 12-13, FY 13-14, and FY 14-15.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

J. Ruth Kennedy	John D. Carpenter
Medicaid Director	Legislative Fiscal Officer
1306#055	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services
Diabetes Self-Management Training
(LAC 50:V.Chapter 63)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt LAC 50:V.Chapter 63 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Act 11 of the 2010 Regular Session of the Louisiana Legislature authorized the Department of Health and Hospitals, through its primary and preventive care activity, to provide reimbursement to providers for rendering services that will educate and encourage Medicaid enrollees to obtain appropriate preventive and primary care in order to improve their overall health and quality of life. In keeping with the intent of Act 11, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing the Hospital Program to provide Medicaid reimbursement for diabetes self-management training (DSMT) services rendered in an outpatient hospital setting (*Louisiana Register*, Volume 37, Number 2). It is anticipated that this service will promote improved patient self-management skills which will reduce diabetes-related complications that adversely affect quality of life, and subsequently reduce Medicaid costs associated with the care of recipients diagnosed with diabetes-related illnesses.

The department promulgated an Emergency Rule which amended the February 20, 2011 Emergency Rule to clarify the provisions governing service limits (*Louisiana Register*, Volume 37, Number 6). This proposed Rule is being promulgated to continue the provisions of the June 20, 2011 Emergency Rule.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 5. Outpatient Hospital Services
Chapter 63. Diabetes Education Services
Subchapter A. General Provisions

§6301. Introduction

A. Effective for dates of service on or after February 20, 2011, the department shall provide coverage of diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with diabetes.

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, Bureau of Health Services Financing, LR 39:

§6303. Scope of Services

A. DSMT services shall be comprised of one hour of individual instruction and nine hours of group instruction on diabetes self-management.

B. Service Limits. Recipients shall receive up to 10 hours of services during the first 12-month period beginning with the initial training date. After the first 12-month period has ended, recipients shall only be eligible for two hours of individual instruction on diabetes self-management per calendar year.

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, Bureau of Health Services Financing, LR 39:

§6305. Provider Participation

A. In order to receive Medicaid reimbursement, outpatient hospitals must have a DSMT program that meets the quality standards of one of the following accreditation organizations:

1. the American Diabetes Association;
2. the American Association of Diabetes Educators; or
3. the Indian Health Service.

B. All DSMT programs must adhere to the national standards for diabetes self-management education.

1. Each member of the instructional team must:

a. be a certified diabetes educator (CDE) certified by the National Certification Board for Diabetes Educators; or

b. have recent didactic and experiential preparation in education and diabetes management.

2. At a minimum, the instructional team must consist of one the following professionals who is a CDE:

a. a registered dietician;

b. a registered nurse; or

c. a pharmacist.

3. All members of the instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.

C. Members of the instructional team must be either employed by or have a contract with a Medicaid enrolled outpatient hospital that will submit the claims for reimbursement of outpatient DSMT services rendered by the team.

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, Bureau of Health Services Financing, LR 39:

Subchapter B. Reimbursement

§6311. Reimbursement Methodology

A. Effective for dates of service on or after February 20, 2011, the Medicaid Program shall provide reimbursement for diabetes self-management training services rendered by qualified health care professionals in an outpatient hospital setting.

B. Reimbursement for DSMT services shall be a flat fee based on the appropriate Healthcare Common Procedure Coding (HCPC) code.

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, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

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. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 by improving patient self-management skills which will reduce diabetes-related complications that adversely affect the quality of life of Medicaid recipients.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 as it is expected to reduce the costs associated with the treatment of diabetes-related conditions which will ease the financial burden on families.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, July 25, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, 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.

Kathy H. Kliebert
Interim Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Outpatient Hospital Services Diabetes Self-Management Training

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will result in estimated state general fund programmatic cost of $259,654 for FY 12-13, $296,132 for FY 13-14 and $321,321 for FY 14-15. However, the cost is expected to be offset by an indeterminable amount from the anticipated savings realized from a corresponding reduction in expenditures for services related to diabetes treatment. It is anticipated that $492 ($246 SGF and $246 FED) will be expended in FY 12-13 for the state's administrative expense for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.96 percent in FY 13-14. The enhanced rate of 62.11 percent for the last nine months of FY 14 is the federal rate for disaster-recovery FMAP adjustment states.

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 $517,044 for FY 12-13, $503,360 for FY 13-14 and $502,156 for FY 14-15. It is anticipated that $246 will be expended in FY 12-13 for the federal administrative expenses for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.96 percent in FY 13-14. The enhanced rate of 62.11 percent for the last nine months of FY 14 is the federal rate for disaster-recovery FMAP adjustment states.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule, which continues the provisions of the February 20, 2011 and June 20, 2011 emergency rules, amends the provisions governing the Hospital Program to provide Medicaid reimbursement for diabetes self-management training (DSMT) services rendered in an outpatient hospital setting. It is anticipated that implementation of this proposed rule will increase program expenditures in the Medicaid Program by approximately $776,206 for FY 12-13, $799,492 for FY 13-14 and $823,477 for FY 14-15.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this proposed rule will not have an effect on competition and employment.

J. Ruth Kennedy	John D. Carpenter
Director	Legislative Fiscal Officer
1306#056	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office of Aging and Adult Services

Personal Care Services—Long-Term
Policy Clarifications and Service Limit Reduction
(LAC 50:XV.12901-12915)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services proposes to amend LAC 50:XV.12901-1215 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Senate Resolution 180 and House Resolution 190 of the 2008 Regular Session of the Louisiana Legislature directed the department to develop and implement cost control mechanisms to provide the most cost-effective means of financing the Long-Term Personal Care Services (LT-PCS) Program. In compliance with these legislative directives, the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services amended the provisions governing the LT-PCS Program to: 1) implement uniform needs-based assessments for authorizing service units; 2) reduce the limit on LT-PCS service hours; 3) mandate that providers must show cause for refusing to serve clients; and 4) incorporate provisions governing an allocation of weekly service hours (*Louisiana Register*, Volume 35, Number 11).

The department promulgated an Emergency Rule which amended the provisions governing long-term personal care services to: 1) establish provisions that address requests for services; 2) revise the eligibility criteria for LT-PCS; 3) clarify the provisions governing restrictions for paid direct care staff and the place of service; and 4) reduce the maximum allowed service hours (*Louisiana Register*, Volume 36, Number 8). The department promulgated an Emergency Rule which amended the provisions of the September 5, 2010 Emergency Rule to clarify the provisions of the Rule (*Louisiana Register*, Volume 36, Number 12). The department promulgated an Emergency Rule which amended the provisions of the December 20, 2010 Emergency Rule to further clarify the provisions of the Rule (*Louisiana Register*, Volume 37, Number 4).

The department promulgated an Emergency Rule which amended the provisions of the April 20, 2011 Emergency Rule to bring these provisions in line with current licensing standards (*Louisiana Register*, Volume 37, Number 11). The department promulgated an Emergency Rule which amended the November 20, 2011 Emergency Rule to clarify the provisions governing the staffing requirements for LT-PCS (*Louisiana Register*, Volume 38, Number 1). The January 20, 2012 Emergency Rule was published with an error in the effective date and repromulgated with an editor's note in the February 2012 *Louisiana Register* (*Louisiana Register*, Volume 38, Number 2). The department promulgated an Emergency Rule which amended the January 20, 2012 Emergency Rule to clarify provisions governing the place of service delivery (*Louisiana Register*, Volume 38, Number 2). This proposed rule continues the provisions of the February 20, 2012 Emergency Rule.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 9. Personal Care Services
Chapter 129. Long Term Care
§12901. General Provisions

A. The purpose of personal care services is to assist individuals with functional impairments with their daily living activities. Personal care services must be provided in accordance with an approved service plan and supporting documentation. In addition, personal care services must be coordinated with the other Medicaid and non-Medicaid services being provided to the recipient and will be considered in conjunction with those other services.

B. Each recipient requesting or receiving long-term personal care services (LT-PCS) shall undergo a functional eligibility screening utilizing an eligibility screening tool called the level of care eligibility tool (LOCET), or a subsequent eligibility tool designated by the Office of Aging and Adult Services (OAAS).

C. Each LT-PCS applicant/recipient shall be assessed using a uniform assessment tool called the minimum data set-home care (MDS-HC) or a subsequent assessment tool designated by OAAS. The MDS-HC is designed to verify that an individual meets eligibility qualifications and to determine resource allocation while identifying his/her need for support in performance of activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The MDS-HC assessment generates a score which measures the recipient's degree of self-performance of late-loss activities of daily living during the period just before the assessment.

1. The late-loss ADLs are eating, toileting, transferring and bed mobility. An individual's assessment will generate a score which is representative of the individual's degree of self-performance on these four late-loss ADLs.

2. - 7. Repealed.

D. Based on the applicant/recipient's uniform assessment score, he/she is assigned to a level of support category and is eligible for a set allocation of weekly service hours associated with that level.

1. If the applicant/recipient is allocated less than 32 hours per week and believes that he/she is entitled to more hours, the applicant/recipient or his/her responsible representative may request a fair hearing to appeal the decision.

2. The applicant/recipient may qualify for more hours if it can be demonstrated that:

a. one or more answers to the questions involving late-loss ADLs are incorrect as recorded on the assessment; or

b. he/she needs additional hours to avoid entering into a nursing facility.

E. Requests for personal care services shall be accepted from the following individuals:

1. a Medicaid recipient who wants to receive personal care services;

2. an individual who is legally responsible for a recipient who may be in need of personal care services; or

3. a responsible representative designated by the recipient to act on his/her behalf in requesting personal care services.

F. Each recipient who requests PCS has the option to designate a responsible representative. For purposes of these provisions, a responsible representative shall be defined as the person designated by the recipient to act on his/her behalf in the process of accessing and/or maintaining personal care services.

1. The appropriate form authorized by OAAS shall be used to designate a responsible representative.

a. The written designation of a responsible representative does not give legal authority for that individual to independently handle the recipient's business without his/her involvement.

b. The written designation is valid until revoked by the recipient. To revoke the written designation, the revocation must be submitted in writing to OAAS or its designee.

2. The functions of a responsible representative are to:

a. assist and represent the recipient in the assessment, care plan development and service delivery processes; and

b. to aid the recipient in obtaining all necessary documentation for these processes.

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 29:911 (June 2003), amended LR 30:2831 (December 2004), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 32:2082 (November 2006), LR 34:2577 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 35:2450 (November 2009), LR 39:

§12902. Participant Direction Option

A. The Office of Aging and Adult Services implements a pilot program, the Louisiana Personal Options Program (La POP), which will allow recipients who receive long term personal care services (LT-PCS) to have the option of utilizing an alternative method to receive and manage their services. Recipients may direct and manage their own services by electing to participate in La POP, rather than accessing their services through a traditional personal care agency.

1. La POP shall be implemented through a phase-in process in Department of Health and Hospitals administrative regions designated by OAAS.

A.2. - B.1. ...

2. With the assistance of a services consultant, participants develop a personal support plan based on their approved plan of care and choose the individuals they wish to hire to provide the services.

C. - E.1. ...

2. Change in Condition. The participant's ability to direct his/her own care diminishes to a point where he/she can no longer do so and there is no responsible representative available to direct the care.

3. Misuse of Monthly Allocation of Funds. The La POP participant or his/her responsible representative uses the monthly budgeted funds to purchase items unrelated to personal care needs or otherwise misappropriate the funds.

4. Failure to Provide Required Documentation. The participant or his/her responsible representative fails to complete and submit employee time sheets in a timely and accurate manner, or provide required documentation of expenditures and related items as prescribed in the Louisiana Personal Options Program's roles and responsibility agreement.

5. ...

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 Aging and Adult Services, LR 34:2578 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§12903. Covered Services

A. Personal care services are defined as those services that provide assistance with the distinct tasks associated with the performance of the activities of daily living (ADLs) and the instrumental activities of daily living (IADLs). Assistance may be either the actual performance of the personal care task for the individual or supervision and prompting so the individual performs the task by him/herself. ADLs are those personal, functional activities required by the recipient. ADLs include tasks such as:

1. - 5. ...

6. ambulation;

7. toileting; and

8. bed mobility.

B. IADLs are those activities that are considered essential but may not require performance on a daily basis. IADLs cannot be performed in the recipient's home when he/she is absent from the home. IADLs include tasks such as:

1. light housekeeping;

2. food preparation and storage;

3. shopping;

4. laundry;

5. assisting with scheduling medical appointments when necessary;

6. accompanying the recipient to medical appointments when necessary;

7. assisting the recipient to access transportation; and

8. reminding the recipient to take his/her medication as prescribed by the physician; and

9. medically non-complex tasks where the direct service worker has received the proper training pursuant to R.S. 37:1031-1034.

C. Emergency and nonemergency medical transportation is a covered Medicaid service and is available to all recipients. Non-medical transportation is not a required component of personal care services. However, providers may choose to furnish transportation for recipients during the course of providing personal care services. If transportation is furnished, the provider agency must accept any liability for their employee transporting a recipient. It is

the responsibility of the provider agency to ensure that the employee has a current, valid driver's license and automobile liability insurance.

1. La POP participants may choose to use some of their monthly budget to purchase non-medical transportation.

a. If transportation is furnished, the participant must accept all liability for their employee transporting them. It is the responsibility of the participant to ensure that the employee has a current, valid driver's license and automobile liability insurance.

D. ...

E. La POP participants may choose to use their services budgets to pay for items that increase their independence or substitute for their dependence on human assistance. Such items must be purchased in accordance with the policies and procedures established by OAAS.

F. Personal care services may be provided by one worker for up to three long-term personal care service recipients who live together and who have a common direct service provider.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:912 (June 2003), amended LR 30:2831 (December 2004), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2578 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§12905. Eligibility Criteria

A. …

B. Recipients must meet the eligibility criteria established by OAAS or its designee. Personal care services are medically necessary if the recipient:

1. meets the medical standards for admission to a nursing facility and requires limited assistance with at least one or more activities of daily living;

B.2. - D. …

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 29:912 (June 2003), amended LR 30:2831 (December 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office of Aging and Adult Services, LR 32:2082 (November 2006), LR 34:2579 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§12907. Recipient Rights and Responsibilities

A. - A.2. …

3. training the individual personal care worker in the specific skills necessary to maintain the recipient's independent functioning while maintaining him/her in the home;

4. developing an emergency component in the plan of care that includes a list of personal care staff who can serve as back-up when unforeseen circumstances prevent the regularly scheduled worker from providing services;

5. - 9. …

B. Changing Providers. Recipients may request to change PCS agencies without cause once after each three month interval during the service authorization period. Recipients may request to change PCS providers with good cause at any time during the service authorization period.

Good Cause—the failure of the provider to furnish services in compliance with the plan of care. *Good cause* shall be determined by OAAS or its designee.

C. In addition to these rights, a La POP participant has certain responsibilities, including:

1. ...

2. notifying the services consultant at the earliest reasonable time of admission to a hospital, nursing facility, rehabilitation facility or any other institution;

2.a. - 8. …

9. training the direct service worker in the specific skills necessary to maintain the participant's independent functioning to remain in the home;

10. - 13. …

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 29:912 (June 2003), amended LR 30:2832 (December 2004), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2579 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§12909. Standards for Participation

A. - A.1.c. ...

d. any federal or state laws, rules, regulations, policies and procedures contained in the Medicaid provider manual for personal care services, or other document issued by the department. Failure to do may result in sanctions.

2. ...

B. In addition, a Medicaid enrolled agency must:

1. maintain adequate documentation as specified by OAAS, or its designee, to support service delivery and compliance with the approved POC and will provide said documentation at the request of the department or its designee; and

2. assure that all agency staff is employed in accordance with Internal Revenue Service (IRS) and Department of Labor regulations.

3 - 12.c. Repealed.

C. An LT-PCS provider shall not refuse to serve any individual who chooses his agency unless there is documentation to support an inability to meet the individual's needs, or all previous efforts to provide service and supports have failed and there is no option but to refuse services.

C.1. - D.2. …

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 29:912 (June 2003), amended LR 30:2832 (December 2004), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2579 (December 2008), amended by the Department of Health and

Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 35:2451 (November 2009), amended LR 39:

§12910. La POP Standards for Participation

A. Direct service workers employed under LA POP must meet the same requirement as those hired by a PCS agency.

B. All workers must be employed in accordance with Internal Revenue Service (IRS) and Department of Labor regulations.

B.1. - C. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2580 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and Office of Aging and Adult Services, LR 39:

§12911. Staffing Requirements

A. All staff providing direct care to the recipient, whether they are employed by a PCS agency or a recipient participating in La POP, must meet the qualifications for furnishing personal care services per the licensing regulations. The direct service worker shall demonstrate empathy toward the elderly and persons with disabilities, an ability to provide care to these recipients, and the maturity and ability to deal effectively with the demands of the job.

B. - B.3. Repealed.

C. Restrictions

1. The following individuals are prohibited from being reimbursed for providing services to a recipient:

a. the recipient's spouse;

b. the recipient's curator;

c. the recipient's tutor;

d. the recipient's legal guardian;

e. the recipient's designated responsible representative; or

f. the person to whom the recipient has given representative and mandate authority (also known as Power of Attorney).

D. - E.1.b. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2832 (December 2004), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2580 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§12912. Training

A. Training costs for direct service workers employed by La POP participants shall be paid out of the La POP participant's personal supports plan budget.

B. - H. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2580 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:

§12913. Service Delivery

A. Personal care services shall 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 normal life activities pertaining to the IADLs cited in the plan of care. The recipient's home is defined as the place where he/she resides such as a house, an apartment, a boarding house, or the house or apartment of a family member or unpaid primary care-giver. IADLs cannot be performed in the recipient's home when the recipient is absent from the home.

1. - 4. Repealed.

B. The provision of services outside of the recipient's home does not include trips outside of the borders of the state without written prior approval of OAAS or its designee, through the plan of care or otherwise.

C. Participants are not permitted to receive LT-PCS while living in a home or property owned, operated, or controlled by a provider of services who is not related by blood or marriage to the participant.

1 - 3. Repealed.

D. - E. ...

F. It is permissible for an LT-PCS recipient to use his/her approved LT-PCS weekly allotment flexibly provided that it is done so in accordance with the recipient's preferences and personal schedule and is properly documented in accordance with OAAS policy.

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 29:913 (June 2003), amended LR 30:2833 (December 2004), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2581 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Financing and the Office of Aging and Adult Services, LR 39:

§12915. Service Limitations

A. Personal care services shall be limited to up to 32 hours per week. Authorization of service hours shall be considered on a case-by-case basis as substantiated by the recipient's plan of care and supporting documentation.

B. There shall be no duplication of services.

1. Personal care services may not be provided while the recipient is admitted to or attending a program which provides in-home assistance with IADLs or ADLs or while the recipient is admitted to or attending a program or setting where such assistance is available to the recipient.

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 29:913 (June 2003), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2581 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 35:2451 (November 2009), LR 39:

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. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this

proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, July 25, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, 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.

Kathy H. Kliebert
Interim Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Personal Care Services—Long-Term Policy Clarifications and Service Limit Reduction

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will result in estimated state general fund programmatic savings of $1,702,246 for FY 12-13, $1,944,213 for FY 13-14 and $2,109,586 for FY 14-15. It is anticipated that $1,722($861 SGF and $861 FED) will be expended in FY 12-13 for the state's administrative expense for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.96 percent in FY 13-14. The enhanced rate of 62.11 percent for the last nine months of FY 14 is the federal rate for disaster-recovery FMAP adjustment states.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will reduce federal revenue collections by approximately $3,392,104 for FY 12-13, $3,304,742 for FY 13-14 and $3,296,837 for FY 14-15. It is anticipated that $861 will be expended in FY 12-13 for the federal administrative expenses for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.96 percent in FY 13-14. The enhanced rate of 62.11 percent for the last nine months of FY 14 is the federal rate for disaster-recovery FMAP adjustment states.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule, which continues the provisions of the September 5, 2010 emergency rule, amends the provisions governing long-term personal care services to establish provisions that address requests for services, revise the eligibility criteria for LT-PCS, clarify the provisions governing restrictions for paid direct care staff and the place of service, reduce the maximum allowed service hours. It is anticipated that implementation of this proposed rule will reduce Programmatic expenditures in the Medicaid Program by approximately $5,096,072 for FY 12-13, $5,248,955 for FY 13-14 and $5,406,423 for FY 14-15.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this proposed rule will not have an effect on competition.

J. Ruth Kennedy	John D. Carpenter
Director	Legislative Fiscal Officer
1306#057	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Professional Services Program
Diabetes Self-Management Training
(LAC 50:IX.Chapter 7 and 15103)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt LAC 50:IX.Chapter 7 and §15103 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Act 11 of the 2010 Regular Session of the Louisiana Legislature authorized the Department of Health and Hospitals, through its primary and preventive care activity, to provide reimbursement to providers for rendering services that will educate and encourage Medicaid enrollees to obtain appropriate preventive and primary care in order to improve their overall health and quality of life. In keeping with the intent of Act 11, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing the Professional Services Program to provide Medicaid reimbursement for diabetes self-management training (DSMT) services (*Louisiana Register*, Volume 37, Number 2). It is anticipated that this service will promote improved patient self-management skills which will reduce diabetes-related complications that adversely affect quality of life, and subsequently reduce Medicaid costs associated with the care of recipients diagnosed with diabetes-related illnesses.

The department promulgated an Emergency Rule which amended the February 20, 2011 Emergency Rule to clarify the provider participation requirements for the provision of DSMT services (*Louisiana Register*, Volume 37, Number 6). This proposed Rule is being promulgated to continue the provisions of the June 20, 2011 Emergency Rule.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 1. General Provisions
Chapter 7. Diabetes Education Services
§701. General Provisions

A. Effective for dates of service on or after February 20, 2011, the department shall provide coverage of diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with diabetes.

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, Bureau of Health Services Financing, LR 39:

§703. Scope of Services

A. DSMT shall be comprised of one hour of individual instruction and nine hours of group instruction on diabetes self-management.

B. Service Limits. Recipients shall receive up to 10 hours of services during the first 12-month period beginning with the initial training date. After the first 12-month period has ended, recipients shall only be eligible for two hours of individual instruction on diabetes self-management per calendar year.

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, Bureau of Health Services Financing, LR 39:

§705. Provider Participation

A. In order to receive Medicaid reimbursement, professional services providers must have a DSMT program that meets the quality standards of one of the following accreditation organizations:

1. the American Diabetes Association;
2. the American Association of Diabetes Educators; or
3. the Indian Health Service.

B. All DSMT programs must adhere to the national standards for diabetes self-management education.

1. Each member of the instructional team must:

a. be a certified diabetes educator (CDE) certified by the National Certification Board for Diabetes Educators; or

b. have recent didactic and experiential preparation in education and diabetes management.

2. At a minimum, the instructional team must consist of one the following professionals who are also a CDE:

a. a registered dietician;

b. a registered nurse; or

c. a pharmacist.

3. All members of the instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.

C. Members of the instructional team must be either employed by or have a contract with a Medicaid enrolled professional services provider that will submit the claims for reimbursement of DSMT services rendered by the team.

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, Bureau of Health Services Financing, LR 39:

Subpart 15. Reimbursement

Chapter 151. Reimbursement Methodology

Subchapter A. General Provisions

§15103. Diabetes Education Services

A. Effective for dates of service on or after February 20, 2011, the Medicaid Program shall provide reimbursement for diabetes self-management training services rendered by qualified health care professionals.

B. Reimbursement for DSMT services shall be a flat fee based on the appropriate Healthcare common procedure coding (HCPC) code.

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, Bureau of Health Services Financing, LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

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. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 by improving patient self-management skills which will reduce diabetes-related complications that adversely affect the quality of life of Medicaid recipients.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 as it is expected to reduce the costs associated with the treatment of diabetes-related conditions which will ease the financial burden on families.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, July 25, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, 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.

Kathy H. Kliebert
Interim Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Professional Services Program Diabetes Self-Management Training

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will result in estimated state general fund programmatic costs of $40,065 for FY 12-13, $45,457 for FY 13-14 and $49,323 for FY 14-15. However, the cost is expected to be offset by an indeterminable amount from the anticipated savings realized from a corresponding reduction in expenditures for services related to diabetes treatment. It is anticipated that $492($246 SGF and $246 FED) will be expended in FY 12-13 for the state's administrative expense for

promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.96 percent in FY 13-14. The enhanced rate of 62.11 percent for the last nine months of FY 14 is the federal rate for disaster-recovery FMAP adjustment states.

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 $79,575 for FY 12-13, $77,266 for FY 13-14 and $77,081 for FY 14-15. It is anticipated that $246 will be expended in FY 12-13 for the federal administrative expenses for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.96 percent in FY 13-14. The enhanced rate of 62.11 percent for the last nine months of FY 14 is the federal rate for disaster-recovery FMAP adjustment states.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule, which continues the provisions of the June 20, 2011 Emergency Rule, amends the provisions governing the Professional Services Program to provide Medicaid reimbursement for diabetes self-management training (DSMT) services. It is anticipated that implementation of this proposed rule will increase programmatic expenditures in the Medicaid Program by approximately $119,148 for FY 12-13, $122,723 for FY 13-14 and $126,404 for FY 14-15.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this proposed rule will not have an effect on competition and employment.

J. Ruth Kennedy	John D. Carpenter
Director	Legislative Fiscal Officer
1306#058	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Prosthetics and Orthotics
Reimbursement Rate Reduction
(LAC 50:XVII.501)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 50:XVII.501 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

As a result of a budgetary shortfall in state fiscal year 2010, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for prosthetics and orthotics to reduce the reimbursement rates (*Louisiana Register*, Volume 36, Number 11).

As a result of a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for prosthetics and orthotics to reduce the reimbursement rates (*Louisiana Register*, Volume 38, Number 7). This proposed Rule is being promulgated to continue the provisions of the July 1, 2012 Emergency Rule.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XVII. Prosthetics and Orthotics
Subpart 1. General Provisions
Chapter 5. Reimbursement
§501. Reimbursement Methodology

A. - F.1. …

G. Effective for dates of service on or after July 1, 2012, the reimbursement for prosthetic and orthotic devices shall be reduced by 3.7 percent of the fee amounts on file as of June 30, 2012.

1. The rate reduction shall not apply to items that do not appear on the fee schedule and are individually priced.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1597 (July 2005), amended LR 34:881 (May 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1903 (September 2009), repromulgated LR 36:521 (March 2010), amended LR 36:1253 (June 2010), amended LR 36:2567 (November 2010), LR 39:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

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. It is anticipated that this proposed Rule may have an adverse impact on family functioning, stability and autonomy as described in R.S. 49:972 in the event that provider participation in the Medicaid Program is diminished as a result of reduced reimbursement rates.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule may have an adverse impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 in the event that health care assistance is reduced as a result of diminished provider participation.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, July 25, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, 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.

Kathy H. Kliebert
Interim Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Prosthetics and Orthotics Reimbursement Rate Reduction

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will result in estimated state general fund programmatic savings of $22,327 for FY 12-13, $25,675 for FY 13-14 and $27,860 for FY 14-15. It is anticipated that $328($164 SGF and $164 FED) will be expended in FY 12-13 for the state's administrative expense for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.96 percent in FY 13-14. The enhanced rate of 62.11 percent for the last nine months of FY 14 is the federal rate for disaster-recovery FMAP adjustment states.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will reduce federal revenue collections by approximately $44,644 for FY 12-13, $43,643 for FY 13-14 and $43,538 for FY 14-15. It is anticipated that $164 will be expended in FY 12-13 for the federal administrative expenses for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 62.96 percent in FY 13-14. The enhanced rate of 62.11 percent for the last nine months of FY 14 is the federal rate for disaster-recovery FMAP adjustment states.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed Rule is being promulgated to continue the provisions of the July 1, 2012 emergency rule which amended the provisions governing the reimbursement methodology for prosthetics and orthotics to reduce the reimbursement rates. It is anticipated that implementation of this proposed rule will reduce programmatic expenditures in the Medicaid Program by approximately $67,299 for FY 12-13, $69,318 for FY 13-14 and $71,398 for FY 14-15.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this proposed rule will not have an effect on competition. However, it is anticipated that the implementation of this proposed rule may have a negative effect on employment as it will reduce the payments made for prosthetics and orthotics. The reduction in payments may adversely impact the financial standing of providers and could possibly cause a reduction in employment opportunities.

J. Ruth Kennedy	John D. Carpenter
Director	Legislative Fiscal Officer
1306#059	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Psychiatric Residential Treatment Facilities
Licensing Standards
(LAC 48:I.9003, 9009, 9077, 9093, and 9097)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 48:I.9003, §9009, §9077, §9093 and §9097 as authorized by R.S. 40:2179-2179.1. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the licensing standards for psychiatric residential treatment facilities in order to prepare for the transition to a comprehensive system of delivery for behavioral health services in the state (*Louisiana Register*, Volume 38, Number 2). The department promulgated an Emergency Rule which amended the provisions governing the licensing of psychiatric residential treatment facilities (PRTFs) in order to revise the licensing standards as a means of assisting PRTFs to comply with the standards (*Louisiana Register*, Volume 38, Number 8). This proposed Rule is being promulgated to continue the provisions of the August 20, 2012 Emergency Rule.

Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Licensing and Certification
Chapter 90. Psychiatric Residential Treatment Facilities (under 21)
Subchapter A. General Provisions
§9003. Definitions

A. ...

* * *

Normal Business Hours—between the hours of 7 a.m. and 6 p.m. every Monday-Friday, except for holidays.

* * *

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:54 (January 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:371(February 2012), LR 39:

Subchapter B. Licensing
§9009. Initial Licensing Application Process

A. - C.4. ...

5. a copy of statewide criminal background checks on all individual owners with a 5 percent or more ownership interest in the PRTF entity, and on all administrators or managing employees;

C.6. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:373 (February 2012), amended LR 39:

Subchapter F. Physical Environment

§9077. Interior Space

A. - T. ...

U. The provider shall have a laundry space complete with a minimum of one clothes washer and dryer for each fifty persons.

V. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:68 (January 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:391 (February 2012), LR 39:

Subchapter H. Additional Requirements for Mental Health PRTFs

§9093. Personnel Qualifications, Responsibilities, and Requirements

A. - A.2.a.iv. ...

b. The clinical director is responsible for the following:

i. providing a monthly minimum of one hour of on-site clinical direction per resident;

(a). the governing body may delegate some or all of this responsibility to another physician(s) who meets the qualifications of a clinical director; and

ii. ...

3. LMHPs, MHPs, and MHSs. The PRTF shall provide or make available adequate numbers of LMHPs, MHPs, and MHSs to care for its residents. There shall be at least one LMHP or MHP supervisor on duty at least 40 hours/week during normal business hours at the facility and as required by the treatment plan. When not on duty at the facility, there shall be a LMHP or MHP on call. The PRTF shall develop a policy to determine the number of LHMPs, MHPs, MHSs on duty and the ratio of LHMPs and MHPs to MHSs based on the needs of its residents.

A.3.a. - B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:397 (February 2012), amended LR 39:

Subchapter I. Additional Requirements for Addictive Disorder PRTFs

§9097. Personnel Qualifications, Responsibilities, and Requirements for Addictive Disorder PRTFs

A. - A.2.a.iii.(c). ...

b. The clinical director is responsible for the following:

i. providing a monthly minimum of one hour of on-site clinical direction per resident;

(a). the governing body may delegate some or all of this responsibility to another physician(s) who meets the qualifications of a clinical director); and

ii. ...

3. LMHPs, MHPs and MHSs. The PRTF shall provide or make available adequate numbers of LMHPs, MHPs and MHSs to care for its residents. There shall be at least one LMHP or MHP supervisor on duty at least 40 hours/week during normal business hours at the facility and as required by the treatment plan. When not on duty at the facility, there shall be a LMHP or MHP on call. The PRTF shall develop a policy to determine the number of LHMPs, MHPs, MHSs on duty and the ratio of LHMPs and MHPs to MHSs based on the needs of its residents.

A.3.a. - B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:339 (February 2012), amended LR 39:

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. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability and autonomy as described in R.S. 49:972 as it may increase access to these services by encouraging more provider participation.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, July 25, 2013 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, 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.

Kathy H. Kliebert
Interim Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Psychiatric Residential Treatment Facilities Licensing Standards

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 12-13. It is anticipated that $574 (SGF) will be expended in FY 12-13 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect revenue collections since the licensing fees, in the same amounts, will continue to be collected.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This rule, which continues the provisions of the August 20, 2012 emergency rule, proposes to amend the provisions

governing the licensing of psychiatric residential treatment facilities (PRTFs) in order to revise the licensing standards as a means of assisting PRTFs to comply with the standards. It is anticipated that implementation of this proposed rule will not have economic costs or benefits to PRTFs for FY 12-13, FY 13-14, and FY 14-15 since the required licensing fees have not changed.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule may have a positive effect on competition and employment as it will assist potential providers in meeting the licensing standards.

J. Ruth Kennedy
Director
1306#060

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of Natural Resources
Office of Conservation

Records (LAC 43:XIX.107)

The Department of Natural Resources, Office of Conservation proposes to amend LAC 43:XIX.107.B, requiring that electrical logs, when run, of all test wells, or wells drilled in search of oil, gas, sulphur and other minerals, shall be submitted electronically. In an effort to reduce the costs of handling and maintaining these records, further align office requirements for data submittal with the standard practices now common in the ordinary business practices of the regulated community while simultaneously maintaining compliance with R.S. 44:1(B), and improving public access to this data, the Office of Conservation announces that it intends to promulgate revised rules for LAC 43:XIX.107.B. The intent of this Rule amendment is to minimize the cost of compliance, and agency costs to handle and store this data through the use of available technology, and to provide more efficient public access to the electric well log data via the SONRIS system.

Title 43
NATURAL RESOURCES
Part XIX. Office of Conservation—General Operations
Subpart 1. Statewide Order No. 29-B
Chapter 1. General Provisions
§107. Records

A. …

B. Electrical logs, when run, of all test wells, or wells drilled in search of oil, gas, sulphur and other minerals, shall be submitted in an electronic format to the Office of Conservation. The electronic format shall be legible and in a format acceptable to the commissioner of conservation, and at a minimum be at least 200 dots per inch (dpi) resolution .tiff format image in color or black and white. All logs must be submitted within 10 days after completion of the well. These logs shall be filed on the following scales:

B.1. - D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:4 et seq.

HISTORICAL NOTE: Adopted by the Department of Conservation (August 1943), amended (August 1958), amended by the Department of Natural Resources, Office of Conservation, LR 39:

Family Impact Statement

In accordance with R.S. 49:972, the following statements are submitted after consideration of the impact of the proposed Rule amendments at LAC 43:XIX.107 on family as defined therein.

1. The proposed Rule amendment will have no effect on the stability of the family.
2. The proposed Rule amendment will have no effect on the authority and rights of parents regarding the education and supervision of their children.
3. The proposed Rule amendment will have no effect on the functioning of the family.
4. The proposed Rule amendment will have no effect on family earnings and family budget.
5. The proposed Rule amendment will have no effect on the behavior and personal responsibility of children.
6. Family or local government are not required to perform any function contained in the proposed Rule amendment.

Poverty Impact Statement

In accordance with R.S. 49:973, the following statements are submitted after consideration of the impact of the proposed Rule amendments at LAC 43:XIX.107 on poverty as defined therein.

1. The proposed Rule amendment will have no effect on household income, assets, and financial security.
2. The proposed Rule amendment will have no effect on early childhood development and preschool through postsecondary education development.
3. The proposed Rule amendment will have no effect on employment and workforce development.
4. The proposed Rule amendment will have no effect on taxes and tax credits.
5. The proposed Rule amendment will have no effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Small Business Statement

In accordance with R.S. 49:965.6, the Department of Natural Resources, Office of Conservation has determined that these amendments will have no estimated effect on small businesses.

Public Comments

All interested parties will be afforded the opportunity to submit data, views, or arguments, orally or in writing at the public hearing in accordance with R.S. 49:953. Written comments will be accepted until 4:30 p.m., August 5, 2013, at Office of Conservation, P.O. Box 94275, Baton Rouge, LA, 70804-9275; or Office of Conservation, Executive Division, 617 North Third St., Baton Rouge, LA 70802. All inquiries should be directed to Mr. Tyler Gray, an attorney with the Office of Conservation, at the above addresses or by phone to (225) 342-5570 referencing Docket No. 13-342. No preamble was prepared.

Public Hearing

The commissioner of conservation will conduct a public hearing at 3 p.m., July 29, 2013, in the LaBelle Room located on the first floor of the LaSalle Building, 617 North Third Street, Baton Rouge, LA.

James H. Welsh
Commissioner

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Records

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are no estimated implementation costs or savings to the state or local governmental units as a result of the proposed rule change. The proposed amendment requires electrical logs of all test wells or wells drilled in search of oil, gas, sulphur and other minerals to be submitted in an electronic format to the Office of Conservation. The current rule requires the electrical logs to be mailed to the district office. The proposed rule change also prescribes the format (at least 200 dots per inch resolution.tiff) to be used when submitting the electrical logs.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no anticipated effect on revenue collections of state or local government units as a result of this rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Implementation of the proposed rules may result in a minimal savings since well owners will no longer be required to mail electrical logs to the district office.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment as a result of this rule change.

James H. Welsh	John D. Carpenter
Commissioner	Legislative Fiscal Officer
1306#068	Legislative Fiscal Office

NOTICE OF INTENT

Department of Public Safety and Corrections
Office of Motor Vehicles

CDL Driver's Licenses—Third Party Testers
(LAC 55:III.117)

In accordance with the provisions of R.S. 32:408, relative to the authority of the Office of Motor Vehicles, the Office of Motor Vehicles hereby proposes to amend LAC 55:III, Chapter 1, §117, to adopt by recent legislative changes regarding requirements to become a third-party tester or examiner for commercial driver's licenses, and to increase the fee third-party tester are authorized to charge applicants for administering the skills test for a commercial driver's license.

Title 55
PUBLIC SAFETY
Part III. Motor Vehicles
Chapter 1. Driver's License
Subchapter A. General Requirements
§117. Third-Party Testers

A. - A.10. ...

11. All CDL third-party testers shall execute a good and sufficient surety bond with a surety company qualified to do business in Louisiana as surety, in the sum of $10,000. The bond shall name The Department of Public Safety and Corrections, Office of Motor Vehicles, as oblige. The bond shall remain in effect throughout the duration of the contract.

12. The CDL third-party tester shall require its examiners to annually submit to a fingerprint background check as part of the examiner application process. The third-party tester or the examiners employed by the tester shall pay any fees charged in connection with the fingerprint background check as may be agreed between the tester and the examiner. Any fees for fingerprinting or doing the background check are paid to the respective law enforcement agencies providing the service.

13. The CDL third-party tester shall not charge a fee in excess of $100 for the administration of a skills test. The third-party test shall clearly indicate in writing that this fee is for the administration of the skills test

B. - C.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:408.

HISTORICAL NOTE: Filed by the Department of Public Safety, Office of Motor Vehicle, 1974, promulgated and amended by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 15:1093 (December 1989), amended LR 24:2314 (December 1998); amended LR 39:

Family Impact Statement

The proposed Rule will not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of the children.
6. local governmental entities have the ability to perform the enforcement of the action proposed in accordance with R.S. 40:1730.23.

Poverty Impact Statement

The proposed Rule amends LAC 55:III.325. These Rule changes should not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973.B. In particular, there should be no known or foreseeable effect on:

1. the effect on household income, assets, and financial security;
2. the effect on early childhood development and preschool through postsecondary education development;
3. the effect on employment and workforce development;
4. the effect on taxes and tax credits;
5. the effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Small Business Impact Statement

The impact of the proposed Rule on small businesses has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small businesses as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Public Comments

All interested persons are invited to submit written comments on the proposed regulation. Such comments should be submitted no later than July 15, 2013, at 4:30 p.m. to Stephen A. Quidd, P.O. Box 66614, Baton Rouge, LA 70896, (225) 925-6103, fax: (225) 925-3974, or stephen.quidd@dps.la.gov.

Public Hearing

A public hearing is scheduled for July 17, 2013 at 10 a.m. at 7979 Independence Blvd. Suite 301, Baton Rouge, LA 70806. Please call in advance to confirm the time and place of meeting, as the meeting will be cancelled if the requisite number of comments is not received.

Jill P. Boudreaux
Undersecretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: CDL Driver's Licenses, Third Party Testers

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed Rule change is not anticipated to result in additional state or local government costs or savings. The proposed Rule change amends the CDL Third-Party Tester Program, which the Department has administered since the early 1990's. The proposed Rule reflects recent legislative changes regarding a new bond requirement and annual background checks for Commercial Driver's License third-party testers. The Rule change increases the fee that third-party testers are authorized to charge to administer the road skills test for a Commercial Driver's License to an amount not to exceed $100.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no anticipated effect on revenue collections of state or local governmental units as a result of this Rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be an increase in costs to third-party testers because they are now required to obtain a bond and submit to a criminal background check. The cost of the annual background check will be the twenty-six dollar fee currently charged by Louisiana State Police. The cost of the bond will be variable depending on the nature and size of the third-party tester's business and is therefore indeterminable. Testers taking the skills test for a Commercial Driver's License are likely to realize additional test taking expenses as the proposed rule creates additional costs for third-party testers and authorizes a fee not to exceed $100.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed Rule changes should not affect competition or employment.

Jill P. Boudreaux
Undersecretary
1306#029

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Public Safety and Corrections
Office of Motor Vehicles

International Registration Plan (LAC 55:III.325)

In accordance with the provisions of R.S. 47:511, relative to the authority of the Office of Motor Vehicles, the Office of Motor Vehicles hereby proposes to amend LAC 55:III, Chapter 3, §325, to adopt by reference the current version of the *International Registration Plan* as adopted by the International Registration Plan, Inc., effect January 1, 2013.

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 January 1, 2013, 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 January 1, 2013 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.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 26:89 (January 2000), amended LR 29:605 (April 2003), LR 30:2859 (December 2004), LR 39:

Family Impact Statement

The proposed Rule will not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of the children;
6. local governmental entities have the ability to perform the enforcement of the action proposed in accordance with R.S. 40:1730.23.

Small Business Statement

The impact of the proposed Rule on small businesses has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small businesses as defined in the Regulatory Flexibility Act. The

agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Poverty Impact Statement

The proposed Rule amends LAC 55:III.325. These Rule changes should not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973.B. In particular, there should be no known or foreseeable effect on:

1. the effect on household income, assets, and financial security;
2. the effect on early childhood development and preschool through postsecondary education development;
3. the effect on employment and workforce development;
4. the effect on taxes and tax credits;
5. the effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Public Comments

All interested persons are invited to submit written comments on the proposed regulation. Such comments should be submitted no later than July 15, 2013 at 4:30 p.m. to Stephen A. Quidd, P.O. Box 66614, Baton Rouge, LA 70896, (225) 925-6103, fax:(225) 925-3974, or stephen.quidd@dps.la.gov.

Public Hearing

A public hearing is scheduled for July 17, 2013 at 10 a.m. at 7979 Independence Blvd. Suite 301, Baton Rouge, LA 70806. Please call in advance to confirm the time and place of meeting, as the meeting will be cancelled if the requisite number of comments is not received.

Jill P. Boudreaux
Undersecretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: International Registration Plan

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change is not anticipated to result in additional state or local government costs or savings. The proposed rule makes a technical change to LAC 55, Part III, Chapter 3, Subchapter A, §325, in order to adopt the latest version of the International Registration Plan (IRP) that was adopted on January 1, 2013. The IRP is a registration reciprocity agreement among states of the United States, the District of Columbia and provinces of Canada providing for payment of apportionable fees on the basis of total distance operated in all jurisdictions.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no anticipated effect on revenue collections of state or local governmental units as a result of this rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There is no anticipated effect on costs or economic benefits to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule changes will not impact competition or employment.

Jill P. Boudreaux
Undersecretary
1306#078

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT
Department of Public Safety and Corrections
Uniform Construction Code Council

Uniform Construction Code (LAC 55:VI.301)

In accordance with the provisions of R.S. 40:1730.26 and R.S. 40:1730.28, relative to the authority of the Louisiana State Uniform Construction Code Council (LSUCCC) to promulgate and enforce rules and in accordance with R.S. 49:953(B), the Administrative Procedure Act, the Department of Public Safety and Corrections, Office of the State Fire Marshal, Louisiana State Uniform Construction Code Council (LSUCCC) hereby gives notice that it proposes to amend and adopt the following Rule regarding construction codes by replacing the current editions with the more recent editions.

Title 55
PUBLIC SAFETY
Part VI. Uniform Construction Code
Chapter 3. Adoption of the Louisiana State Uniform Construction Code
§301. Louisiana State Uniform Construction Code

A. In accordance with the requirements set forth in R.S. 40:1730.28, effective January 1, 2014 (excepting the National Electric Code which is presently in effect), the following is hereby adopted as the Louisiana State Uniform Construction Code. (The "Louisiana State Plumbing Code" shall replace all references to the "International Plumbing Code" in the following codes.)

1. International Building Code (IBC), 2012 Edition, not including Chapter 1, Administration, Chapter 11, Accessibility, Chapter 27, Electrical and Chapter 29, Plumbing Systems. The applicable standards referenced in that code are included for regulation of construction within this state. Furthermore, IBC shall be amended as follows and shall only apply to the International Building Code.

a. Delete Chapter 4, Section 403.5.5 Luminous Egress Path Markings.

b. Amend Chapter 9 to adopt and amend 2012 International Building Code, Section 903.2.1.2 Group A-2 (2.). The fire area has an occupant load of 300 or more.

c. Amend chapter 10, Section 1018.5 Air Movement in corridors. Corridors that require protection under Table 1018.1—Corridor Fire-Resistance Rating, shall not serve as supply, return, exhaust, relief or ventilation air ducts.

d. Amend Chapter 10 Section 1026.5

i. Exception: Exterior stairs or ramps which serve no more than one story above the level of exit discharge and constructed with non-combustible materials or constructed with fire retardant treated lumber, shall be allowed when the fire separation distance is between 5 and 10 feet measured from the exterior edge of the stairway or ramp.

e. Amend Chapter 16 Section 1603.1, General. Construction documents shall show the size, section and relative locations of structural members with floor levels, column centers and offsets dimensioned. The design loads and other information pertinent to the structural design required by Sections 1603.1.1 through 1603.1.9 shall be indicated on the construction documents.

i. Exception: Construction documents for buildings constructed in accordance with the conventional light-frame construction provisions of Section 2308 shall indicate the following structural design information:

(a). floor and roof live loads;

(b). ground snow load, *Pg;*

(c). basic wind speed (3-second gust), miles per hour (mph) (km/hr) and wind exposure;

(d). seismic design category and site class., unless excepted by Sections 1603.1.5 or 1613.1;

(e). flood design data, if located in flood hazard areas established in Section 1612.3;

(f). design load-bearing values of soils.

f. Amend Chapter 16 Section 1603.1.5 Earthquake design data. The following information related to seismic loads shall be shown, regardless of whether seismic loads govern the design of the lateral-force-resisting system of the building:

i. seismic importance factor, I, and occupancy category;

ii. mapped spectral response accelerations, SS and S1;

iii. site class;

iv. spectral response coefficients, SDS and SD1;

v. seismic design category;

vi. basic seismic-force-resisting system(s);

vii. design base shear;

viii. seismic response coefficient(s), CS;

ix. response modification factor(s), R;

x. analysis procedure used;

xi. exceptions:

(a). construction documents that are not required to be prepared by a registered design professional;

(b). construction documents for structures that are assigned to Seismic Design Category A.

g. Amend Chapter 16, Section 1609.1.2 Protection of Openings. In wind-borne debris regions, glazing in buildings shall be impact resistant or protected with an impact-resistant covering meeting the requirements of an approved impact-resistant standard or ASTM E 1996 and ASTM E 1886 referenced herein as follows.

i. Glazed openings located within 30 feet (9144 mm) of grade shall meet the requirements of the large missile test of ASTM E 1996.

ii. Glazed openings located more than 30 feet (9144 mm) above grade shall meet the provisions of the small missile test of ASTM E 1996.

iii. Exceptions

(a). Wood structural panels with a minimum thickness of 7/16 inch (11.1 mm) and maximum panel span of 8 feet (2438 mm) shall be permitted for opening protection in one- and two-story buildings classified as Risk Category 2. Panels shall be precut so that they shall be attached to the framing surrounding the opening containing the product with the glazed opening. Panels shall be predrilled as required for the anchorage method and shall be secured with the attachment hardware provided. Attachments shall be designed to resist the components and cladding loads determined in accordance with the provisions of ASCE 7, with corrosion-resistant attachment hardware provided and anchors permanently installed on the building. Attachment in accordance with Table 1609.1.2 with corrosion-resistant attachment hardware provided and anchors permanently installed on the building is permitted for buildings with a mean roof height of 45 feet (13 716 mm) or less where V_{asd} determined in accordance with Section 1609.3.1 does not exceed 140 mph (63 m/s). =

(b). Glazing in Risk Category I buildings as defined in Section 1604.5, including greenhouses that are occupied for growing plants on a production or research basis, without public access shall be permitted to be unprotected.

(c). Glazing in Risk Category II, III or IV buildings located over 60 feet (18 288 mm) above the ground and over 30 feet (9144 mm) above aggregate surface roofs located within 1,500 feet (458 m) of the building shall be permitted to be unprotected.

h. Chapter 16 Section 1613.1 Scope. Every structure, and portion thereof, including nonstructural components that are permanently attached to structures and their supports and attachments, shall be designed and constructed to resist the effects of earthquake motions in accordance with ASCE 7, excluding Chapter 14 and Appendix 11A. The seismic design category for a structure is permitted to be determined in accordance with Section 1613 or ASCE 7.

i. Exceptions:

(a). detached one- and two-family dwellings, assigned to Seismic Design Category A, B or C, or located where the mapped short-period spectral response acceleration, *SS*, is less than 0.4 g;

(b). the seismic-force-resisting system of wood-frame buildings that conform to the provisions of Section 2308 are not required to be analyzed as specified in this Section;

(c). agricultural storage structures intended only for incidental human occupancy;

(d). structures that require special consideration of their response characteristics and environment that are not addressed by this code or ASCE 7 and for which other regulations provide seismic criteria, such as vehicular bridges, electrical transmission towers, hydraulic structures, buried utility lines and their appurtenances and nuclear reactors;

(e). structures that are not required to have a registered design professional in responsible charge;

(f). structures that are assigned to Seismic Design Category A.

ii. Amend Chapter 16, Section 1613.1 Scope. Every structure, and portion thereof, including nonstructural components that are permanently attached to structures and their supports and attachments, shall be designed and constructed to resist the effects of earthquake motions in accordance with ASCE 7, excluding Chapter 14 and Appendix 11A. The seismic design category for a structure is permitted to be determined in accordance with Section 1613 or ASCE 7-10. Figure 1613.5(1) shall be replaced with

ASCE 7-10 Figure 22-1. Figure 1613.5(2) shall be replaced with ASCE 7-10 Figure 22-2.

i. Amend chapter 23, section 2308.2, exceptions 4. Wind speeds shall not exceed 110 miles per hour (mph)(48.4m/s)(3 second gust) for buildings in exposure category B.

2. International Existing Building Code (IEBC), 2012 Edition, not including Chapter 1, Administration, and the standards referenced in that code for regulation of construction within this state.

3.a. International Residential Code, 2012 Edition, not including Parts I-Administrative, V-Mechanical, VII-Plumbing and VIII-Electrical. The applicable standards referenced in that code are included for regulation of construction within this state. The enforcement of such standards shall be mandatory only with respect to new construction, reconstruction, additions to homes previously built to the International Residential Code, and extensive alterations. Appendix J, Existing Buildings and Structures, may be adopted and enforced only at the option of a parish, municipality, or regional planning commission.

i. Adopt and amend 2012 IRC Section R301.2.1. Part IV-Energy Conservation of the latest edition of the International Residential Code is hereby amended to require that supply and return ducts be insulated to a minimum of R-6. Furthermore, 2012 IRC R301.2.1.1 (Design Criteria) shall be amended as follows and shall only apply to the International Residential Code:

(a). Delete Figure R301.2(4)B and replace all references to this figure with Figure R301.2(4)A.

ii. Amend 2012 IRC Section R301.2.1.1 (Design Criteria); R301.2.1.1 Wind limitations and wind design required. The wind provisions of this code shall not apply to the design of buildings where the basic wind speed from Figure R301.2(4)A equals or exceeds 110 miles per hour (49 m/s).

(a). Exceptions

(i). For concrete construction, the wind provisions of this code shall apply in accordance with the limitations of Sections R404 and R611.

(ii). For structural insulated panels, the wind provisions of this code shall apply in accordance with the limitations of Section R613.

(b). In regions where the basic wind speed shown on Figure R301.2(4)A equals or exceeds 110 miles per hour (49 m/s), the design of buildings for wind loads shall be in accordance with one or more of the following methods:

(i). AF&PA Wood Frame Construction Manual (WFCM);

(ii). ICC Standard for Residential Construction in High-Wind Regions (ICC 600);

(iii). ASCE Minimum Design Loads for Buildings and Other Structures (ASCE 7);

(iv). AISI Standard for Cold-Formed Steel Framing—Prescriptive Method For One- and Two-Family Dwellings (AISI S230);

(v). International Building Code; or

(vi). SSTD 10-99 Hurricane Resistant Construction Standard.

(c). The elements of design not addressed by the methods in Clauses (i) through (vi) shall be in accordance with the provisions of this code. When ASCE 7 or the *International Building Code* is used for the design of the building, the wind speed map and exposure category requirements as specified in ASCE 7 and the *International Building Code* shall be used.

iii. Amend 2012 IRC Section R301.2.1.2 Protection of Openings. Exterior glazing in buildings located in windborne debris regions shall be protected from windborne debris. Glazed opening protection for windborne debris shall meet the requirements of the Large Missile Test of ASTM E 1996 and ASTM E 1886 referenced therein. The applicable wind zones for establishing missile types in ASTM E 1996 are shown on Figure R301.2(4)C. Garage door glazed opening protection for windborne debris shall meet the requirements of an approved impact-resisting standard or ANSI/DASMA115.

(a). Exceptions

(i). Wood structural panels with a minimum thickness of 7/16 inch (11 mm) and a maximum span of 8 feet (2438 mm) shall be permitted for opening protection in one- and two-story buildings.

(ii). Panels shall be precut and attached to the framing surrounding the opening containing the product with the glazed opening.

(iii). Panels shall be predrilled as required for the anchorage method and shall be secured with the attachment hardware provided.

(iv). Attachments shall be designed to resist the component and cladding loads determined in accordance with either Table R301.2(2) or ASCE 7, with the permanent corrosion-resistant attachment hardware provided and anchors permanently installed on the building.

(v). Attachment in accordance with Table R301.2.1.2 is permitted for buildings with a mean roof height of 33 feet (10 058 mm) or less where wind speeds do not exceed 130 miles per hour (58 m/s).

iv. Adopt 2012 IRC Figure R301.2(4)A and delete Figure R301.2(4)B and Figure R301.2(4)C.

v. Adopt 2012 IRC Section R301.2.1.4 Exposure Category.

b. Additionally, Section 302, R302.1 Exterior Walls shall be amended to add the following exception:

i. On lots that are 50 feet or less in width and that contain a one or two family dwelling or townhouse that was in existence prior to October 1, 2005, the following are permitted for rebuilding:

(a). a projection 2 feet from the property line with a 1 hour minimum fire-resistance rating on the underside;

(b). a wall 3 feet or more from the property with a 0 hour minimum fire-resistance rating.

c. Amend Section R302.5.1 Opening Protection

i. Openings from a private garage directly into a room used for sleeping purposes shall not be permitted. Other openings between the garage and residence shall be equipped with solid wood doors not less than 13/8 inches (35 mm) in thickness, solid or honeycomb-core steel doors not less than 13/8 inches (35 mm) thick, or 20-minute fire-rated doors.

d. Additionally, IRC shall be amended as follows and shall only apply to the International Residential Code.

i. Adopt and amend 2012 IRC Section 313.1 Townhouse automatic sprinkler system. Per Act No. 685 of

the 2010 Regular Session of the Louisiana Legislature, the council shall not adopt or enforce any part of the International Residential Code or any other code or regulation that requires a fire protection sprinkler system in one- or two-family dwellings. Further, no municipality or parish shall adopt or enforce an ordinance or other regulation requiring a fire protection sprinkler system in one- or two-family dwellings. Where no sprinkler system is installed a common 2-hour fire-resistance-rated wall is permitted for townhouses if such walls do not contain plumbing or mechanical equipment, ducts or vents in the cavity of the common wall. Electrical installations shall be installed in accordance with the 2011 NEC. Penetrations of electrical outlet boxes shall be in accordance with Section R302.4

(a). Exception: If an owner voluntarily chooses to install an automatic residential fire sprinkler system it shall be installed per Section R313.1.1 Design and installation. Automatic residential fire sprinkler systems for *townhouses* shall be designed and installed in accordance with NFPA 13D and Table 302.1 (2) Exterior Walls-Dwellings with Fire sprinklers may be used for separation requirements.

ii. Adopt and amend 2012 IRC Section 313.2 One-and two-family dwellings automatic fire systems. Per Act No. 685 of the 2010 Regular Session of the Louisiana Legislature, the Council shall not adopt or enforce any part of the International Residential Code or any other code or regulation that requires a fire protection sprinkler system in one- or two-family dwellings. Further, no municipality or parish shall adopt or enforce an ordinance or other regulation requiring a fire protection sprinkler system in one- or two-family dwellings.

(a). Exception: If an owner voluntarily choses to install an automatic residential fire sprinkler system it shall be installed per Section R313.2.1 Design and installation. Automatic residential fire sprinkler systems shall be designed and installed in accordance with NFPA 13D and Table 302.1(2) Exterior Walls-Dwellings with Fire sprinklers may be used for separation requirements.

iii. Amend Chapter 3, Section R315.2, Where Required in Existing Dwellings: When alterations, repairs or additions occur or where one or more sleeping rooms are added or created in existing dwellings that have attached garages or in existing dwellings within which fuel fired appliances exist, carbon monoxide alarms shall be provided in accordance with Section R315.1.

iv. Substitute Chapter 3, Section R317, Dwelling Unit Separation of the 2006 IRC, in lieu of the Section 313, Automatic Fire Sprinkler Systems of the 2009 IRC. In addition, Chapter 3, Section R 302.2, Townhouses of the 2009 IRC, is amended as follows:

(a). Exceptions:

(i). A common 2-hour fire-resistance-rated wall is permitted for townhouses if such walls do not contain plumbing or mechanical equipment, ducts or vents in the cavity of the common wall.

(ii). Electrical installations shall be installed in accordance with Chapters 34 through 43. Penetrations of electrical outlet boxes shall be in accordance with Section R302.4.

(iii). Chapter 3, Section R302.2.4, Structural Independence of the 2009 IRC, is amended as follows: Exception: Number 5, Townhouses, separated by a common 2-hour fire-resistance-rated wall as provided in Section R302.2.

v. Adopt 2012 IRC Table 602.3 (1) Fastening Requirements.

vi. Amend 2012 IRC Section R703.8 Flashing. Approved corrosion-resistant flashing shall be applied shingle-fashion in a manner to prevent entry of water into the wall cavity or penetration of water to the building structural framing components. Self-adhered membranes used as flashing shall comply with AAMA 711. The flashing shall extend to the surface of the exterior wall finish. Approved corrosion-resistant flashings shall be installed at all of the following locations:

(a). exterior window and door openings. Flashing at exterior window and door openings shall extend to the surface of the exterior wall finish or to the water-resistive barrier for subsequent drainage;

(b). at the intersection of chimneys or other masonry construction with frame or stucco walls, with projecting lips on both sides under stucco copings;

(c). under and at the ends of masonry, wood or metal copings and sills;

(d). continuously above all projecting wood trim;

(e). where exterior porches, decks or stairs attach to a wall or floor assembly of wood-frame construction;

(f). at wall and roof intersections;

(g). at built-in gutters.

vii. Adopt 2012 IRC Section R802.11 Roof tie-down.

viii. Adopt 2012 IRC Table R802.11 Rafters.

ix. Amend Section R806.1 Ventilation required.

(a). Enclosed attics and enclosed rafter spaces formed where ceilings are applied directly to the underside of roof rafters shall have cross ventilation for each separate space by ventilating openings protected against the entrance of rain or snow. Ventilation openings shall have a least dimension of 1/16 inch (1.6 mm) minimum and 1/4 inch (6.4 mm) maximum. Ventilation openings having a least dimension larger than 1/4 inch (6.4 mm) shall be provided with corrosion-resistant wire cloth screening, hardware cloth, or similar material with openings having a least dimension of 1/16 inch (1.6 mm) minimum and 1/4 inch (6.4 mm) maximum. Openings in roof framing members shall conform to the requirements of Section R802.7. Required ventilation openings shall open directly to the outside air.

x. Substitute Chapter 11, Energy Efficiency of the 2006 IRC, in lieu of Chapter 11 Energy Efficiency of the 2012 IRC.

4.a. International Mechanical Code(IMC), 2012 Edition, and the standards referenced in that code for regulation of construction within this state. Also included for regulation, the Louisiana One- and Two- Family Supplement to the 2006 International Mechanical Code. Furthermore, the International Mechanical Code, 2006 Edition, Chapter 1, Section 101.2 Scope is amended as follows:

i. Exception: Detached one- and two- family dwellings and multiple single-family dwellings (townhouses) not more than three stories high with separate means of egress and their accessory structures shall comply with the Louisiana One- and Two- Family Supplement to the

2006 International Mechanical Code. Furthermore, the IMC shall be amended to include the following:

b. Amend Chapter 6 Section 603.4 Metallic ducts. All metallic ducts shall be constructed as specified in the SMACNA HVAC Duct Construction Standards-Metal and Flexible.

i Exception: Ducts installed within single dwelling units shall have a minimum thickness as specified in the 2006 International Mechanical Code Table 603.4.

ii. Amend Chapter 6, Section 606.4.1 Supervision. The duct smoke detectors shall be connected to a fire alarm system where a fire alarm system is required by Section 907.2 of the International Fire Code or locally adopted fire code. The actuation of a duct smoke detector shall activate a visible and audible supervisory signal at a constantly attended location.

5. The Louisiana State Plumbing Code [Part XIV (Plumbing) of the State Sanitary Code] as amended by the state health officer acting through the Office of Public Health of the Department of Health and Hospitals. Nothing in this Part shall be construed so as to prevent the state health officer from enforcing Part XIV (Plumbing) of the State Sanitary Code, the enforcement of which is his statutory and regulatory responsibility.

6. International Fuel Gas Code (IFCG), 2012 Edition, and the standards referenced in that code for regulation of construction within this state.

7. National Electric Code (NEC), 2011 Edition. This Code is to become effective on January 1, 2013.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1730.22(C) and (D) and 40:1730.26(1).

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, State Uniform Construction Code Council, LR 33:291 (February 2007), amended LR 34:93 (January 2008), LR 34: 883 (May 2008), LR 34:2205 (October 2008), LR 35:1904 (September 2009), LR 36:2574 (November 2010), effective January 1, 2011, LR 37:601 (February 2011), LR 37:913 (March 2011), repromulgated LR 37:2187 (July 2011), repromulgated LR 37:2726 (September 2011), amended LR 37:3065 (October 2011), LR 38:1994 (August 2012), LR 39:

Family Impact Statement

The proposed Rule will not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of the children.

Local governmental entities have the ability to perform the enforcement of the action proposed in accordance with R.S. 40:1730.23.

Small Business Impact Statement

The impact of the proposed Rule on small businesses has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small businesses as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Poverty Statement

The impact of the proposed Rule on child, individual, or family poverty has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on poverty in relation to individual or community asset development as provided in the LA R.S. 49:973. The agency has considered economic welfare factors and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on poverty.

Interested Persons

All interested persons are invited to submit written comments on the proposed regulation. Such comments should be submitted no later than July 10, 2013, at 4:30 p.m. to Mark Joiner, Louisiana State Uniform Construction Code Council, 8181 Independence Blvd., Baton Rouge, La. 70896.

Public Hearing

A public hearing is scheduled for July 24, 2013 at 8:30 a.m. at 8181 Independence Blvd., Baton Rouge, LA 70806. Please call in advance to confirm the time and place of meeting, as the meeting will be cancelled if the requisite number of comments is not received.

H. "Butch" Browning
State Fire Marshal

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: State Uniform Construction Code

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule changes are being promulgated to comply with the requirements of R.S. 40:1730.26 and 40:1730.28. These rule changes provide for an amendment to the adopted construction codes by replacing the current editions with the more recent 2012 editions of the International Building Code (IBC), International Residential Code (IRC), International Existing Building Code (IEBC), International Fuel Gas Code (IFGC) and International Mechanical Code (IMC). This will result in an indeterminable impact on commercial construction costs for governmental units. The various adopted codes impact numerous building and materials standards and the net impact on commercial construction costs is uncertain.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is anticipated to be no impact on revenue collections as a result of these rules.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The construction industry and prospective owners of commercial and residential buildings will be affected by the proposed changes. The proposed IBC amendment of the new exception for exterior stairs will allow for a more cost effective

way to develop downtown historic structures. The proposed IRC amendment will allow for a more cost effective method of flashing. The IMC amendment allows for a smaller gauge of metal duct resulting in lower cost to the mechanical contractor. The proposed rule changes may result in a decrease in residential construction cost for owners and contractors.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule changes should not significantly affect competition or employment.

Jill P. Boudreaux
Undersecretary
1306#077

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Transportation and Development
Office of Engineering

Automatic License Plate Camera Devices (LAC 70:II.527)

Editor's Note: This proposed Rule is being repromulgated to correct an error in submission. This document was initally promulgated in the April 20, 2013 *Louisiana Register* and can be viewed on pages 1190-1193.

Notice is hereby given in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and through the authority granted in R.S. 48:381 and R.S. 48:26, that the Department of Transportation and Development, Office of Engineering, proposes to amend Chapter 5 to provide for permits to law enforcement agencies for the installation of automatic license plate camera devices on department rights-of-way.

Title 70
TRANSPORTATION
Part II. Utilities
Chapter 5. Standards Manual for Accommodating Facilities on Highway Right-of-Way
§527. Miscellaneous

A.1. - A.11.d. ...

e. Automatic License Plate Camera Devices. This type of permit is normally issued to Louisiana law enforcement agencies. For purposes of this rule, law enforcement agencies eligible for this permit may include the Louisiana State Police, sheriffs' departments of the parishes of this state and municipal police departments. These permits must be reviewed and approved by the district administrator or his designee. If the automatic license plate camera device will be placed upon a bridge or sign truss, approval must also be obtained from the department headquarters utility and permit engineer. Permit applicants must comply with all permit requirements.

12. - 15. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 19:14, 30:210, 30:211-217, 32:236, 38:2223, 38:3074, 48:26, 48:191-193, 48:217, 48:295.1-4, 48:343-344, 48:381-383, 48:385-387, and 51:1901-1909.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Utility and Permit Section, LR 20:317 (March 1994), amended by the Department of Transportation and Development, Office of Engineering, LR 39:

Family Impact Statement

The proposed Rule change should not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. Specifically:

1. the implementation of this proposed Rule change will have no known or foreseeable effect on the stability of the family;
2. the implementation of this proposed Rule change will have no known or foreseeable effect on the authority and rights of parents regarding the education and supervision of their children;
3. the implementation of this proposed Rule change will have no known or foreseeable effect on the functioning of the family;
4. the implementation of this proposed Rule change will have no known or foreseeable effect on the family earnings and family budget;
5. the implementation of this proposed Rule change will have no known or foreseeable effect on the behavior and personal responsibility of children;
6. the implementation of this proposed Rule change will have no known or foreseeable effect on the ability of the family or local government to perform this function.

Poverty Impact Statement

This proposed Rule change should not have any known or foreseeable impact on child, individual, or family poverty in relation to individual or community asset development as defined by R.S. 49:973. Specifically:

1. the implementation of this proposed Rule change will have no known or foreseeable effect on household income, assets, and financial security;
2. the implementation of this proposed Rule change will have no known or foreseeable effect on early childhood development and preschool through postsecondary education development;
3. the implementation of this proposed Rule change will have no known or foreseeable effect on employment and workforce development;
4. the implementation of this proposed Rule change will have no known or foreseeable effect on taxes and tax credits;
5. the implementation of this proposed Rule change will have no known or foreseeable effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Public Comments

All interested persons so desiring shall submit oral or written data, views, comments or arguments no later than 30 days from the date of publication of this Notice of Intent to Simone Ardoin, Systems Preservation Engineer Administrator, Office of Engineering, Department of Transportation and Development, P.O. Box 94245, Baton Rouge, LA 70804-9245, telephone (225) 379-1951.

Sherri H. LeBas
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Automatic License Plate Camera Devices

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

This proposed rule will provide a procedure for Louisiana law enforcement agencies to obtain permits from the Department of Transportation and Development to install automatic license plate camera devices on department rights of way. The cameras are designed to capture images of license plates from vehicles traveling on state roadways. These cameras will enable law enforcement to timely locate vehicles used in criminal activities such as automobile theft, robberies, and kidnappings. A law enforcement agency wishing to install an automatic license plate camera device will incur an initial cost of approximately $14,000 for the purchase and installation of each camera device. As this is a relatively new technology, the costs associated with the ongoing maintenance and operation of the camera devices cannot be determined at this time. The costs associated with monitoring the images will be assumed by existing law enforcement personnel at an indeterminable cost dependent upon the level and scope of utilization. The costs associated with issuing the permits will be assumed by existing DOTD personnel and are considered to be marginal or insignificant. There are no direct cost savings as a result of this proposed rule. However, the use of automatic license plate camera devices may result in the more timely apprehension of criminal suspects thereby potentially reducing law enforcement personnel and equipment costs.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections of state or local governmental units as a result of this proposed rule. The department does not assess permit costs to governmental entities.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Automatic license plate camera devices are a relatively new product and have not seen widespread use by Louisiana law enforcement agencies. To the degree that these devices are widely adopted in the state, the installation, maintenance and ongoing support for the devices may result in increased economic opportunities for companies supplying and servicing such equipment.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Automatic license plate camera devices are a relatively new product and have not seen widespread use by Louisiana law enforcement agencies. To the degree that these devices are widely adopted in the state, the installation, maintenance and ongoing support for the devices may result in increased economic opportunities for companies supplying and servicing such equipment.

Eric Kalivoda
Deputy Secretary
1306#003

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Traversing Louisiana Territorial
Waters by Mississippi Residents
(LAC 76:VII.375)

The Wildlife and Fisheries Commission does hereby give notice of its intent to enact a Rule, LAC 76:VII.375, allowing Mississippi residents to traverse specified Louisiana waters without possessing a Louisiana fishing license. Authority for adoption of this Rule is included in R.S. 56:6(28) and 56:673. Said Rule is attached to and made part of this Notice of Intent.

The secretary of the Department of Wildlife and Fisheries is authorized to take any and all necessary steps on behalf of the commission to promulgate and effectuate this Notice of Intent and the final Rule, including but not limited to, the filing of the Fiscal and Economic Impact Statements, the filing of the Notice of Intent and final Rule and the preparation of reports and correspondence to other agencies of government.

Title 76
WILDLIFE AND FISHERIES
Part VII. Fish and Other Aquatic Life
Chapter 3. Saltwater Sport and Commercial Fishery
§375. Traversing Louisiana Territorial Waters by Mississippi Recreational Anglers

A. Purpose. Pursuant to Louisiana Revised Statute 56:673 and in response to a resolution from the Mississippi Commission on Marine Resources to provide for a recreational fishing vessel traversing corridor east of the Mississippi River in Louisiana territorial waters to enhance safe passage for Mississippi recreational anglers fishing the federal exclusive economic zone (EEZ), the commission hereby enters into an agreement with the Mississippi Commission on Marine Resources as follows.

B. Traversing Corridor. For the purposes of this agreement the traversing corridor is established as those waters of Mississippi Sound, Breton Sound and Chandeleur Sound eastward from the double rig line as defined in Louisiana Revised Statutes 56:495.1(A)(2) to the eastern most extent of Louisiana territorial waters.

C. Eligibility. To be eligible to traverse Louisiana state waters under this agreement, anglers must comply with all of the following.

1. Anglers must be a licensed recreational fisherman for the state of Mississippi (resident or non-resident), or be legally able to fish in Mississippi waters; and provide proof of such while traversing waters within the territorial boundaries of Louisiana.

2. With the exception of licensed Mississippi charter vessels and persons aboard such charters, anglers must not be licensed to fish recreationally by the state of Louisiana. If

an angler is a holder of a Louisiana fishing license then they must comply with the requirements for the state of Louisiana while possessing fish in Louisiana waters, regardless if only traversing.

3. Persons aboard vessels which are registered or documented in the state of Louisiana are required to comply with Louisiana fisheries regulations while fishing or possessing fish in Louisiana waters or outside of Louisiana waters when the fishery management plan for that fishery has been delegated to Louisiana for that fishery.

4. Vessels in the traversing corridor must be moving and anglers can not be in the act of fishing by any means.

5. The only fish species allowed to be possessed by a person aboard a vessel while traversing are the following federally managed species or species groups:

a. reef fish;
b. highly migratory species;
c. coastal migratory pelagic;
d. triggerfishes.

6. If the state of Mississippi is not participating in a regional management program for a particular species, then all fishermen shall comply with applicable federal fisheries regulations for that species if not fishing under a Louisiana regional management program for that species.

7. For purposes of this section, regional management is defined as a state exercising management over a fishery under state law and regulations where authority for a federal fishery management plan for that fishery has been approved and delegated by the National Marines Fisheries Service.

AUTHORITY NOTE: Promulgated in accordance with R.S.56:6(28) and R.S. 56:673.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 39:

Family Impact Statement

In accordance with Act #1183 of 1999 Regular Session of the Louisiana Legislature, the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission hereby issues its Family Impact Statement in connection with the preceding Notice of Intent. This Notice of Intent will have no impact on the six criteria set out at R.S. 49:972(B).

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Public Comments

Interested persons may submit comments relative to the proposed Rule to Jason Adriance, Fisheries Division, Department of Wildlife and Fisheries, P.O. Box 98000, Baton Rouge, LA 70898-9000, or via e-mail to jadriance@wlf.la.gov prior to Thursday, July 12, 2013.

Ronnie Graham,
Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Traversing Louisiana Territorial Waters by Mississippi Residents

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change will have no impact on state or local governmental unit expenditures. The proposed rule change would allow anglers who hold Mississippi recreational fishing licenses to possess certain species of fish harvested from the federal exclusive economic zone (EEZ) while crossing Louisiana territorial waters within defined traversing corridors. The proposed rule change would apply only to species within the following species groups: reef fish, highly migratory species, coastal migratory pelagic species, and triggerfishes. The traversing corridor is established as those waters of the Mississippi Sound, Breton Sound and Chandeleur Sound eastward from the double rig line as defined in Louisiana Revised Statutes 56:495.1(A)(2) to the eastern most extent of Louisiana territorial waters.

Anglers with Mississippi recreational fishing licenses must continue to hold a license granting Louisiana recreational saltwater fishing privileges if they are actively fishing in Louisiana territorial waters or if they possess species other than those in the aforementioned species groups while in Louisiana territorial waters.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change may result in a minimal decrease in revenue collections of Louisiana Department of Wildlife and Fisheries license fees. Some anglers from Mississippi who currently hold Louisiana non-resident saltwater fishing licenses to avoid the risk of citations while traversing Louisiana territorial waters may cease obtaining those licenses under the proposed rule change. Non-residents obtain saltwater fishing privileges for a cost ranging from $5 to $90, depending on the license purchased.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule change will benefit anglers from Mississippi by lowering fuel expenditures, reducing travel times and associated costs, and possibly reducing risks to boaters' safety.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is expected to have no effect on competition and employment.

Lois Azzarello
Undersecretary
1306#071

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Workforce Commission
Office of Workers' Compensation

Medical Guidelines
(LAC 40:I:2001-2011, 2015-2023, 2103, 2119, 2203, 2217, 2303, and 2317)

Notice is hereby given, in accordance with R.S. 49:950, et seq., that the Louisiana Workforce Commission, Office of Workers' Compensation, pursuant to the authority vested in the Director of the Office of Workers' Compensation by R.S. 23:1310.1 and in accordance with applicable provisions of the Administrative provisions Act, proposes to amend LAC 40:I:Chapters 20-23.

Title 40
LABOR AND EMPLOYMENT
Part I. Workers' Compensation Administration
Subpart 2. Medical Guidelines
Chapter 20. Spine Medical Treatment Guidelines
Subchapter A. Cervical Spine Injury

§2001. Introduction

A. This document has been prepared by the Louisiana Workforce Commission, Office of Workers' Compensation (OWCA) and should be interpreted within the context of guidelines for physicians/providers treating individuals qualifying under Louisiana's Workers' Compensation Act as injured workers with cervical spine injuries. These guidelines are enforceable under the Louisiana Workers Compensation Act. All medical care, services, and treatment owed by the employer to the employee in accordance with the Louisiana Workers' Compensation Act shall mean care, services, and treatment in accordance with these guidelines. Medical care, services and treat Medical care, services, and treatment that varies from these guidelines shall also be due by the employer when it is demonstrated to the medical director of the office by a preponderance of the scientific medical evidence, that a variance from these guidelines is reasonably required to cure or relieve the injured worker from the effects of the injury or occupational disease given the circumstances. Therefore, these guidelines are not relevant as evidence of a provider's legal standard of professional care. To properly utilize this document, the reader should not skip nor overlook any sections.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1631 (June 2011), amended LR 39:

§2003. General Guideline Principles

A. - A.1. ….

2. Education. Education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of workers' compensation injuries. Currently, practitioners often think of education last, after medications, manual therapy, and surgery. Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers, and the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient. More in-depth education currently exists within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention.

3. - 5. ….

6. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

7. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

8. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of "cure" with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

9. Pharmacy-Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the State of Louisiana including, but not limited to: Louisiana State Board of Medical Examiners regulations governing Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health & Hospitals licensing and certification standards for Pain Management Clinics; Other laws and regulations affecting the prescribing and dispensing of medications in the State of Louisiana.

10. Six Month Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to

note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

11. Return to Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply "sedentary" or "light duty." The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

12. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

13. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient of Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as "not recommended."

14. Treatment of Pre-Existing Conditions. The conditions that preexisted the work injury/disease will need to be managed under two circumstances:

a. a pre-existing condition exacerbated by a work injury/disease should be treated until the patient has returned to their objectively verified prior level of functioning or MMI; and

b. a pre-existing condition not directly caused by a work injury/disease but which may prevent recovery from that injury should be treated until its objectively verified negative impact has been controlled. The focus of treatment should remain on the work injury/disease.

B. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1631 (June 2011), amended LR 39:

§2005. Initial Diagnostic Procedures

A. - A.1. …

a. History of Present Injury. A detailed history, taken in temporal proximity to the time of injury, should primarily guide evaluation and treatment. The history should include pertinent, positive and negative information regarding the following:

i. - iii. …

iv. alteration of bowel, bladder, or sexual function; and for female patients, alteration in their menstrual cycle;

v. any treatment for current injury and result; and

vi. ability to perform job duties and activities of daily living.

b. Past history:

i. past medical history includes neoplasm, arthritis, and diabetes;

ii. review of systems includes symptoms of rheumatologic, neurologic, endocrine, neoplastic, infectious, and other systemic diseases;

iii. - v. …

vi. The examiner will screen for concurrent emotional disorders/conditions and, when possible, other known psychosocial predictors of poor outcome;

vii. prior occupational and non-occupational injuries to the same area including specific prior treatment, chronic or recurrent symptoms, and any functional limitations; specific history regarding prior motor vehicle accidents may be helpful.

c. …

i. general and visual inspection, including posture, stance and gait;

ii. palpation of spinous processes, facets, and muscles noting myofacial tightness, tenderness, and trigger points;

iii. cervical range-of-motion, quality of motion, and presence of muscle spasm. Motion evaluation of specific joints may be indicated. Range-of-motion should not be checked in acute trauma cases until fracture and instability

have been ruled out on clinical examination, with or without radiographic evaluation;

iv. examination of thoracic spine;

c.v. - f.iv. …

2. Radiographic imaging of the cervical spine is a generally accepted, well-established and widely used diagnostic procedure. Basic views are the anteroposterior (AP), lateral, right, and left obliques, swimmer's, and odontoid. CT scans may be necessary to visualize C7 and odontoid in some patients. Lateral flexion and extension views are done to evaluate instability but may have a limited role in the acute setting. MRI or CT is indicated when spinal cord injury is suspected. The mechanism of injury and specific indications for the imaging should be listed on the request form to aid the radiologist and x-ray technician. Alert, non-intoxicated patients, who have isolated cervical complaints without palpable midline cervical tenderness, neurologic findings, or other acute or distracting injuries elsewhere in the body, may not require imaging. The following suggested indications are:

a. - e. …

f. suspected lesion in the cervical spine due to systemic illness such as a rheumatic/rheumatoid disorder or endocrinopathy. Suspected lesions may require special views.

3. - 3.a. …

b. erythrocyte sedimentation rate (ESR), rheumatoid factor (RF), antinuclear antigen (ANA), human leukocyte antigen (HLA), and C-reactive protein (CRP), can be used to detect evidence of a rheumatologic, infectious, or connective tissue disorder;

c. - d. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1632 (June 2011), amended LR 39:

§2007. Follow-Up Diagnostic Imaging and Testing Procedures

A. One diagnostic imaging or testing procedure may provide the same or distinctive information as does another procedure. Therefore, prudent choice of a single diagnostic procedure, a complement of procedures, or a sequence of procedures will optimize diagnostic accuracy, and maximize cost effectiveness (by avoiding redundancy), and minimize potential adverse effects to patients. All imaging and testing procedures have a degree of specificity and sensitivity for various diagnoses. No isolated imaging test can assure a correct diagnosis.

B. Clinical information obtained by history taking and physical examination should form the basis for selecting an imaging procedure and interpreting its results. Clinical updates must demonstrate the patient's current status to document the need for diagnostic testing or additional treatment. A brief history, changes in clinical findings such as orthopedic and neurological tests, and measurements of function with emphasis on the current, specific physical limitations will be important when seeking approval of future care. The emphasis of the medical treatment schedule are that the determination of the need to continue treatment is based on functional improvement, and that the patient's ability (current capacity) to return to work is needed to assist in disability management.

C. Magnetic resonance imaging (MRI), myelography, or computed axial tomography (CT) scanning following myelography, and other imaging and testing procedures may provide useful information for many spinal disorders. When a diagnostic procedure, in conjunction with clinical information, provides sufficient information to establish an accurate diagnosis, the second diagnostic procedure will become a redundant procedure. At the same time, a subsequent diagnostic procedure can be a complementary diagnostic procedure if the first or preceding procedures, in conjunction with clinical information, cannot provide an accurate diagnosis. Usually, preference of a procedure over others depends upon availability, a patient's tolerance, and/or the treating practitioner's familiarity with the procedure.

1. - 1.a. …

i. In general, the high field, conventional, MRI provides better resolution. A lower field scan may be indicated when a patient cannot fit into a high field scanner or is too claustrophobic despite sedation. Inadequate resolution on the first scan may require a second MRI using a different technique. All questions in this regard should be discussed with the MRI center and/or radiologist.

ii. Specialized MRI Scans

(a). MRI with Three-Dimensional Reconstruction. On rare occasions, MRI with three-dimensional reconstruction views may be used as a pre-surgical diagnostic procedure to obtain accurate information of characteristics, location, and spatial relationships among soft tissue and bony structures;

(b). Dynamic-Kinetic MRI of the Spine. Dynamic-kinetic MRI of the spine uses an MRI unit configured with a top-front open design which enables upright, weight-bearing patient positioning in a variety of postures not obtainable with the recumbent images derived from conventional, closed unit MRI systems. Imaging can be obtained in flexion, extension, and rotation of the spine, as well as in erect positioning. There is a theoretical advantage to imaging sequences obtained under more physiologic conditions than in the supine position. There is currently ongoing research to establish whether the theoretical advantages of positional and kinetic MRI result in improved sensitivity and specificity in detecting spine pathology. Currently it remains investigational, and is not recommended until the correlation with clinical syndromes is firmly established.

b. Computed axial tomography (CT) provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic evaluation. It may sometimes be done as a complement to MRI scanning to better delineate bony osteophyte formation in the neural foramen. CT is usually utilized for suspected cervical spine fracture in a patient with negative plain films, or to further delineate a cervical fracture. CT scanning is also quite useful for congenital anomalies at the skull base and at the C1-2 levels. Plain CT scanning is poor for the C6-7 or C7-T1 levels because of shoulder artifact. Instrument-scatter reduction software provides better resolution when metallic artifact is of concern.

c. Myelography is the injection of radiopaque material into the spinal subarachnoid space, with x-rays then taken to define anatomy. It may be used as a diagnostic

procedure to obtain accurate information of characteristics, location, and spatial relationships among soft tissue and bony structures. Myelography is an invasive procedure with complications including nausea, vomiting, headache, convulsion, arachnoiditis, CSF leakage, allergic reactions, bleeding, and infection. Therefore, myelography should only be considered when CT and MRI are unavailable, for morbidly obese patients or those who have undergone multiple operations, and when other tests prove non-diagnostic. The use of small needles and a less toxic, water-soluble, nonionic contrast is recommended.

d. CT myelogram provides more detailed information about relationships between neural elements and surrounding anatomy and is appropriate in patients with multiple prior operations or tumorous conditions.

e. Single Photon Emission Computerized Tomography (SPECT). A scanning technique which may be helpful to localize facet joint pathology and is useful in determining which patients are likely to have a response to facet injection. SPECT combines bone scans & CT Scans in looking for facet joint pathology.

f. Bone scan (radioisotope bone scanning) is generally accepted, well-established and widely used. Bone scanning is more sensitive but less specific than MRI. 99MTechnetium diphosphonate uptake reflects osteoblastic activity and may be useful in diagnosing metastatic/primary bone tumors, stress fractures, osteomyelitis, and inflammatory lesions, but cannot distinguish between these entities. In the cervical spine, the usual indication is to evaluate for neoplastic conditions. Other indications include occult fracture or infection.

g. Other radioisotope scanning indium and gallium scans are generally accepted, well-established, and widely used procedures, usually to help diagnose lesions seen on other diagnostic imaging studies. 67Gallium citrate scans are used to localize tumor, infection, and abscesses. 111Indium-labeled leukocyte scanning is utilized for localizing infection or inflammation and is usually not used for the cervical spine.

h. Dynamic [digital] fluoroscopy dynamic [digital] fluoroscopy of the cervical spine measures the motion of intervertebral segments using a videofluoroscopy unit to capture images as the subject performs cervical flexion and extension, storing the anatomic motion of the spine in a computer. Dynamic Fluoroscopy may be used in state-designated trauma centers to evaluate the cervical spine. Its superiority over MRI has not been established. If performed, full visualization of the cervical spine (C1 - T1), in accordance with §2005.A.2. (Initial Diagnostic Procedures-Imaging), should be accomplished prior to the procedure. In the post-acute setting in some rare cases, Dynamic [Digital] Fluoroscopy may be used but is primarily an investigational tool and therefore, requires prior authorization in the post-acute setting. No studies have yet demonstrated predictive value in terms of standard operative and non-operative therapeutic outcomes.

2. - 2.b.iii. …

(a). It is obligatory that sufficient data be accumulated by the examiner performing this procedure such that the diagnostic value of the procedure is evident to other reviewers. This entails, at a minimum, documentation of patient response immediately following the procedure with details of any symptoms with a response and the degree of response. Additionally, a log must be recorded as part of the medical records which documents response, if any, on an hourly basis for, at a minimum, the expected duration of local anesthetic phase of the procedure. Responses must be identified as to specific body part (e.g., neck, arm pain). The practitioner must identify the local anesthetic used and the expected duration of response for diagnostic purposes.

(b). Multiple injections provided at the same session without staging may seriously dilute the diagnostic value of these procedures. Practitioners must carefully weigh the diagnostic value of the procedure against the possible therapeutic value.

iv. Special Requirements for Diagnostic Injections. Since multi-planar fluoroscopy during procedures is required to document technique and needle placement, an experienced physician should perform the procedure. Permanent images are required to verify needle placement. The subspecialty disciplines of the physicians performing the injections may be varied, including, but not limited to: anesthesiology, radiology, surgery, or physiatry. The practitioner should have completed fellowship training in pain medicine with interventional training, or its equivalent. They must also be knowledgeable in radiation safety.

v. Complications. General complications of diagnostic injections may include transient neurapraxia, nerve injury, infection, headache, vasovagal effects, as well as epidural hematoma, permanent neurologic damage, dural perforation and CSF leakage, and spinal meningeal abscess. Severe complications are remote but can include spinal cord damage, quadriplegia, and/or death. Injections at a C2-C3 level frequently cause temporary neuritis with ataxia. vi. Contraindications

(a). Absolute contraindications to diagnostic injections include:

(i). bacterial infection—systemic or localized to region of injection;

(ii). bleeding diatheses;

(iii). hematological conditions; and

(iv). possible pregnancy.

(b). Relative contraindications to diagnostic injections may include: allergy to contrast, poorly controlled diabetes mellitus, and hypertension.

(c). Drugs affecting coagulation may require restriction from use. Anti-platelet therapy and anti-coagulations should be addressed individually by a knowledgeable specialist. It is recommended to refer to the American Society of Regional Anesthesia for anticoagulation guidelines.

vii. Specific Diagnostic Injections. In general, relief should last for at least the duration of the local anesthetic used and should significantly relieve pain and result in functional improvement. Refer to "Injections—Therapeutic" for information on specific therapeutic injections.

(a). Medial branch blocks are generally-accepted diagnostic injections, used to determine whether a patient is a candidate for radiofrequency medial branch neurotomy (also known as facet rhizotomy). The International Spine Intervention Society (ISIS) suggests controlled blocks—using either placebo or an anesthetic with a varying length of activity (i.e., bupivacaine longer than lidocaine).

To be a positive diagnostic block, the patient should report a reduction of pain of 50 percent or greater from baseline for the length of time appropriate for the local anesthetic used. In almost all cases, this will mean a reduction of pain to 1 or 2 on the Visual Analog Scale (VAS) 10-point scale correlated with functional improvement. The patient should also identify activities of daily living (which may include measurements of range-of-motion) that are impeded by their pain and can be observed to document functional improvement in the clinical setting. Ideally, these activities should be assessed throughout the observation period for function. The observer should not be the physician who performed the procedure. It is suggested that this be recorded on a form similar to ISIS recommendations.

(i). A separate comparative block on a different date may be performed to confirm the level of involvement. A comparative block uses anesthetics with varying lengths of activity. Medial Branch blocks are probably not helpful to determine the likelihood of success for spinal fusion.

(ii). Frequency and maximum duration may be repeated once for comparative blocks. Limited to four levels / five medial branches.

(b). Atlanto-axial and atlanto-occipital injections are generally accepted for diagnosis and treatment but do not lend themselves to denervation techniques owing to variable neuroanatomy. Injection of this articulation is complicated by the proximity of the vertebral artery, which may be tortuous at the level of the C1 joint. Inadvertent injection of the vertebral artery may cause respiratory arrest, seizure, stroke, or permanent neurological sequelae. Only practitioners skilled in these injections should perform them:

(i). frequency and maximum duration: once per side.

(c). Transforaminal injections / Spinal selective nerve root blocks are generally accepted and useful in identifying spinal pathology. When performed for diagnosis, small amounts of local anesthetic should be used to determine the level of nerve root irritation. A positive diagnostic block should result in a positive diagnostic functional benefit and a 50 percent reduction in nerve-root generated pain appropriate for the anesthetic used as measured by accepted pain scales (such as a VAS):

(i). time to produce effect: less than 30 minutes for local anesthesia; corticosteroids up to 72 hours for most patients;

(ii). frequency and maximum duration: once per suspected level. limited to two levels

(d). Zygapophyseal (Facet) Blocks. Facet blocks are generally accepted but should not be considered diagnostic blocks for the purposes of determining the need for a rhizotomy (radiofrequency medial branch neurotomy), nor should they be done with medial branch blocks. These blocks should not be considered a definitive diagnostic tool. They may be used diagnostically to direct functional rehabilitation programs. A positive diagnostic block should result in a positive diagnostic functional benefit and a 50 percent reduction in pain appropriate for the anesthetic used as measured by accepted pain scales (such as a VAS). They then may be repeated per the therapeutic guidelines when they are accompanied by a functional rehabilitation program. (Refer to Therapeutic Spinal Injections):

(i). time to produce effect: less than 30 minutes for local anesthesia; corticosteroids up to 72 hours for most patients;

(ii). frequency and maximum duration: once per suspected level. limited to two levels

c. Personality/ Psychological/ Psychiatric/ Psychosocial Evaluation. These are generally accepted and well-established diagnostic procedures with selective use in the upper extremity population, but have more widespread use in subacute and chronic upper extremity populations. Diagnostic testing procedures may be useful for patients with symptoms of depression, delayed recovery, chronic pain, recurrent painful conditions, disability problems, and for preoperative evaluation. Psychological/psychosocial and measures have been shown to have predictive value for postoperative response, and therefore should be strongly considered for use pre-operatively when the surgeon has concerns about the relationship between symptoms and findings, or when the surgeon is aware of indications of psychological complication or risk factors for psychological complication (e.g. childhood psychological trauma). Psychological testing should provide differentiation between pre-existing conditions versus injury caused psychological conditions, including depression and posttraumatic stress disorder. Psychological testing should incorporate measures that have been shown, empirically, to identify comorbidities or risk factors that are linked to poor outcome or delayed recovery.

i. Formal psychological or psychosocial evaluation should be performed on patients not making expected progress within 6 to 12 weeks following injury and whose subjective symptoms do not correlate with objective signs and test results. In addition to the customary initial exam, the evaluation of the injured worker should specifically address the following areas:

(a). employment history;

(b). interpersonal relationships-both social and work;

(c). patient activities;

(d). current perception of the medical system;

(e). current perception/attitudes toward employer/job

(f). results of current treatment

(g). risk factors and psychological comorbidities that may influence outcome and that may require treatment

(h). childhood history, including history of childhood psychological trauma, abuse and family history of disability.

ii. Personality/ psychological/ psychosocial evaluations consist of two components, clinical interview and psychological testing. Results should help clinicians with a better understanding of the patient in a number of ways. Thus the evaluation result will determine the need for further psychosocial interventions; and in those cases, Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis should be determined and documented. The evaluation should also include examination of both psychological comorbidities and psychological risk factors that are empirically associated with poor outcome and/or delayed recovery. An individual with a Ph.D., Psy.D, or psychiatric M.D./D.O. credentials should perform initial evaluations, which are generally completed within one to

two hours. A professional fluent in the primary language of the patient is preferred. When such a provider is not available, services of a professional language interpreter should be provided.

iii. Frequency: one-time visit for the clinical interview. If psychometric testing is indicated as a part of the initial evaluation, time for such testing should not exceed an additional two hours of professional time.

d. Provocation Discography

i. Description. Discography is an accepted, but rarely indicated, invasive diagnostic procedure to identify or refute a discogenic source of pain for patients who are surgical candidates. Discography should only be performed by physicians who are experienced and have been proctored in the technique. Discograms have a significant false positive rate. It is essential that all indications, preconditions, special considerations, procedures, reporting requirements, and results, are carefully and specifically followed. Results should be interpreted judiciously. Fewer studies have been published on cervical and thoracic discography than on lumbar discography.

ii. Indications. Discography may be indicated when a patient has a history of functionally limiting, unremitting cervical pain of greater than four months duration, with or without arm pain, which has been unresponsive to all conservative interventions. A patient who does not desire operative therapeutic intervention is not a candidate for an invasive non-therapeutic intervention, such as provocation discography.

iii. Discography may prove useful for the evaluation of the pre-surgical spine, discogenic pain at levels above or below a prior spinal fusion, annular tear, or internal disc disruption.

iv. Discography may show disc degeneration and annular disruption in the absence of cervical pain. Discography may also elicit concordant pain in patients with mild and functionally inconsequential neck pain. Because patients with mild neck pain should not be considered for invasive treatment, discography should not be performed on these patients. The presence of an annular tear does not necessarily identify the tear as a pain generator.

v. Discography is not useful in previously operated discs. Discography may prove useful in evaluating the number of cervical spine levels that might require fusion. CT Discography provides further detailed information about morphological abnormalities of the disc and possible lateral disc herniations.

vi. Preconditions for provocation discography include all of the following:

(a). A patient with functionally limiting, unremitting neck and/or arm pain of greater than four months duration in whom conservative treatment has been unsuccessful and in whom the specific diagnosis of the pain generator has not been made apparent on the basis of other noninvasive imaging studies (e.g., MRI, CT, plain films, etc.). It is recommended that discography be reserved for use in patients with equivocal MRI findings, especially at levels adjacent to clearly pathological levels. Discography may be more sensitive than MRI or CT in detecting radial annular tears. However, radial tears must always be correlated with clinical presentation.

(b). Psychosocial evaluation has been completed. There is some evidence that false positives and complaints of long-term pain arising from the procedure itself occur more frequently in patients with somatoform disorders. Therefore, discograms should not be performed on patients with non-anatomic symptoms consistent with somatoform disorders.

(c). Patients who are considered surgical candidates (e.g., symptoms are of sufficient magnitude and the patient has been informed of the possible surgical options that may be available based upon the results of discography). Discography should never be the sole indication for surgery.

(d). Informed consent regarding the risks and potential diagnostic benefits of discography has been obtained.

vii. Complications include, but are not limited to, discitis, nerve damage, retropharyngeal abscess, chemical meningitis, pain exacerbation, and anaphylaxis. Therefore, prior to consideration of discography, the patient should undergo other diagnostic modalities in an effort to define the etiology of the patient's complaint including psychological evaluation, myelography, CT and MRI.

viii. Contraindications include:

(a). active infection of any type or continuing antibiotic treatment for infection; and/or

(b). bleeding diathesis or pharmaceutical anticoagulation with warfarin, etc.; and/or

(c). significant spinal stenosis at the level being studied as visualized by MRI, myelography or CT scan; and/or

(d). presence of clinical myelopathy; and/or

(e). effacement of the cord, thecal sac or circumferential absence of epidural fat; and

(f). known allergic reactions.

ix. Special Considerations

(a). Discography should not be performed by the physician expected to perform the therapeutic procedure. The procedure should be carried out by an experienced individual who has received specialized training in the technique of provocation discography.

(b). Discography should be performed in a blinded format that avoids leading the patient with anticipated responses. The procedure should always include one or more disc levels thought to be normal or nonpainful in order to serve as an internal control. The patient should not know what level is being injected in order to avoid spurious results. Adjacent discs may be identified as pain generators in more than half of cases in which discogenic pain is identified at one level. Because surgery is likely to fail in multi-level discogenic pain, injection of as many levels as feasible can prevent many operative failures. Abnormal disc levels may be repeated to confirm concordance.

(c). Sterile technique must be utilized.

(d). Judicious use of light sedation during the procedure is acceptable, represents the most common practice nationally at the current time, and is recommended by most experts in the field. The patient must be awake and able to accurately report pain levels during the provocation portion of the procedure.

(e). CT or MRI should establish cervical spinal dimensions and ruled out spinal stenosis.

(f). Intradiscal injection of local anesthetic may be carried out after the provocation portion of the examination and the patient's response.

(g). It is recommended that a post-discogram CT be considered as it frequently provides additional useful information about disc morphology or other pathology.

x. Reporting of Discography. In addition to a narrative report, the discography report should contain a standardized classification of disc morphology and the pain response. All results should be clearly separated in the report from the narrative portion. Asymptomatic annular tears are common and the concordant pain response is an essential finding for a positive discogram.

xi. When discography is performed to identify the source of a patient's neck pain, both a concordant pain response and morphological abnormalities must be present at the pathological level prior to initiating any treatment directed at that level. The patient must be awake during the provocation phase of the procedure; therefore, sedative medication must be carefully titrated.

xii. Caution should be used when interpreting results from discography. One study using asymptomatic volunteers reported pain in the majority of discs injected, but no subjects reported pain exceeding 6/10 on a pain scale in a normal disc.

xiii. Reporting disc morphology as visualized by the post-injection CT scan (when available) should follow the Modified Dallas Discogram Scale where:

(a). Grade 0 = Normal Nucleus.

(b). Grade 1 = Annular tear confined to inner one-third of annulus fibrosis.

(c). Grade 2 = Annular tear extending to the middle third of the annulus fibrosis.

(d). Grade 3 = Annular tear extending to the outer one-third of the annulus fibrosis.

(e). Grade 4 = A grade 3 tear plus dissection within the outer annulus to involve more than 30 degrees of the disc circumference.

(f). Grade 5 = Full thickness tear with extra-annular leakage of contrast, either focal or diffuse.

xiv. Reporting of pain response should be consistent with the operational criteria of the International Spine Intervention Society Guidelines (ISIS). The report must include the level of concordance for neck and arm pain separately using a 10-point VAS, or similar quantitative assessment. It should be noted that the change in the VAS score before and after provocation is more important than the number reported.

xv. The diagnosis of discogenic pain is less likely when there are more discs with dissimilar pain and fewer with no pain. At least two discs with no pain on stimulation and one disc with concordant pain registering at least 7 on a 10-point VAS or equivalent should be present to qualify for a diagnosis of discogenic pain. The VAS score prior to the discogram should be taken into account when interpreting the VAS score reported by the patient during the discogram.

(a). Time parameters for provocation discography are as follows:

(i). Frequency: one time only.

(ii). Maximum: repeat discography is rarely indicated

xvi. Thermography is an accepted and established procedure, but has no use as a diagnostic test for cervical pain. It may be used to diagnose regional pain disorders and in these cases, refer to the Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy Medical Treatment Guidelines.

3. - 3.b.ii. …

iii. Frequency: can be used initially to determine baseline status. Additional evaluations can be performed to monitor and assess progress and aid in determining the endpoint for treatment.

c. Job site evaluation is a comprehensive analysis of the physical, mental and sensory components of a specific job. These components may include, but are not limited to; postural tolerance (static and dynamic); aerobic requirements; range-of-motion; torque/force; lifting/carrying; cognitive demands; social interactions; visual perceptual; sensation; coordination; environmental requirements of a job; repetitiveness; and essential job functions.

i. Job descriptions provided by the employer are helpful but should not be used as a substitute for direct observation. A jobsite evaluation may include observation and instruction of how work is done, what material changes (desk, chair) should be made, and determination of readiness to return-to-work.

ii. Requests for a jobsite evaluation should describe the expected goals for the evaluation. Goals may include, but are not limited to the following.

(a). to determine if there are potential contributing factors to the person's condition and/or for the physician to assess causality;

(b). to make recommendations for, and to assess the potential for ergonomic changes;

(c). to determine the essential demands of the job. To provide a detailed description of the physical and cognitive job requirements;

(d). to assist the patient in their return-to-work by educating them on how they may be able to do their job more safely and in a more bio-mechanically appropriate manner;

(e). to give detailed work/activity restrictions.

iii. Frequency: One time with additional visits as needed for follow-up per jobsite.

d. Vocational Assessment. The vocational assessment should provide valuable guidance in the determination of future rehabilitation program goals. It should clarify rehabilitation goals, which optimize both patient motivation and utilization of rehabilitation resources. If prognosis for return to former occupation is determined to be poor, except in the most extenuating circumstances, vocational assessment should be implemented within 3 to 12 months post-injury. Declaration of MMI should not be delayed solely due to lack of attainment of a vocational assessment:

i. frequency: one time with additional visits as needed for follow-up.

e. Work tolerance screening is a determination of an individual's tolerance for performing a specific job based on a job activity or task and may be used when a full Functional

Capacity Evaluation is not indicated. It may include a test or procedure to specifically identify and quantify work-relevant cardiovascular, physical fitness and postural tolerance. It may also address ergonomic issues affecting the patient's return-to-work potential. Full job description should include a physical assessment of the job requirements:

i. frequency: one time for initial screen. May monitor improvements in strength every 3 to 4 weeks up to a total of six visits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1634 (June 2011), amended LR 39:

§2009. Therapeutic Procedures—Non-Operative

A. - C. …

1. Reassessment of the patient's status in terms of functional improvement should be documented after each treatment. If patients are not responding within the recommended time periods, alternative treatment interventions, further diagnostic studies or consultations should be pursued. Continued treatment should be monitored using objective measures such as:

a. return-to-work or maintaining work status;

b. fewer restrictions at work or performing activities of daily living;

c. decrease in usage of medications;

d. measurable functional gains, such as increased range of motion or documented increase in strength;

D. - G..1.c.iv. …

iv. Any of the above acupuncture treatments may extend longer if objective functional gains can be documented or when symptomatic benefits facilitate progression in the patient's treatment program. Treatment beyond 14 treatments must be documented with respect to need and ability to facilitate positive symptomatic or functional gains. Such care should be re-evaluated and documented with each series of treatments.

d. Other Acupuncture Modalities. Acupuncture treatment is based on individual patient needs and therefore treatment may include a combination of procedures to enhance treatment effect. Other procedures may include the use of heat, soft tissue manipulation/massage, and exercise. Refer to active therapy (therapeutic exercise) and passive therapy sections (massage and superficial heat and cold therapy) for a description of these adjunctive acupuncture modalities and time frames.

2. Biofeedback is a form of behavioral medicine that helps patients learn self-awareness and self-regulation skills for the purpose of gaining greater control of their physiology, such as muscle activity, brain waves, and measures of autonomic nervous system activity. Electronic instrumentation is used to monitor the targeted physiology and then displayed or fed back to the patient visually, auditorially, or tactilely, with coaching by a biofeedback specialist. Biofeedback is provided by clinicians certified in biofeedback and/or who have documented specialized education, advanced training, or direct or supervised experience qualifying them to provide the specialized treatment needed (e.g., surface EMG, EEG, or other).

a. Treatment is individualized to the patient's work-related diagnosis and needs. Home practice of skills is required for mastery and may be facilitated by the use of home training tapes. The ultimate goal of biofeedback treatment is to normalize the physiology to the pre-injury status to the extent possible, and involves transfer of learned skills to the workplace and daily life. Candidates for biofeedback therapy or training must be motivated to learn and practice biofeedback and self-regulation techniques.

b. Indications for biofeedback include individuals who are suffering from musculoskeletal injury in which muscle dysfunction or other physiological indicators of excessive or prolonged stress response affects and/or delays recovery. Other applications include training to improve self-management of emotional stress/pain responses such as anxiety, depression, anger, sleep disturbance, and other central and autonomic nervous system imbalances. Biofeedback is often used in conjunction with other treatment modalities:

i. time to produce effect: three to four sessions;

ii. frequency: one to two times per week;

iii. optimum duration: five to six sessions;

iv. maximum duration: 10 to 12 sessions. Treatment beyond 12 sessions must be documented with respect to need, expectation, and ability to facilitate positive functional gains.

3. Injections—Therapeutic

a. Therapeutic Spinal Injections. Therapeutic spinal injections may be used after initial conservative treatments, such as physical and occupational therapy, medication, manual therapy, exercise, acupuncture, have been undertaken. Therapeutic injections should be used only after imaging studies and diagnostic injections have established pathology. Injections are invasive procedures that can cause catastrophic complications; thus clinical indications and contraindications should be closely adhered to. The purpose of spinal injections is to facilitate active therapy by providing short-term relief through reduction of pain and inflammation. All patients should continue appropriate exercise with functionally directed rehabilitation. Active treatment, which patients should have had prior to injections, will frequently require a repeat of the sessions previously ordered (Refer to Active Therapy). Injections, by themselves, are not likely to provide long-term relief. Rather, active rehabilitation with modified work achieves long-term relief by increasing active ROM, strength, and stability. Subjective reports of pain response (via a recognized pain scale) and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

i. Special Considerations—for all injections (excluding trigger point and occipital nerve blocks) multi-planar fluoroscopy, during procedures is required to document technique and needle placement, and should be performed by a physician experienced in the procedure. Permanent images are required to verify needle placement. The subspecialty disciplines of the physicians performing injections may be varied, including, but not limited to: anesthesiology, radiology, surgery, neurology or physiatry. The practitioner should have completed fellowship training in pain medicine with interventional training, or its equivalent. They must also be knowledgeable in radiation safety.

ii. Complications. Appropriate medical disclosures with regard to potential complications should be provided to the patient as deemed appropriate by the treating physician.

iii. Contraindications. Absolute contraindications to therapeutic injections include: bacterial infection – systemic or localized to region of injection, bleeding diatheses, hematological conditions, and possible pregnancy.

(a). Relative contraindications to diagnostic injections may include: allergy to contrast, poorly controlled diabetes mellitus and hypertension. Drugs affecting coagulation may require restriction from use. Anti-platelet therapy and anti-coagulations should be addressed individually by a knowledgeable specialist. It is recommended to refer to American Society of Regional Anesthesia for anticoagulation guidelines.

b. Cervical Epidural Steroid Injection (ESI)

i. Description. Cervical ESIs are injections of corticosteroid into the epidural space. The purpose of ESI is to reduce pain and inflammation in the acute or subacute phases of injury, restoring range-of-motion, and thereby, facilitating progress in more active treatment programs.

ii. Needle Placement. Multi-planar fluoroscopic imaging is required for all epidural steroid injections. Contrast epidurograms allow one to verify the flow of medication into the epidural space. Permanent images are required to verify needle placement.

iii. Indications

(a). Cervical ESIs are useful in patients with symptoms of cervical radicular pain syndromes. They have less defined usefulness in non-radicular pain. There is some evidence that epidural steroid injections are effective for patients with radicular pain or radiculopathy (sensory or motor loss in a specific dermatome or myotome). In one study, 53 percent of patients had 50 percent or greater relief of pain at 6 months with only 20 percent having similar relief at 12 months.

(b). There is some evidence to suggest that epidural injections are not effective for cervical axial pain; however, it is an accepted intervention. Only patients who have: pain affected by activity and annular tears verified by appropriate imaging may have injections for axial pain.

(c). There is some evidence in studies of the lumbar spine that patients who smoke or who have pain unaffected by rest or activity are less likely to have a successful outcome from ESIs. This may also apply to the cervical spine although there are currently no studies to verify this finding. MRI or CT scans are required prior to thoracic and cervical ESIs, to assure that adequate epidural space is present.

iv. Time/Frequency/Duration

(a). Time to Produce Effect. Local anesthetic, less than 30 minutes; corticosteroid, 48 to 72 hours for 80 percent of patients and 72 hours to 2 weeks for 20 percent of patients.

(b). Frequency. One or more divided levels can be injected in one session. Whether injections are repeated depends upon the patient's response to the previous injection. Subsequent injections may occur after one to two weeks if there is a positive patient response. Positive patient response results are defined primarily as functional gains that can be objectively measured. Objective functional gains include, but are not limited to, positional tolerances, range of motion (ROM), strength, endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain response (via a recognized pain scale) and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

(c). Injections can be repeated after a hiatus of six months if the patient has demonstrated functional gain and pain returns or worsens. If the first injection does not provide a diagnostic response with temporary and sustained pain relief (at least two to six weeks) substantiated by accepted pain scales (i.e., 50 percent pain reduction as measured by tools such as VAS), and improvement in function, similar injections should not be repeated.

(d). Optimal Duration. Usually one to three injection(s), over a period of six months depending upon each patient's response and functional gain.

(e).Maximum Duration: Two sessions consisting of up to three injections each may be done in one year, as per the patient's response to pain and function. Patients should be reassessed after each injection for a 50 percent improvement in pain (as measured by accepted pain scales) and evidence of functional improvement.

c. Zygapophyseal (Facet) Injection

i. Description. A generally accepted intra-articular or pericapsular injection of local anesthetic and corticosteroid. There is conflicting evidence to support long-term therapeutic effect using facet injections. There is no justification for a combined facet and medial branch block.

ii. Indications. Patients with pain suspected to be facet in origin based on exam findings and affecting activity; or patients who have refused a rhizotomy; or patients who have facet findings with a thoracic component. In these patients, facet injections may be occasionally useful in facilitating a functionally-directed rehabilitation program and to aid in identifying pain generators. Patients with recurrent pain should be evaluated with more definitive diagnostic injections, such as medial nerve branch injections, to determine the need for a rhizotomy. Because facet injections are not likely to produce long-term benefit by themselves and are not the most accurate diagnostic tool, they should not be performed at more than two levels.

iii. Timing/Frequency/Duration

(a). Time to Produce Effect: Up to 30 minutes for local anesthetic; corticosteroid up to 72 hours.

(b). Frequency: 1 injection per level with a diagnostic response. If the first injection does not provide a diagnostic response of temporary and sustained pain relief substantiated by accepted pain scales, (i.e., 50 percent pain reduction substantiated by tools such as VAS), and improvement in function, similar injections should not be repeated. At least four to six weeks of functional benefit should be obtained with each therapeutic injection.

(c). Optimum Duration: two to three injections for each applicable joint per year. Not to exceed two joint levels.

(d). Maximum Duration: four per level per year. Prior authorization must be obtained for injections beyond two levels.

(e). Facet injections may be repeated if they result in increased documented functional benefit for at least 4 to 6 weeks and at least a 50 percent initial improvement in pain scales as measured by accepted pain scales (such as VAS).

d. Intradiscal Steroid Therapy. Intradiscal steroid therapy consists of injection of a steroid preparation into the intervertebral disc under fluoroscopic guidance at the time of discography. There is good evidence that it is not effective in the treatment of suspected discogenic low back pain. There is no support for its use in the cervical spine and its use is not recommended.

e. Radio Frequency (RF) Medial Branch Neurotomy/ Facet Rhizotomy

i. Description. A procedure designed to denervate the facet joint by ablating the corresponding sensory medial branches. Continuous percutaneous radio-frequency is the method generally used.

ii. There is good evidence to support this procedure in the cervical spine but benefits beyond one year are not yet established. Radio-frequency medial branch neurotomy is the procedure of choice over alcohol, phenol, or cryoablation. Precise positioning of the probe under fluoroscopic guidance is required since the maximum effective diameter of the device is a 5 x 8 millimeter oval. Permanent images should be recorded to verify placement of the device.

iii. Indications. Those patients with proven, significant, facetogenic pain. This procedure is not recommended for patients with multiple pain generators or involvement of more than three medial branch nerves.

iv. Individuals should have met the following indications: pain of well-documented facet origin, unresponsive to active and/or passive therapy, manual therapy, and in which a psychosocial screening has been performed (e.g., pain diagram, thorough psychosocial history, screening questionnaire). It is generally recommended that this procedure not be performed until three months of active therapy and manual therapy have been completed. All patients should continue appropriate exercise with functionally directed rehabilitation. Active treatment, which patients will have had prior to the procedure, will frequently require a repeat of the sessions previously ordered (Refer to Active Therapy).

v. All patients should have a successful response to a diagnostic medial nerve branch block and a separate comparative block. ISIS suggests controlled blocks-using either placebo or anesthetics with varying lengths of activity (i.e., bupivacaine longer than lidocaine). To be a positive diagnostic block the patient should report a reduction of pain of 50 percent or greater from baseline for the length of time appropriate for the local anesthetic used. In almost all cases this will mean a reduction of pain to 1 or 2 on the VAS 10-point scale correlated with functional improvement. The patient should also identify activities of daily living (which may include measurements of range-of-motion) that are impeded by their pain and can be observed to document functional improvement in the clinical setting. Ideally, these activities should be assessed throughout the observation period for function. The observer should not be the physician who performed the procedure. It is suggested that this be recorded on a form similar to ISIS recommendations.

vi. A separate comparative block may be performed on a different date to confirm the level of involvement. A comparative block uses anesthetics with varying lengths of activity.

vii. Complications. Appropriate medical disclosures should be provided to the patient as deemed necessary by the treating physician.

viii. Post-Procedure Therapy. Active therapy. Implementation of a gentle reconditioning program within the first post-procedure week is recommended, barring complications. Instruction and participation in a long-term home-based program of ROM, cervical, scapular, and thoracic strengthening, postural or neuromuscular re-education, endurance, and stability exercises should be accomplished over a period of four to ten visits post-procedure.

ix. Requirements for repeat RF neurotomy (or additional level RF neurotomies). In some cases pain may recur [ISIS]. Successful rhizotomy usually provides from six to eighteen months of relief.

(a). Before a repeat RF neurotomy is done, a confirmatory medial branch injection should be performed if the patient's pain pattern presents differently than in the initial evaluation. In occasional patients, additional levels of RF neurotomy may be necessary. The same indications and limitations apply.

f. Occipital Nerve Block

i. Description. Occipital nerve blocks are generally accepted injections used both diagnostically and therapeutically in the treatment of occipital neuralgia. The greater occipital nerve is the target.

ii. Indications. Diagnosis and treatment of occipital neuralgia/cephalgia. Peripheral block of the greater occipital nerve may be appropriate as initial treatment. It may be indicated in patients unresponsive to peripheral nerve block or those patients in need of additional diagnostic information.

iii. Complications. Bleeding, infection, neural injury. Post procedural ataxia is common and usually lasts 30 minutes post procedure. Because the occipital artery runs with the occipital nerve, inadvertent intravascular injection is a risk of this procedure and may lead to systemic toxicity and/or seizures.

(a). Time to Produce Effect: Approximately 30 minutes for local anesthetic; 48 to 72 hours for corticosteroid.

(b). Optimal Duration: one to three sessions for each nerve

(c). Maximum Duration: Continue up to three injections if progressive symptomatic and functional improvement can be documented.

g. Trigger Point Injections

i. Description. Trigger point injections are a generally accepted treatment. Trigger point treatment can consist of injection of local anesthetic with or without, corticosteroid into highly localized, extremely sensitive bands of skeletal muscle fibers that produce local and referred pain when activated. Medication is injected in a four-quadrant manner in the area of maximum tenderness. Injection efficacy can be enhanced if injections are immediately followed by myofascial therapeutic interventions, such as vapo-coolant spray and stretch,

ischemic pressure massage (myotherapy), specific soft tissue mobilization and physical modalities. There is conflicting evidence regarding the benefit of trigger point injections. A truly blinded study comparing dry needle treatment of trigger points is not feasible. There is no evidence that injection of medications improves the results of trigger-point injections. Needling alone may account for some of the therapeutic response.

ii. There is no indication for conscious sedation for patients receiving trigger point injections. The patient must be alert to help identify the site of the injection.

iii. Indications. Trigger point injections may be used to relieve myofascial pain and facilitate active therapy and stretching of the affected areas. They are to be used as an adjunctive treatment in combination with other treatment modalities such as functional restoration programs. Trigger point injections should be utilized primarily for the purpose of facilitating functional progress. Patients should continue in an aggressive aerobic and stretching therapeutic exercise program as tolerated throughout the time period they are undergoing intensive myofascial interventions. Myofascial pain is often associated with other underlying structural problems and any abnormalities need to be ruled out prior to injection.

iv. Trigger point injections are indicated in those patients where well circumscribed trigger points have been consistently observed, demonstrating a local twitch response, characteristic radiation of pain pattern and local autonomic reaction, such as persistent hyperemia following palpation. Generally, these injections are not necessary unless consistently observed trigger points are not responding to specific, noninvasive, myofascial interventions within approximately a six-week time frame.

v. Complications. Potential but rare complications of trigger point injections include infection, pneumothorax, anaphylaxis, neurapraxia, and neuropathy. If corticosteroids are injected in addition to local anesthetic, there is a risk of local myopathy developing. Severe pain on injection suggests the possibility of an intraneural injection, and the needle should be immediately repositioned.

vi. Timing/Frequency/Duration

(a). Time to Produce Effect: Local anesthetic 30 minutes; no anesthesia 24 to 48 hours

(b). Frequency: Weekly, suggest no more than four injection sites per session per week to avoid significant post-injection soreness

(c). Optimal Duration: four Weeks

(d). Maximum Duration: eight weeks. Occasional patients may require two to four repetitions of trigger point injection series over a one to two year period.

h. Prolotherapy: also known as sclerotherapy consists of a series of injections of hypertonic dextrose, with or without glycerine and phenol, into the ligamentous structures of the neck. There is no evidence that Prolotherapy is effective in cervical pain. The injections are invasive, may be painful to the patient, and are not generally accepted or widely used. Therefore, the use of Prolotherapy for cervical pain is not recommended.

4. Epiduroscopy and Epidural Lysis of Adhesions: is not recommended in the cervical spine secondary to the potential for dural puncture, hematoma, and spinal cord injury.

5. Medications/Pharmacy. Medication used in the treatment of cervical injuries is appropriate for controlling acute and chronic pain and inflammation. Use of medications will vary widely due to the spectrum of injuries from simple strains to post-surgical healing. All drugs should be used according to patient needs. A thorough medication history, including use of alternative and over the counter medications, should be performed at the time of the initial visit and updated periodically. Treatment for pain control is initially accomplished with acetaminophen and/or NSAIDs. The patient should be educated regarding the interaction with prescription and over-the-counter medications as well as the contents of over-the-counter herbal products. The following are listed in alphabetical order:

5.a. - 11.b.ii.(e). …

(f). The effect of any medications that may pose a safety risk to the patient, co-workers or the general public should be considered with regard to the workplace and home.

11.b.iii. - 12. …

a. On occasion, specific diagnoses and post-surgical conditions may warrant durations of treatment beyond those listed as "maximum". Factors such as exacerbation of symptoms, re-injury, interrupted continuity of care and co-morbidities may also extend durations of care. Specific goals with objectively measured functional improvement during treatment must be cited to justify extended durations of care. It is recommended that, if no functional gain is observed after the number of treatments under "time to produce effect" has been completed alternative treatment interventions, further diagnostic studies or further consultations should be pursued.

b. Patients should be instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Follow-up visits to reinforce and monitor progress and proper technique are recommended. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.

c. The following active therapies are listed in alphabetical order.

i. Activities of Daily Living (ADL) are well-established interventions which involve instruction, active-assisted training, and/or adaptation of activities or equipment to improve a person's capacity in normal daily activities such as self-care, work re-integration training, homemaking, and driving.

(a). Time to Produce Effect: four to five treatments.

(b). Frequency: three to five times per week.

(c). Optimum Duration: four to six weeks.

(d). Maximum Duration: six weeks.

ii. Aquatic Therapy is a well-accepted treatment which consists of the therapeutic use of aquatic immersion for therapeutic exercise to promote strengthening, core stabilization, endurance, range-of-motion, flexibility, body mechanics, and pain management. Aquatic therapy includes the implementation of active therapeutic procedures in a swimming or therapeutic pool. The water provides a buoyancy force that lessens the amount of force gravity applies to the body. The decreased gravity effect allows the patient to have a mechanical advantage and more likely have

a successful trial of therapeutic exercise. The therapy may be indicated for individuals who:

(a). cannot tolerate active land-based or full-weight bearing therapeutic procedures;

(b). require increased support in the presence of proprioceptive deficit;

(c). are at risk of compression fracture due to decreased bone density;

(d). have symptoms that are exacerbated in a dry environment;

(e). would have a higher probability of meeting active therapeutic goals than in a dry environment;

(f). the pool should be large enough to allow full extremity range-of-motion and fully erect posture. Aquatic vests, belts, and other devices may be used to provide stability, balance, buoyancy, and resistance.

(i). Time to Produce Effect: four to five treatments

(ii). Frequency: three to five times per week.

(iii). Optimum Duration: four to six weeks.

(iv). Maximum Duration: eight weeks.

(v.). A self-directed program is recommended after the supervised aquatics program has been established, or, alternatively a transition to a self-directed dry environment exercise program.

iii. Functional activities are well-established interventions which involve the use of therapeutic activities to enhance mobility, body mechanics, employability, coordination, balance, and sensory motor integration.

(a). Time to Produce Effect: four to five treatments

(b). Frequency: three to five times per week

(c). Optimum Duration: four to six weeks

(d). Maximum Duration: six weeks

iv. Functional electrical stimulation is an accepted treatment in which the application of electrical current to elicit involuntary or assisted contractions of atrophied and/or impaired muscles. It may be indicated for muscle atrophy due to radiculopathy.

(a). Time to Produce Effect: two to six treatments.

(b). Frequency: three times per week.

(c). Optimum Duration: eight weeks.

(d). Maximum Duration: eight weeks. If beneficial, provide with home unit.

v. Neuromuscular re-education is a generally accepted treatment. It is the skilled application of exercise with manual, mechanical, or electrical facilitation to enhance strength, movement patterns, neuromuscular response, proprioception, kinesthetic sense, and coordination, education of movement, balance, and posture. Indications include the need to promote neuromuscular responses through carefully timed proprioceptive stimuli, to elicit and improve motor activity in patterns similar to normal neurologically developed sequences, and improve neuromotor response with independent control.

(a). Time to Produce Effect: two to six treatments.

(b). Frequency: three times per week.

(c). Optimum Duration: four to eight weeks.

(d). Maximum Duration: eight weeks.

vi. Spinal stabilization is a generally accepted treatment. The goal of this therapeutic program is to strengthen the spine in its neural and anatomic position. The stabilization is dynamic which allows whole body movements while maintaining a stabilized spine. It is the ability to move and function normally through postures and activities without creating undue vertebral stress.

(a). Time to Produce Effect: four to eight treatments.

(b). Frequency: three to five times per week.

(c). Optimum Duration: four to eight weeks.

(d). Maximum Duration: eight weeks.

vii. Therapeutic exercise is a generally well-accepted treatment. Therapeutic exercise with or without mechanical assistance or resistance, may include isoinertial, isotonic, isometric and isokinetic types of exercises. Indications include the need for cardiovascular fitness, reduced edema, improved muscle strength, improved connective tissue strength and integrity, increased bone density, promotion of circulation to enhance soft tissue healing, improvement of muscle recruitment, improved proprioception and coordination, increased range-of-motion and are used to promote normal movement patterns. Therapeutic exercise can also include complementary/alternative exercise movement therapy (with oversight of a physician or appropriate healthcare professional).

(a). Time to Produce Effect: two to six treatments.

(b). Frequency: three to five times per week.

(c). Optimum Duration: four to eight weeks.

(d). Maximum Duration: eight weeks.

13. - 13.f.iv. ….

g. Intramuscular Manual Therapy: Trigger Point Dry Needling. IMT involves using filament needles to treat "Trigger Points" within muscle. It may require multiple advances of a filament needle to achieve a local twitch response to release muscle tension and pain. Dry needling is an effective treatment for acute and chronic pain of neuropathic origin with very few side effects. Dry needling is a technique to treat the neuro-musculoskeletal system based on pain patterns, muscular dysfunction and other orthopedic signs and symptoms.

i. Time to produce effect: immediate

ii. Frequency: one to two times a week

iii. Optimum duration: 6 weeks

iv. Maximum duration: 2 months

h. Mobilization (Soft Tissue): is a generally well-accepted treatment. Mobilization of soft tissue is the skilled application of muscle energy, strain/counter strain, myofascial release, manual trigger point release, and other manual therapy techniques designed to improve or normalize movement patterns through the reduction of soft tissue pain and restrictions. These can be interactive with the patient participating or can be with the patient relaxing and letting the practitioner move the body tissues. Indications include muscle spasm around a joint, trigger points, adhesions, and neural compression. Mobilization should be accompanied by active therapy.

i. Time to Produce Effect: four to nine treatments.

ii. Frequency: Up to three times per week.

iii. Optimum Duration: four to six weeks.

iv. Maximum Duration: six weeks

i Short-Wave Diathermy is an accepted treatment which involves the use of equipment that exposes soft tissue to a magnetic or electrical field. Indications include enhanced collagen extensibility before stretching, reduced muscle guarding, reduced inflammatory response, and enhanced reabsorption of hemorrhage/hematoma or edema.

i. Time to Produce Effect: two to four treatments

ii. Frequency: two to three times per week up to three weeks

iii. Optimum Duration: three to five weeks

iv. Maximum Duration: five weeks

j. Superficial Heat and Cold Therapy (Excluding Infrared Therapy is a generally accepted treatment. Superficial heat and cold are thermal agents applied in various manners that lower or raise the body tissue temperature for the reduction of pain, inflammation, and/or effusion resulting from injury or induced by exercise. It includes application of heat just above the surface of the skin at acupuncture points. Indications include acute pain, edema and hemorrhage, need to increase pain threshold, reduce muscle spasm, and promote stretching/flexibility. Cold and heat packs can be used at home as an extension of therapy in the clinic setting.

i. Time to Produce Effect: Immediate

ii. Frequency: two to five times per week

iii. Optimum Duration: three weeks as primary or intermittently as an adjunct to other therapeutic procedures up to two months

iv. Maximum Duration: two months

k. Traction-Manual—is an accepted treatment and an integral part of manual manipulation or joint mobilization. Indications include decreased joint space, muscle spasm around joints, and the need for increased synovial nutrition and response. Manual traction is contraindicated in patients with tumor, infection, fracture, or fracture dislocation.

i. Time to Produce Effect: one to three sessions

ii. Frequency: two to three times per week

iii. Optimum Duration: 30 days

iv. Maximum Duration: one month

l. Traction. Mechanical is a generally accepted treatment and most commonly used for patients with radicular findings. It is sometimes used to treat symptoms from decreased joint space and muscle spasm around the joints. If successful it should be shifted to home traction. Traction modalities are contraindicated in patients with tumor, infections, fracture, or fracture dislocation. Non-oscillating inversion traction methods are contraindicated in patients with glaucoma or hypertension. A home cervical traction unit may be purchased if therapy proves effective.

i. Time to Produce Effect: 1 to 3 sessions up to 30 minutes. If response is negative after 3 treatments, discontinue this modality

ii. Frequency: two to three times per week. A home cervical traction unit may be purchased if therapy proves effective.

iii. Optimum Duration: four weeks.

iv. Maximum Duration: four weeks.

m. Transcutaneous electrical nerve stimulation (TENS) is a generally accepted treatment which should include at least one instructional session for proper application and use. Indications include muscle spasm, atrophy, and decreased circulation and pain control. Minimal TENS unit parameters should include pulse rate, pulse width and amplitude modulation. Consistent, measurable, functional improvement must be documented prior to the purchase of a home unit.

i. Time to Produce Effect: Immediate

ii. Frequency: Variable

iii. Optimum Duration: three sessions

iv. Maximum Duration: three sessions. Purchase or provide with home unit if effective.

n. Ultrasound (including phonophoresis) is an accepted treatment which uses sonic generators to deliver acoustic energy for therapeutic thermal and/or non-thermal soft tissue effects. Indications include scar tissue, adhesions, collagen fiber and muscle spasm, and the need to extend muscle tissue or accelerate the soft tissue healing. Ultrasound with electrical stimulation is concurrent delivery of electrical energy that involves dispersive electrode placement. Indications include muscle spasm, scar tissue, pain modulation, and muscle facilitation.

i. Phonophoresis is the transfer of medication through the use of sonic generators to the target tissue to control inflammation and pain. These topical medications include, but are not limited to, steroidal anti-inflammatory and anesthetics.

(a). Time to Produce Effect: 6 to 15 treatments

(b). Frequency: three times per week

(c). Optimum Duration: four to eight weeks

(d). Maximum Duration: eight weeks

14 - 14.a. ….

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1640 (June 2011), amended LR 39:

§2011. Therapeutic Procedures—Operative

A. - B. ….

1. Referral for surgical evaluation and treatment. Consultation should be made to an appropriate surgical specialist for surgical evaluation and treatment when operative treatment is considered.

a. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon.

b. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively

C. - E. …

F. Cervical Operative Procedures and Conditions

1. Acute fractures and dislocations: Decisions regarding the need for surgery in acute traumatic injury will depend on the specific injury type and possibility of long-term neurologic damage. Acute disc herniations may occur in the presence of traumatic injury.

a. Halo Immobilization

i. Description. Intervention that restricts flexion-extension motion. Halo vest will provide significant but not complete rotational control and is the most effective device for treating unstable injuries to the cervical spine.

ii. Complications. May include pin infection, pin loosening, and palsy of the sixth cranial nerve.

iii. Surgical Indications. Cervical fractures requiring the need for nearly complete restriction of rotational control, and to prevent graft dislodgment, spine mal-alignment, or pseudarthrosis. Decision for use of halo is at the discretion of the surgeon based upon the patients' specific injury. Not indicated for unstable skull fractures or if skin overlying pin sites is traumatized.

iv. Operative Treatment. Placement of the pins and apparatus.

v. Post-Operative Therapy. Traction may be required for re-alignment and or fracture reduction (amount to be determined by surgeon), active and/or passive therapy, pin care.

b. Anterior or Posterior Decompression with Fusion

i. Description—to provide relief of pressure on the cervical spinal cord and nerve roots, and alignment and stabilization of the spine. May involve the use of bone grafts, sometimes combined with metal devices, to produce a rigid connection between two or more adjacent vertebrae.

ii. Complications—appropriate medical disclosures should be provided to the patient as deemed necessary by the treating physician.

iii. Surgical Indications—when a significant or progressive neurological deficit exists in the presence of spinal canal compromise. Whether early decompression and reduction of neural structures enhances neurological recovery continues to be debated. Currently, a reasonable approach would be to treat non-progressive neurological deficits on a semi-urgent basis, when the patient's systemic condition is medically stable.

iv. Operative Treatment—both anterior and posterior surgical decompression of the cervical spine are widely accepted. The approach is guided by location of the compressive pathology as well as the presence of other concomitant injuries. Posterior stabilization and fusion alone may be indicated for patients who have been realigned with traction and do not have significant canal compromise. The anterior approach is acceptable if there is disc and/or vertebral body anteriorly compromising the canal. The posterior approach may be indicated in radiculopathy in the absence of myelopathy and with evidence of pseudarthrosis on radiographs, or if the compression pathology is arising posteriorly.

(a). The number of levels involved in the fracture pattern determines the choice between the use of wire techniques versus spinal plates. In injuries treated with an anterior decompression procedure, anterior bone grafting alone does not provide immediate internal fixation and an anterior cervical plate is significantly beneficial. Patients who undergo surgery for significant fracture dislocations of the spine (three level injury) with canal compromise are best managed with anterior cervical decompression, fusion, and plating but in some cases posterior stabilization and fusion are also considered.

(b). Recombinant human bone morphogenetic protein (rhBMP-2) is a member of a family of cytokines capable of inducing bone formation. It is produced from genetically modified cell lines using molecular cloning techniques. Use of rhBMP-2 in the cervical spine may carry a risk of swelling and ectopic bone formation which can encroach on neurovascular structures and on the esophagus. BMP usage in the anterior cervical spine is generally not indicated.

v. Post-Operative Treatment. Cervical bracing may be appropriate (usually 6-12 weeks with fusion). Home programs with instruction in ADLs, sitting, posture, and a daily walking program should be an early part of the rehabilitation process. Referral to a formal rehabilitation program, with emphasis on cervical, scapular, and thoracic strengthening, and restoration of ROM, is appropriate once the fusion is solid and without complication. Active treatment, which patients should have had prior to surgery, will frequently require a repeat of the sessions previously ordered. The goals of the therapy program should include instruction in a long-term home-based exercise program. (Refer to Active Therapy).

2. Disc herniation and other cervical conditions. Operative treatment is indicated only when the natural history of an operatively treatable problem is better than the natural history of the problem without operative treatment. All patients being considered for surgical intervention should undergo a comprehensive neuromuscular examination to identify pain generators that may respond to nonsurgical techniques or may be refractory to surgical intervention. Timely decision making for operative intervention is critical to avoid deconditioning, and increased disability of the cervical spine.

a. General Recommendations. There is some evidence to suggest that recovery from cervical radiculopathy in patients without clinical signs of spinal cord compression at one year is similar with one-level fusion, physical therapy, or rigid cervical collar use. For patients with whiplash injury (Quebec Classification Grade Levels I or II), there is no evidence of any beneficial effect of operative treatment. Refer to (Soft Tissue Injury Evaluation), for Discussion on Quebec Classification Levels.

b. If cervical fusion is being considered, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the time of healing. Because smokers have a higher risk of non-union and higher post-operative costs, it is recommended that insurers cover a smoking cessation program peri-operatively.

c. General indications for surgery. operative intervention should be considered and a consultation obtained when improvement of symptoms has plateaued and the residual symptoms of pain and functional disability are unacceptable at the end of six weeks of treatment, or at the end of longer duration of non-operative intervention for debilitated patients with complex problems. Choice of hardware instrumentation is based on anatomy, the patient's pathology, and surgeon's experience and preference.

i. Specific indications include:

(a). for patients with myelopathy immediate surgical evaluation and treatment is indicated;

(b). for patients with cervical radiculopathy:

(i). early intervention may be required for acute incapacitating pain or in the presence of progressive neurological deficits;

(ii). persistent or recurrent arm pain with functional limitations, unresponsive to conservative treatment after six weeks; or

(iii). progressive functional neurological deficit; or

(iv). static neurological deficit associated with significant radicular pain; and

(v). confirmatory imaging studies consistent with clinical findings;

(c). for patients with persistent non-radicular cervical pain: in the absence of a radiculopathy, it is recommended that a decisive commitment to surgical or nonsurgical interventions be made within four to five months following injury. The effectiveness of three-level cervical fusion for non-radicular pain has not been established. In patients with non-radicular cervical pain for whom fusion is being considered, required pre-operative indications include all of the following.

(i). In general, if the program of non-operative treatment fails, operative treatment is indicated when:

[a]. improvement of the symptoms has plateaued, and the residual symptoms of pain and functional disability are unacceptable at the end of 6 to 12 weeks of active treatment, or at the end of longer duration of non-operative programs for debilitated patients with complex problems; and/or

[b]. frequent recurrences of symptoms cause serious functional limitations even if a non-operative active treatment program provides satisfactory relief of symptoms, and restoration of function on each recurrence;

[c]. mere passage of time with poorly guided treatment is not considered an active treatment program;

(ii). all pain generators are adequately defined and treated; and

(iii). all physical medicine and manual therapy interventions are completed; and

(iv). x-ray, MRI, or CT/discography demonstrating disc pathology or spinal instability; and

(v). spine pathology limited to two levels; and

(vi). psychosocial evaluation for confounding issues addressed;

(vii). for any potential surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of healing. Because smokers have a higher risk of non-union and higher post-operative costs, it is recommended that insurers cover a smoking cessation program peri-operatively.

ii. Surgical procedures include:

(a). Cervical Discectomy with or without Fusion

(i). Description. Procedure to relieve pressure on one or more nerve roots or spinal cord. It may be performed with or without the use of a microscope.

(ii). Complications. Appropriate medical disclosures should be provided to the patient as deemed necessary by the treating physician.

(iii). Surgical Indications. Radiculopathy from ruptured disc or spondylosis, spinal instability, or patients with non-radicular neck pain meeting fusion criteria. There is no evidence that discectomy with fusion versus discectomy without fusion has superior long-term results. Discectomy alone is generally considered in patients with pure radicular symptoms from their herniated disc and who have sufficiently large foramen that disc space collapse is unlikely to further compromise the nerve root. Failure rates increase with disease at more than two levels.

(iv). Operative Treatment. Cervical plating may be used to prevent graft dislodgment especially for multi-level disease.

[a]. Recombinant Human Bone Morphogenetic Protein (rhBMP-2) is a member of a family of cytokines capable of inducing bone formation. It is produced from genetically modified cell lines using molecular cloning techniques. Use of rhBMP-2 in the cervical spine may carry a risk of swelling and ectopic bone formation which can encroach on neurovascular structures and on the esophagus. BMP usage in the anterior cervical spine is generally not indicated.

(v). Post-Operative Therapy. Cervical bracing may be appropriate (usually 6 - 12 weeks with fusion). Home programs with instruction in ADLs, sitting, posture, and a daily walking program should be an early part of the rehabilitation process. Referral to a formal rehabilitation program, with emphasis on cervical, scapular, and thoracic strengthening and restoration of ROM is appropriate, once fusion is solid and without complication. Active treatment, which patients should have had prior to surgery, will frequently require a repeat of the sessions previously ordered. The goals of the therapy program should include instruction in a long-term home-based exercise program. (Refer to Active Therapy).

(b). Cervical Corpectomy

(i). Description. Removal of a portion or the entire vertebral body from the front of the spine. May also include removal of the adjacent discs. Usually involves fusion.

(ii). Complications. Appropriate medical disclosures should be provided to the patient as deemed necessary by the treating physician.

(iii). Surgical Indications. Single or two-level spinal stenosis, spondylolisthesis, or severe kyphosis, with cord compression.

(iv). Operative Treatment. Neural decompression, fusion with instrumentation, or halo vest placement to maintain cervical position. Hemicorpectomy may be done when only a portion of the vertebral body needs to be resected. Allografts may be used for single bone graft fusion; however, autografts are generally preferable for multi-level fusions unless a large strut graft is required.

(v). Post-Operative Therapy—dependent upon number of vertebral bodies involved, healing time may be longer than discectomy. Halo vest care is required. Home programs with instruction in ADLs, sitting, posture, and a daily walking program should be an early part of the rehabilitation process. Referral to a formal rehabilitation program with emphasis on cervical, scapular, and thoracic strengthening is appropriate for most patients once the cervical spine is deemed stable and without complication. The goals of the therapy program should include instruction in a long-term home-based exercise program. (Refer to Active Therapy).

(c). Cervical Laminectomy with or without Foraminotomy or Fusion:

(i). Description. Surgical removal of the posterior portion of a vertebrae in order to gain access to the spinal cord or nerve roots with or without stabilization fusion. /instrumentation.

(ii). Complications. May include perineural fibrosis, kyphosis in fractures without fusion or with failed fusion, nerve injury, post surgical instability (with foraminotomies), CSF leak, infection, in-hospital mortality, non-union of fusion, donor site pain (autograft only).

(iii). Surgical Indications. Neural compression.

(iv). Operative Treatment. Laminotomy, partial discectomy, and nerve root decompression.

(v). Post-Operative Therapy. Cervical bracing may be appropriate (usually 6 to 12 weeks with fusion). Home programs with instruction in ADLs, sitting, posture, and a daily walking program should be an early part of the rehabilitation process. Referral to a formal rehabilitation program with emphasis on cervical, scapular, and thoracic strengthening and restoration of ROM is appropriate for most patients once the cervical spine is deemed stable and without complication. The goals of the therapy program should include instruction in a long-term home-based exercise program. (Refer to Active Therapy).

(d). Cervical Laminoplasty

(i). Description. Technique that increases anterior or posterior dimensions of the spinal canal while leaving posterior elements partially intact. It may be performed with or without the use of a microscope.

(ii). Complications. Loss of cervical motion, especially extension.

(iii). Surgical Indications. Multi-level disease: cervical spinal stenosis or spondylitic myelopathy. Not indicated in cervical kyphosis.

(iv). Operative Treatment. Posterior approach, with or without instrumentation.

(v). Post-Operative Therapy. May include 4 to 12 weeks of cervical bracing. Home programs with instruction in ADLs, sitting, posture, and daily walking program should be an early part of the rehabilitation process. Referral to a formal rehabilitation program with emphasis on cervical, scapular, and thoracic strengthening and restoration of ROM is appropriate once the cervical spine is stable and without complication. Active treatment which patients should have had prior to surgery will frequently require a repeat of the sessions previously ordered. The goals of the therapy program should include instruction in a long-term, home-based exercise program. (Refer to Active Therapy).

(e). Percutaneous Discectomy:

(i). Description. An invasive operative procedure to accomplish partial removal of the disc through a needle which allows aspiration of a portion of the disc trocar under imaging control.

(ii). Complications include, but are not limited to, injuries to the nerve or vessel, infection, and hematoma.

(iii). Surgical Indications. Percutaneous discectomy is indicated only in cases of suspected septic discitis in order to obtain diagnostic tissue. The procedure is not recommended for contained disc herniations or bulges with associated radiculopathy due to lack of evidence to support long-term improvement.

(iv). Operative Treatment: Partial Discectomy

3. Artificial Cervical Disc Replacement. This involves the insertion of an FDA approved prosthetic device into the cervical intervertebral space with the goal of maintaining physiologic motion at the treated cervical segment. The use of artificial discs in motion-preserving technology should be based on the surgeon's skill and training.

4. Percutaneous radiofrequencey disc decompression of the cervical spine is an investigational procedure which introduces a 19 gauge cannula under local anesthesia and fluoroscopic guidance into the nucleus pulposus of a contained herniated disc, using radiofrequency energy to dissolve and remove disc material. Pressure inside the disc is lowered as a result. There have been no randomized clinical trials of this procedure at this time. It is not recommended.

5. Epiduroscopy and Epidural Lysis of Adhesions. Refer to Therapeutic Injections.

6. Intraoperative neurophysiologic monitoring (IONM) is a battery of neurophysiologic tests used to assess the functional integrity of the spinal cord, nerve roots, and other peripheral nervous system structures (eg, brachial plexus) during spinal surgery. The underlying principle of IONM is to identify emerging insult to nervous system structures, pathways, and/or related vascular supply and to provide feedback regarding correlative changes in neural function before development of irreversible neural injury. IONM data provide an opportunity for intervention to prevent or minimize postoperative neurologic deficit. Current multimodality monitoring techniques permit intraoperative assessment of the functional integrity of afferent dorsal sensory spinal cord tracts, efferent ventral spinal cord motor tracts, and nerve roots. Combined use of these techniques is useful during complex spinal surgery because these monitoring modalities provide important complementary information to the surgery team. Intraoperative neurophysiologic monitoring should be used during spinal surgery when information regarding spinal cord and nerve root function is desired. The appropriate diagnostic modality for the proposed surgical intervention should be utilized at the discretion of the surgeon.

7. Non invasive electrical bone growth stimulators may be considered:

a. as an adjunct to becomespinal fusion surgery for those at high risk for pseudoarthrosis, including one or more of the following fusion failure risk factors:

i. one or more previous failed spinal fusion(s);

ii. grade ii or worse spondylolisthesis;

iii. fusion to be performed at more than one level;

iv. presence of other risk factors that may contribute to non-healing:

(a). current smoking;

(b). diabetes;

(c). renal disease;

(d). other metabolic diseases where bone healing is likely to be compromised (e.g.: significant osteoporosis);

(e). active alcoholism;

(f). common Morbid obesity BMI >40;

b. as treatment for individuals with failed spinal fusion. Failed spinal fusion is defined as percutaneous spinal

procedures gain greater acceptance.a spinal fusion that has not healed at a minimum of 6 months after the original surgery, as evidenced by serial x-rays over a course of 3 months during the latter portion of the 6 month period;

c. no strict criteria for device removal are suggested in the literature. Implanted devices are generally removed only when the patient complains of discomfort, when there is device malfunction, or to allow for future ability to use MRI. Removal of batteries is not recommended unless there is a device malfunction or other complication.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1651 (June 2011), amended LR 39:

Subpart 2. Medical Treatment Guidelines

Chapter 20. Spine Medical Treatment Guidelines

Subchapter B. Low Back Pain

§2015. General Guideline Principles

A. - A.1. …

2. Education. Education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of workers' compensation injuries. Currently, practitioners often think of education last, after medications, manual therapy, and surgery. Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers, and the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient. More in-depth education currently exists within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention.

3. - 5. ….

6. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

7. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

8. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of "cure" with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

9. Pharmacy—Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the State of Louisiana including, but not limited to: Louisiana State Board of Medical Examiners regulations governing Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for Pain Management Clinics; Other laws and regulations affecting the prescribing and dispensing of medications in the State of Louisiana.

10. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

11. Return To Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply "sedentary" or "light duty." The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

12. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The

OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

13. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient of Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as "not recommended."

14. Treatment of Pre-Existing Conditions. The conditions that preexisted the work injury/disease will need to be managed under two circumstances:

a. a pre-existing condition exacerbated by a work injury/disease should be treated until the patient has returned to their objectively verified prior level of functioning or MMI; and

b. a pre-existing condition not directly caused by a work injury/disease but which may prevent recovery from that injury should be treated until its objectively verified negative impact has been controlled. The focus of treatment should remain on the work injury/disease.

B. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1631 (June 2011), amended LR 39:

§2017. Initial Diagnostic Procedures

A. - A.1.a.iv. …

v. any treatment for current injuries or results;

vi. ability to perform job duties and activities of daily living.

b. Past History

i. past medical history includes neoplasm, gout, arthritis, hypertension, kidney stones, and diabetes;

ii. - iii. ….

iv. vocational and recreational pursuits;

v. history of depression, anxiety, or other psychiatric illness; and

vi. prior occupational and non-occupational injuries to the same area including specific prior treatment, chronic or recurrent symptoms, and any functional limitations; specific history regarding prior motor vehicle accidents may be helpful.

c. Physical Examination—should include accepted tests and exam techniques applicable to the area being examined, including:

i. general and visual inspection, including posture, stance and gait;

ii. palpation of spinous processes, facets, and pelvis; and muscles noting myofascial tightness, tenderness and trigger points

iii. lumbar range of motion, and quality of motion, and presence of muscle spasm. Motion evaluation of specific joints may be indicated;

iv. examination of thoracic spine and pelvis;

v. nerve tension testing;

vi. sensory and motor examination of the lower extremities with specific nerve root focus;

vii. deep tendon reflexes with or without Babinski's;

viii. if applicable to injury, anal sphincter tone and/or perianal sensation; and

ix. if applicable, abdominal examination, vascular examination, circumferential lower extremity measurements, or evaluation of hip or other lower extremity abnormalities;

x. if applicable, Waddell Signs, which include five categories of clinical signs tenderness; superficial and non-anatomic, pain with simulation: axial loading and rotation; regional findings: sensory and motor, inconsistent with nerve root patterns; distraction/inconsistency in straight leg raising findings, and over-reaction to physical examination maneuvers. Significance may be attached to positive findings in three out of five of these categories, but not to isolated findings. Waddell advocates considering Waddell's signs prior to recommending a surgical procedure. These signs should be measured routinely to identify patients requiring further assessment (i.e., biopsychosocial) prior to undergoing back surgery.

(a). It is generally agreed that Waddell Signs are associated with decreased functional performance and greater subjective pain levels, though they provide no information on the etiology of pain. Waddell Signs cannot be used to predict or diagnose malingering. Their presence of three out of five signs may most appropriately be viewed as a "yellow flag", or screening test, alerting clinicians to those patients who require a more comprehensive approach to their assessment and care plan. Therefore, if three out of five Waddell Signs are positive in a patient with subacute or chronic back pain, a psychosocial evaluation should be part of the total evaluation of the patient. Refer to Personality/Psychological/Psychosocial Evaluation.

d. Relationship to Work. This includes a statement of the probability that the illness or injury is work-related. If further information is necessary to determine work relatedness, the physician should clearly state what additional diagnostic studies or job information is required.

2. ….

a. history of significant trauma, especially blunt trauma or fall from a height; greater than one meter; high impact motor vehicle accident, rollover, ejection, bicycle, or recreational vehicle collision; seatbelt use;

2.b. - 3.e. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1656 (June 2011), amended LR 39:

§2019. Follow-Up Diagnostic Imaging and Testing Procedures

A. One diagnostic imaging or testing procedure may provide the same or distinctive information as does another procedure. Therefore, prudent choice of a single diagnostic procedure, a complement of procedures, or a sequence of procedures will optimize diagnostic accuracy; and maximize cost effectiveness (by avoiding redundancy), and minimize potential adverse effects to patients. All imaging and testing procedures have a degree of specificity and sensitivity for various diagnoses. No isolated imaging test can assure a correct diagnosis.

B. Clinical information obtained by history taking and physical examination should form the basis for selecting an imaging procedure and interpreting its results. Clinical updates must demonstrate the patient's current status to document the need for diagnostic testing or additional treatment. A brief history, changes in clinical findings such as orthopedic and neurological tests, and measurements of function with emphasis on the current, specific physical limitations will be important when seeking approval of future care. The emphasis of the medical treatment schedule are that the determination of the need to continue treatment is based on functional improvement, and that the patient's ability (current capacity) to return to work is needed to assist in disability management.

C. Magnetic resonance imaging (MRI), myelography, or computed axial tomography (CT) scanning following myelography, and other imaging procedures and testing may provide useful information for many spinal disorders. When a diagnostic procedure, in conjunction with clinical information, can provide sufficient information to establish an accurate diagnosis, the second diagnostic procedure will become a redundant procedure. At the same time, a subsequent diagnostic procedure can be a complementary diagnostic procedure if the first or preceding procedures, in conjunction with clinical information, cannot provide an accurate diagnosis. Usually, preference of a procedure over others depends upon availability, a patient's tolerance, and/or the treating practitioner's familiarity with the procedure.

1. - 2.b.v. …..

vi. Contraindications

(a). absolute contraindications to diagnostic injections include: bacterial infection-systemic or localized to region of injection; bleeding diatheses; hematological conditions; and possible pregnancy;

(b). relative contraindications to diagnostic injections may include: allergy to contrast, poorly controlled diabetes mellitus and hypertension;

(c). drugs affecting coagulation may require restriction from use. Anti-platelet therapy and anti-coagulations should be addressed individually by a knowledgeable specialist. It is recommended to refer to the American Society of Regional Anesthesia for anticoagulation guidelines.

vii. Specific Diagnostic Injections. In general, relief should last for at least the duration of the local anesthetic used and should significantly relieve pain and result in functional improvement. Refer to "Injections – Therapeutic" for information on specific therapeutic injections.

(a). Medial Branch Blocks are generally accepted diagnostic injections, used to determine whether a patient is a candidate for radiofrequency medial branch neurotomy (also known as facet rhizotomy). ISIS suggests controlled blocks, using either placebo or anesthetics with varying lengths of activity (i.e., bupivacaine longer than lidocaine). To be a positive diagnostic block, the patient should report a reduction of pain of 50 percent or greater relief from baseline for the length of time appropriate for the local anesthetic used. In almost all cases, this will mean a reduction of pain to one or two on the Visual Analog Scale (VAS) 10-point scale correlated with functional improvement. The patient should also identify activities of daily living (which may include measurements of range of motion) that are impeded by their pain and can be observed to document functional improvement in the clinical setting. Ideally, these activities should be assessed throughout the observation period for function. The observer should not be the physician who performed the procedure. It is suggested that this be recorded on a form similar to ISIS recommendations or American Society of Interventional Pain Physicians (ASIPP)

(i). A separate comparative block on a different date may be performed to confirm the level of involvement. A comparative block uses anesthetics of varying lengths of activity. Medial Branch blocks are probably not helpful to determine the likelihood of success for spinal fusion.

(ii). Frequency and Maximum Duration: May be repeated once for comparative blocks. Limited to four levels

(b). Transforaminal injections/spinal selective nerve block (SSNB) are generally accepted and useful in identifying spinal pathology. When performed for diagnosis, small amounts of local anesthetic up to a total volume of 1.0 cc should be used to determine the level of nerve root irritation. A positive diagnostic block should result in a positive diagnostic functional benefit and a 50 percent reduction in nerve-root generated pain appropriate for the anesthetic used as measured by accepted pain scales (such as a VAS).

(i). Time to Produce Effect: less than 30 minutes for local anesthesia; corticosteroids up to 72 hours for most patients.

(ii). Frequency and Maximum Duration: once per suspected level. Limited to two levels

(c). Zygapophyseal (Facet) Blocks. Facet blocks are generally accepted but should not be considered diagnostic blocks for the purposes of determining the need for a rhizotomy (radiofrequency medial branch neurotomy), nor should they be done with medial branch blocks. These blocks should not be considered a definitive diagnostic tool. They may be used diagnostically to direct functional

rehabilitation programs. A positive diagnostic block should result in a positive diagnostic functional benefit and a 50 percent reduction in pain appropriate for the anesthetic used as measured by accepted pain scales (such as a VAS). They then may be repeated per the therapeutic guidelines when they are accompanied by a functional rehabilitation program. (Refer to Therapeutic Spinal Injections).

(i). Time to Produce Effect: Less than 30 minutes for local anesthesia; corticosteroids up to 72 hours for most patients;

(ii). Frequency and Maximum Duration: Once per suspected level, limited to two levels.

(d). Sacroiliac Joint Injection. A generally accepted Injection of local anesthetic in an intra-articular fashion into the sacroiliac joint under fluoroscopic guidance. Long-term therapeutic effect has not yet been established. Indications: Primarily diagnostic to rule out sacroiliac joint dysfunction versus other pain generators. Intra-articular injection can be of value in diagnosing the pain generator. There should be documented relief from previously painful maneuvers (e.g., Patrick's test) and at least 50 percent pain relief on post-injection physical exam (as measured by accepted pain scales such as a VAS) correlated with functional improvement. Sacroiliac joint blocks should facilitate functionally directed rehabilitation programs.

(i). Time to produce effect: Up to 30 minutes for local anesthetic;

(ii). Frequency and Maximum Duration: 1.

c. Personality/ Psychological/ Psychiatric/ Psychosocial Evaluation. These are generally accepted and well-established diagnostic procedures with selective use in the upper extremity population, but have more widespread use in subacute and chronic upper extremity populations. Diagnostic testing procedures may be useful for patients with symptoms of depression, delayed recovery, chronic pain, recurrent painful conditions, disability problems, and for preoperative evaluation. Psychological/psychosocial and measures have been shown to have predictive value for postoperative response, and therefore should be strongly considered for use pre-operatively when the surgeon has concerns about the relationship between symptoms and findings, or when the surgeon is aware of indications of psychological complication or risk factors for psychological complication (e.g. childhood psychological trauma). Psychological testing should provide differentiation between pre-existing conditions versus injury caused psychological conditions, including depression and posttraumatic stress disorder. Psychological testing should incorporate measures that have been shown, empirically, to identify comorbidities or risk factors that are linked to poor outcome or delayed recovery.

i. Formal psychological or psychosocial evaluation should be performed on patients not making expected progress within 6 to 12 weeks following injury and whose subjective symptoms do not correlate with objective signs and test results. In addition to the customary initial exam, the evaluation of the injured worker should specifically address the following areas:

(a). employment history;

(b). interpersonal relationships-both social and work;

(c). patient activities;

(d). current perception of the medical system;

(e). current perception/attitudes toward employer/job;

(f). results of current treatment;

(g). risk factors and psychological comorbidities that may influence;

(h). outcome and that may require treatment:

(i). childhood history, including history of childhood psychological trauma, abuse and family history of disability;

ii. personality/ psychological/ psychosocial evaluations consist of two components, clinical interview and psychological testing. Results should help clinicians with a better understanding of the patient in a number of ways. Thus the evaluation result will determine the need for further psychosocial interventions; and in those cases, diagnostic and statistical manual of mental disorders (DSM) diagnosis should be determined and documented. The evaluation should also include examination of both psychological comorbidities and psychological risk factors that are empirically associated with poor outcome and/or delayed recovery. An individual with a Ph.D., Psy.D, or psychiatric M.D./D.O. credentials should perform initial evaluations, which are generally completed within one to two hours. A professional fluent in the primary language of the patient is preferred. When such a provider is not available, services of a professional language interpreter should be provided.

(a). Frequency: one-time visit for the clinical interview. If psychometric testing is indicated as a part of the initial evaluation, time for such testing should not exceed an additional two hours of professional time.

d. Provocation Discography

i. Description. Discography is an accepted, but rarely indicated, invasive diagnostic procedure to identify or refute a discogenic source of pain for patients who are surgical candidates. Discography should only be performed by physicians who are experienced and have been proctored in the technique. Discograms have a significant false positive rate. It is essential that all indications, pre-conditions, special considerations, procedures, reporting requirements, and results are carefully and specifically followed. Results should be interpreted judiciously.

ii. Indications. Discography may be indicated when a patient has a history of functionally limiting, unremitting low back pain of greater than four months duration, with or without leg pain, which has been unresponsive to all conservative interventions. A patient who does not desire operative therapeutic intervention is not a candidate for an invasive non-therapeutic intervention, such as provocation discography.

(a). Discography may prove useful for the evaluation of the pre-surgical spine, such as pseudarthrosis, discogenic pain at levels above or below a prior spinal fusion, annular tear, or internal disc disruption.

(b). Discography may show disc degeneration and annular disruption in the absence of low back pain. Discography may also elicit concordant pain in patients with mild and functionally inconsequential back pain. Because patients with mild back pain should not be considered for invasive treatment, discography should not be performed on these patients. In symptomatic patients with annular tears on

discography, the side of the tear does not necessarily correlate with the side on which the symptoms occur. The presence of an annular tear does not necessarily identify the tear as the pain generator.

(c). Discography is not useful in previously operated discs, but may have a limited place in the work-up of pseudarthrosis. Discography may prove useful in evaluating the number of lumbar spine levels that might require fusion. CT-Discography provides further detailed information about morphological abnormalities of the disc and possible lateral disc herniations.

iii. Pre-conditions for provocation discography include all of the following.

(a). A patient with functionally limiting, unremitting back and/or leg pain of greater than four months duration in whom conservative treatment has been unsuccessful and in whom the specific diagnosis of the pain generator has not been made apparent on the basis of other noninvasive imaging studies (e.g., MRI, CT, plain films, etc.). It is recommended that discography be reserved for use in patients with equivocal MRI findings, especially at levels adjacent to clearly pathological levels. Discography may be more sensitive than MRI or CT in detecting radial annular tears. However, radial tears must always be correlated with clinical presentation.

(b). Psychosocial Evaluation has been completed. There is some evidence that false positives and complaints of long-term pain arising from the procedure itself occur more frequently in patients with somatoform disorders. Therefore, discograms should not be performed on patients with somatoform disorders.

(c). Patients who are considered surgical candidates (e.g., symptoms are of sufficient magnitude and the patient has been informed of the possible surgical options that may be available based upon the results of discography). Discography should never be the sole indication for surgery.

(d). Informed consent regarding the risks and potential diagnostic benefits of discography has been obtained.

iv. Complications-include, but are not limited to, discitis, nerve damage, chemical meningitis, pain exacerbation, and anaphylaxis therefore, prior to consideration of discography, the patient should undergo other diagnostic modalities in an effort to define the etiology of the patient's complaint including psychological evaluation, myelography, CT and MRI.

v. Contraindications-include:

(a). active infection of any type or continuing antibiotic treatment for infection; and/or

(b). bleeding diathesis or pharmaceutical anticoagulation with warfarin, etc.; and/or

(c). significant spinal stenosis at the level being studied as visualized by MRI, myelography or CT scan; and/or

(d). presence of clinical myelopathy; and/or

(e). effacement of the cord, thecal sac or circumferential absence of epidural fat; and

(f). known allergic reactions.

vi. Special Considerations

(a). Discography should not be performed by the physician expected to perform the therapeutic procedure. The procedure should be carried out by an experienced individual who has received specialized training in the technique of provocation discography.

(b). Discography should be performed in a blinded format that avoids leading the patient with anticipated responses. The procedure should always include one or more disc levels thought to be normal or non-painful in order to serve as an internal control. The patient should not know what level is being injected in order to avoid spurious results. Abnormal disc levels may be repeated to confirm concordance.

(c). Sterile technique must be utilized.

(d). Judicious use of light sedation during the procedure is acceptable, represents the most common practice nationally at the current time, and is recommended by most experts in the field. The patient must be awake and able to accurately report pain levels during the provocation portion of the procedure.

(e). The discography should be performed using a manometer to record pressure. Pressure should not exceed 50 pounds per square inch (psi) above opening pressure.

(f). Intradiscal injection of local anesthetic may be carried out after the provocation portion of the examination and the patient's response.

(g). It is recommended that a post-discogram CT be considered as it frequently provides additional useful information about disc morphology or other pathology.

vii. Reporting of Discography. In addition to a narrative report, the discography report should contain a standardized classification of disc morphology the pain response, and the pressure at which pain is produced. All results should be clearly separated in the report from the narrative portion. Asymptomatic annular tears are common and the concordant pain response is an essential finding for a positive discogram.

(a). When discography is performed to identify the source of a patient's low-back pain, both a concordant pain response and morphological abnormalities must be present at the pathological level prior to initiating any treatment directed at that level. The patient must be awake during the provocation phase of the procedure; therefore, sedative medication must be carefully titrated.

(b). Caution should be used when interpreting results from discography. Several studies indicate that a false positive discogram for pain is likely above a pressure reading of 50 psi above opening pressure. The false positive rate appears to drop to approximately 25 percent using a pressure of 20 psi above opening pressure in a population with low back pain.

(i). Reporting disc morphology as visualized by the post-injection CT scan (when available) should follow the Modified Dallas Discogram Scale where:

[a]. Grade 0 = Normal Nucleus

[b]. Grade 1 = Annular tear confined to inner one-third of annulus fibrosis.

[c]. Grade 2 = Annular tear extending to the middle third of the annulus fibrosis.

[d]. Grade 3 = Annular tear extending to the outer one-third of the annulus fibrosis.

[e]. Grade 4 = A grade 3 tear plus dissection within the outer annulus to involve more than 30 degrees of the disc circumference.

[f]. Grade 5 = Full thickness tear with extra-annular leakage of contrast, either focal or diffuse.

(ii). Reporting of pain response should be consistent with the operational criteria of the International Spine Intervention Society (ISIS) Guidelines or American Society of Interventional Pain Physicians (ASIPP) Guidelines. The report must include the level of concordance for back pain and /or leg pain using a 10-point VAS, or similar quantitative assessment. It should be noted that change in the VAS scale before and after provocation is more important than the number reported.

[a]. Unequivocal Discogenic Pain

[i]. stimulation of the target disc reproduces concordant pain

[ii]. the pain should be registered at least 7 on a 10-point VAS.

[iii]. the pain is reproduced at a pressure of less than 15 psi above opening pressure; and

[iv]. stimulation of two adjacent discs does not produce pain at all

[b]. Definite Discogenic Pain

[i]. stimulation of the target disc reproduces concordant pain

[ii]. the pain should be registered as at least 7 on a 10-point VAS.

[iii]. the pain is reproduced at a pressure of less than 15 psi above opening pressure; and

[iv]. stimulation of at least one adjacent disc does not produce pain at all

[c]. Highly Probable Discogenic Pain

[i]. stimulation of the target disc reproduces concordant pain

[ii]. that pain should be registered as at least 7 on a 10-point VAS.

[iii]. that the pain is reproduced at a pressure of less than 50 psi above opening pressure; and,

[iv]. stimulation of two adjacent discs does not produce pain at all

[d]. Probable Discogenic Pain

[i]. stimulation of the target disc reproduces concordant pain;

[ii]. that pain should be registered as at least 7 on a 10-point VAS;

[iii]. the pain is reproduced at a pressure of less than 50 psi above opening pressure; and

[iv]. stimulation of one adjacent disc does not produce pain at all, and stimulation of another adjacent disc at greater than 50 psi, produces pain, but the pain is not concordant.

[e]. Multiple combinations of factors are possible. However, if the patient does not qualify for at least a 'Probable Discogenic Pain' level, then the discogram should be considered negative. The VAS score prior to the discogram should be taken into account when interpreting the VAS score reported by the patient during the discogram.

[i]. Time Parameters for Provocation Discography are as follows:

aa. Frequency: One time only

bb. Maximum: Repeat Discography is rarely indicated

e. Thermography is an accepted and established procedure, but has no use as a diagnostic test for low back pain. It may be used to diagnose regional pain disorders and in these cases, refer to the OWCA's Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy Medical Treatment Guidelines.

3. - 3.e.i. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1658 (June 2011), amended LR 39:

§2021. Therapeutic Procedures-Non-Operative

A. - C. ….

1. Reassessment of the patient's status in terms of functional improvement should be documented after each treatment. If patients are not responding within the recommended time periods, alternative treatment interventions, further diagnostic studies or consultations should be pursued. Continued treatment should be monitored using objective measures such as:

a. return-to-work or maintaining work status;

b. fewer restrictions at work or performing activities of daily living;

c. decrease in usage of medications;

d. measurable functional gains, such as increased range of motion or documented increase in strength;

D. - H. …

1. Acupuncture. Acupuncture is an accepted and widely used procedure for the relief of pain and inflammation, and there is some scientific evidence to support its use. The exact mode of action is only partially understood. Western medicine studies suggest that acupuncture stimulates the nervous system at the level of the brain, promotes deep relaxation, and affects the release of neurotransmitters. Acupuncture is commonly used as an alternative or in addition to traditional Western pharmaceuticals. While it is commonly used when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten the return of functional activity. Acupuncture should be performed by licensed practitioners.

a. - c.iv.(a). …

d. Other Acupuncture Modalities. Acupuncture treatment is based on individual patient needs and therefore treatment may include a combination of procedures to enhance treatment effect. Other procedures may include the use of heat, soft tissue manipulation/massage, and exercise. Refer to Active Therapy (Therapeutic Exercise) and Passive Therapy sections (Massage and Superficial Heat and Cold Therapy) for a description of these adjunctive acupuncture modalities and time frames.

2. Biofeedback. A form of behavioral medicine that helps patients learn self-awareness and self-regulation skills for the purpose of gaining greater control of their physiology, such as muscle activity, brain waves, and measures of autonomic nervous system activity. Electronic instrumentation is used to monitor the targeted physiology and then displayed or fed back to the patient visually, auditorially, or tactilely, with coaching by a biofeedback specialist. Biofeedback is provided by clinicians certified in biofeedback and/or who have documented specialized education, advanced training, or direct or supervised

experience qualifying them to provide the specialized treatment needed (e.g., surface EMG, EEG, or other).

2.a. - 3.a.iii.(a). ….

b. Epidural Steroid Injection (ESI)

i. Description. Epidural steroid injections are injections of corticosteroid into the epidural space. The purpose of ESI is to reduce pain and inflammation in the acute or sub-acute phases of injury, restoring range of motion and, thereby, facilitating progress in more active treatment programs. ESI uses three approaches: transforaminal/Spinal Selective Nerve Block (SNRB), interlaminar (midline), and caudal. The transforaminal/ Spinal Selective Nerve Root Block approach is the preferred method for unilateral, single-level pathology and for post-surgical patients. There is good evidence that the transforaminal/ Spinal Selective Nerve Root Block approach can deliver medication to the target tissue with few complications and can be used to identify the specific site of pathology. The interlaminar approach is the preferred approach for multi-level pathology or spinal stenosis. Caudal therapeutic injections may be used, but it is difficult to target the exact treatment area, due to diffuse distribution.

ii. Needle Placement. Multi-planar fluoroscopic imaging is required for all epidural steroid injections. Contrast epidurograms allow one to verify the flow of medication into the epidural space. Permanent images are required to verify needle replacement.

iii. Indications

(a). There is some evidence that epidural steroid injections are effective for patients with radicular pain or radiculopathy (sensory or motor loss in a specific dermatome or myotome). Up to 80 percent of patients with radicular pain may have initial relief. However, only 25-57 percent are likely to have excellent long-term relief.

(b). Although there is no evidence regarding the effectiveness of ESI for non-radicular disc herniation, it is an accepted intervention. Only patients who have pain affected by activity and annular tears verified by appropriate imaging may have injections for axial pain.

(c). There is some evidence that ESI injections are not effective for spinal stenosis without radicular findings. Additionally, there is some evidence that patients who smoke or who have pain unaffected by rest or activity are less likely to have a successful outcome from ESIs.

iv. Timing/Frequency / Duration

(a). Time to produce effect: local anesthetic, less than 30 minutes; corticosteroid, 48 to 72 hours for 80 percent of patients and 72 hours to 2 weeks for 20 percent of patients.

(b). Frequency: interlaminar (midline) or caudal techniques should be limited to one level per session. Transforaminal epidural injections should be limited to two levels per session. Whether injections are repeated depends upon the patient's response to the previous injection. Subsequent injections may occur after one to two weeks if patient response has been favorable. Injections can be repeated after a hiatus of six months if the patient has demonstrated functional gain and pain returns or worsens. . Injections should provide a positive patient response: Positive patient response results are defined primarily as functional gains that can be objectively measured. Objective functional gains include, but are not limited to, positional tolerances, range of motion (ROM), strength, endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain response (via a recognized pain scale) and function should be considered and given relative weight when the pain has anatomic and physiologic correlation.

(c). Optimum duration: usually one to three injection(s) over a period of six months depending upon each patient's response and functional gain.

(d). Maximum duration: two sessions (consisting of up to three injections each) may be done in one year, as per the patient's response to pain and function. Patients should be reassessed after each injection for an 50 percent improvement in pain (as measured by accepted pain scales) and evidence of functional improvement.

c. Zygapophyseal (Facet) Injection

i. Description-a generally accepted intra-articular or pericapsular injection of local anesthetic and corticosteroid. Medial branch nerve blocks are diagnostic only. There is conflicting evidence to support a long-term therapeutic effect using facet injections. There is no justification for a combined facet and medial branch block.

ii. Indications-patients with pain suspected to be facet in origin based on exam findings and affecting activity; or, patients who have refused a rhizotomy; or, patients who have facet findings with a thoracic component. In these patients, facet injections may be occasionally useful in facilitating a functionally-directed rehabilitation program and to aid in identifying pain generators. Patients with recurrent pain should be evaluated with more definitive diagnostic injections, such as medial nerve branch injections, to determine the need for a rhizotomy. Because facet injections are not likely to produce long-term benefit by themselves and are not the most accurate diagnostic tool, they should not be performed at more than two levels.

iii. Timing/Frequency/Duration

(a). Time to produce effect: up to 30 minutes for local anesthetic; corticosteroid up to 72 hours.

(b). Frequency: one injection per level with a diagnostic response. If the first injection does not provide a diagnostic response of temporary and sustained pain relief substantiated by accepted pain scales, (i.e., 50 percent pain reduction substantiated by tools such as VAS), and improvement in function, similar injections should not be repeated. At least four to six weeks of functional benefit should be obtained with each therapeutic injection.

(c). Optimum duration: two to three injections for each applicable joint per year. Not to exceed two joint levels.

(d). Maximum Duration: four per level per year. Prior authorization must be obtained for injections beyond two levels.

(e). Facet injections may be repeated if they result in increased documented functional benefit for at least four to six weeks and at least an 50 percent initial improvement in pain scales as measured by accepted pain scales (such as VAS).

d. Sacroiliac Joint Injection

i. Description—a generally accepted injection of local anesthetic in an intra-articular fashion into the sacroiliac joint under radiographic guidance. May include

the use of corticosteroids. Long-term therapeutic effect has not yet been established.

ii. Indications-primarily diagnostic to rule out sacroiliac joint dysfunction vs. other pain generators. Intra-articular injection can be of value in diagnosing the pain generator. There should be documented relief from previously painful maneuvers (e.g., Patrick's test) on post-injection physical exam. These injections may be repeated if they result in increased documented functional benefit for at least 6 weeks and at least a 50 percent initial improvement in pain scales as measured by accepted pain scales (such as VAS). Sacroiliac joint blocks should facilitate a functionally directed rehabilitation program.

iii. Timing/Frequency/Duration

(a). Time to produce effect: approximately 30 minutes for local anesthetic; 48 to 72 hours for corticosteroid.

(b). Frequency and optimum duration: two to three injections per year. If the first injection does not provide a diagnostic response of temporary and sustained pain relief substantiated by accepted pain scales, (i.e.,50 percent pain reduction substantiated by tools such as VAS), and improvement in function, similar injections should not be repeated. At least six weeks of functional benefit should be obtained with each therapeutic injection.

(c). Maximum duration: four injections per year.

(d). These injections may be repeated if they result in increased documented functional benefit for at least 6 weeks and at least a 50 percent initial improvement in pain scales as measured by accepted pain scales (such as VAS). Sacroiliac joint blocks should facilitate a functionally directed rehabilitation program.

e. Intradiscal Steroid Therapy

i. Intradiscal Steroid Therapy consists of injection of a steroid preparation into the intervertebral disc under fluoroscopic guidance at the time of discography. There is good evidence that it is not effective in the treatment of suspected discogenic back pain and its use is not recommended.

f. Radio Frequency Medial Branch Neurotomy/Facet Rhizotomy

i. Description—a procedure designed to denervate the facet joint by ablating the corresponding sensory medial branches. Continuous percutaneous radiofrequency is the method generally used. There is good evidence to support Radio Frequency Medial Branch Neurotomy in the cervical spine but benefits beyond one year are not yet established. Evidence in the lumbar spine is conflicting; however, the procedure is generally accepted. In one study, 60 percent of patients maintained at least 90 percent pain relief at 12 months. Radio-frequency Medial Branch Neurotomy is the procedure of choice over alcohol, phenol, or cryoablation. Precise positioning of the probe using fluoroscopic guidance is required since the maximum effective diameter of the device is a 5x8 millimeter oval. Permanent images should be recorded to verify placement of the device.

ii. Indications—those patients with proven, significant, facetogenic pain. A minority of low back patients would be expected to qualify for this procedure. This procedure is not recommended for patients with multiple pain generators or involvement of more than 3 levels of medial branch nerves.

(a). Individuals should have met all of the following indications: Pain of well-documented facet origin, unresponsive to active and/or passive therapy,; unresponsive to manual therapy, and in which a psychosocial screening has been performed (e.g., pain diagram, Waddell's signs, thorough psychosocial history, screening questionnaire). It is generally recommended that this procedure not be performed until three months of active therapy and manual therapy have been completed. All patients should continue appropriate exercise with functionally directed rehabilitation. Active treatment, which patients will have had prior to the procedure, will frequently require a repeat of the sessions previously ordered (Refer to Active Therapy.)

(b). All patients should have a successful response to a diagnostic medial nerve branch block and a separate comparative block. ISIS suggests controlled blocks using either placebo or anesthetics with varying lengths of activity (i.e., bupivacaine longer than lidocaine). To be a positive diagnostic block the patient should report a reduction of pain of 50 percent or greater from baseline for the length of time appropriate for the local anesthetic used. In almost all cases this will mean a reduction of pain to one or two on the VAS 10-point scale correlated with functional improvement. The patient should also identify activities of daily living (which may include measurements of range of motion) that are impeded by their pain and can be observed to document functional improvement in the clinical setting. Ideally, these activities should be assessed throughout the observation period for function. The observer should not be the physician who performed the procedure. It is suggested that this be recorded on a form similar to ISIS recommendations.

(c). A separate comparative block on a different date may be performed to confirm the level of involvement. A comparative block uses anesthetics with varying lengths of activity.

iii. Complications-bleeding, infection, or neural injury. The clinician must be aware of the risk of developing a localized neuritis, or rarely, a deafferentation centralized pain syndrome as a complication of this and other neuroablative procedures.

iv. Post-Procedure Therapy-active therapy. Implementation of a gentle aerobic reconditioning program (e.g., walking) and back education within the first post-procedure week, barring complications. Instruction and participation in a long-term home-based program of ROM, core strengthening, postural or neuromuscular re-education, endurance, and stability exercises should be accomplished over a period of four to ten visits post-procedure.

v. Requirements for Repeat Radiofrequency Medial Branch Neurotomy (or additional-level RF Neurotomies): In some cases pain may recur. Successful RF Neurotomy usually provides from six to eighteen months of relief.

(a). Before a repeat RF Neurotomy is done, a confirmatory medial branch injection should be performed if the patient's pain pattern presents differently than the initial evaluation. In occasional patients, additional levels of RF neurotomy may be necessary. The same indications and limitations apply.

g. Sacro-iliac (SI) joint radiofrequency denervation is a denervation of the SI joint. This procedure has limited evidence to support efficacy for its use and may be considered for therapeutic purposes.

h. Trigger Point Injections

i. Description. Trigger point injections are a generally accepted treatment. Trigger point treatment can consist of injection of local anesthetic, with or without corticosteroid, into highly localized, extremely sensitive bands of skeletal muscle fibers that produce local and referred pain when activated. Medication is injected in a four-quadrant manner in the area of maximum tenderness. Injection efficacy can be enhanced if injections are immediately followed by myofascial therapeutic interventions, such as vapo-coolant spray and stretch, ischemic pressure massage (myotherapy), specific soft tissue mobilization and physical modalities. There is conflicting evidence regarding the benefit of trigger point injections. A truly blinded study comparing dry needle treatment of trigger points is not feasible. There is no evidence that injection of medications improves the results of trigger-point injections. Needling alone may account for some of the therapeutic response.

(a). There is no indication for conscious sedation for patients receiving trigger point injections. The patient must be alert to help identify the site of the injection.

ii. Indications. Trigger point injections may be used to relieve myofascial pain and facilitate active therapy and stretching of the affected areas. They are to be used as an adjunctive treatment in combination with other treatment modalities such as functional restoration programs. Trigger point injections should be utilized primarily for the purpose of facilitating functional progress. Patients should continue in an aggressive aerobic and stretching therapeutic exercise program as tolerated throughout the time period they are undergoing intensive myofascial interventions. Myofascial pain is often associated with other underlying structural problems and any abnormalities need to be ruled out prior to injection.

(a). Trigger point injections are indicated in those patients where well circumscribed trigger points have been consistently observed, demonstrating a local twitch response, characteristic radiation of pain pattern and local autonomic reaction, such as persistent hyperemia following palpation. Generally, these injections are not necessary unless consistently observed trigger points are not responding to specific, noninvasive, myofascial interventions within approximately a six-week time frame. However, trigger point injections may be occasionally effective when utilized in the patient with immediate, acute onset of low back pain.

iii. Complications. Potential but rare complications of trigger point injections include infection, pneumothorax, anaphylaxis, penetration of viscera, neurapraxia, and neuropathy. If corticosteroids are injected in addition to local anesthetic, there is a risk of local myopathy developing. Severe pain on injection suggests the possibility of an intraneural injection, and the needle should be immediately repositioned.

iv. Timing/Frequency/Duration

(a). Time to produce effect: Local anesthetic 30 minutes; 24 to 48 hours for no anesthesia;

(b). Frequency: Weekly. Suggest no more than 4 injection sites per session per week to avoid significant post-injection soreness;

(c). Optimum duration: four Weeks;

(d). Maximum duration: eight weeks. Occasional patients may require two to four repetitions of trigger point injection series over a one to two year period.

i. Prolotherapy. Also known as sclerotherapy consists of a series of injections of hypertonic dextrose, with or without glycerine and phenol, into the ligamentous structures of the low back. Its proponents claim that the inflammatory response to the injections will recruit cytokine growth factors involved in the proliferation of connective tissue, stabilizing the ligaments of the low back when these structures have been damaged by mechanical insults.

i. There are conflicting studies concerning the effectiveness of Prolotherapy in the low back. Lasting functional improvement has not been shown. The injections are invasive, may be painful to the patient, and are not generally accepted or widely used. Therefore, the use of Prolotherapy for low back pain is not recommended.

4. Epiduroscopy and Epidural Lysis of Adhesions: An investigational treatment of low back pain. It involves the introduction of a fiberoptic endoscope into the epidural space via the sacral hiatus. With cephalad advancement of the endoscope under direct visualization, the epidural space is irrigated with saline. Adhesiolysis may be done mechanically with a fiberoptic endoscope. The saline irrigation is performed with or without epiduroscopy and is intended to distend the epidural space in order to obtain an adequate visual field. It is designed to produce lysis of adhesions, which are conjectured to produce symptoms due to traction on painful nerve roots. Saline irrigation is associated with risks of elevated pressures which may impede blood flow and venous return, possibly causing ischemia of the cauda equina and retinal hemorrhage.

a. Other complications associated with instrumented lysis include catheter shearing, need for catheter surgical removal, infection (including meningitis), hematoma, and possible severe hemodynamic instability during application. Although epidural adhesions have been postulated to cause chronic low back pain, studies have failed to find a significant correlation between the level of fibrosis and pain or difficulty functioning. Studies of epidural lysis demonstrate no transient pain relief from the procedure. Given the low likelihood of a positive response, the additional costs and time requirement, and the possible complications from the procedure, epidural injection, or mechanical lysis, is not recommended.

b. Epiduroscopy—directed steroid injections are also not recommended as there is no evidence to support an advantage for using an epiduroscope with steroid injections.

5. Medications/Pharmacy. Medication use in the treatment of low back injuries is appropriate for controlling acute and chronic pain and inflammation. Use of medications will vary widely due to the spectrum of injuries from simple strains to post-surgical healing. All drugs should be used according to patient needs. A thorough medication history, including use of alternative and over the counter medications, should be performed at the time of the initial visit and updated periodically. Treatment for pain control is initially accomplished with acetaminophen and/or NSAIDs.

The patient should be educated regarding the interaction with prescription and over-the-counter medications as well as the contents of over-the-counter herbal products. The following are listed in alphabetical order:

a. Acetaminophen: is an effective analgesic with antipyretic but not anti-inflammatory activity. Acetaminophen is generally well tolerated, causes little or no gastrointestinal irritation, and is not associated with ulcer formation. Acetaminophen has been associated with liver toxicity in overdose situations or in chronic alcohol use. Patients may not realize that many over-the-counter preparations may contain acetaminophen. The total daily dose of acetaminophen is recommended not to exceed 2250 mg per 24-hour period, from all sources, including narcotic-acetaminophen combination preparations:

i. optimum duration: 7 to 10 days;

ii. maximum duration: chronic use as indicated on a case-by-case basis. Use of this substance long-term for 3 days per week or greater may be associated with rebound pain upon cessation.

b. Muscle Relaxants: are appropriate for muscle spasm with pain. There is strong evidence that muscle relaxants are more effective than placebo for providing short-term pain relief in acute low back pain. When prescribing these agents, physicians must seriously consider side effects of drowsiness or dizziness and the fact that benzodiazepines may be habit-forming.

i. optimum duration: one week;

ii. maximum duration: two weeks (or longer if used only at night).

c. Narcotics: should be primarily reserved for the treatment of severe low back pain. In mild to moderate cases of low back pain, narcotic medication should be used cautiously on a case-by-case basis. Adverse effects include respiratory depression, the development of physical and psychological dependence, and impaired alertness.

i. Narcotic medications should be prescribed with strict time, quantity, and duration guidelines, and with definitive cessation parameters. Pain is subjective in nature and should be evaluated using a scale to rate effectiveness of the narcotic prescribed. Any use beyond the maximum should be documented and justified based on the diagnosis and/or invasive procedures:

(a). optimum duration: three to seven days;

(b). maximum duration: two weeks. Use beyond two weeks is acceptable in appropriate cases. Refer to Chronic Pain Guidelines which gives a detailed discussion regarding medication use in chronic pain management.

(c). Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) are useful for pain and inflammation. In mild cases, they may be the only drugs required for analgesia. There are several classes of NSAIDs, and the response of the individual injured worker to a specific medication is unpredictable. For this reason, a range of NSAIDs may be tried in each case with the most effective preparation being continued. Patients should be closely monitored for adverse reactions. The US Food and Drug Administration advise that many NSAIDs may cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal. Naproxen sodium does not appear to be associated with increased risk of vascular events. Administration of proton pump inhibitors, Histamine 2 Blockers or prostaglandin analog misoprostol along with these NSAIDs may reduce the risk of duodenal and gastric ulceration but do not impact possible cardiovascular complications. Due to the cross-reactivity between aspirin and NSAIDs, NSAIDs should not be used in aspirin-sensitive patients, and should be used with caution in all asthma patients. NSAIDs are associated with abnormal renal function, including renal failure, as well as, abnormal liver function. Certain NSAIDs may have interactions with various other medications. Individuals may have adverse events not listed above. Intervals for metabolic screening are dependent upon the patient's age, general health status and should be within parameters listed for each specific medication. Complete Blood Count (CBC), and liver and renal function should be monitored at least every six months in patients on chronic NSAIDs and initially when indicated.

(i). Non-Selective Nonsteroidal Anti-Inflammatory Drugs

[a]. Includes NSAIDs and acetylsalicylic acid (aspirin). Serious GI toxicity, such as bleeding, perforation, and ulceration can occur at any time, with or without warning symptoms in patients treated with traditional NSAIDs. Physicians should inform patients about the signs and/or symptoms of serious gastrointestinal toxicity and what steps to take if they occur. Anaphylactoid reactions may occur in patients taking NSAIDs. NSAIDs may interfere with platelet function. Fluid retention and edema have been observed in some patients taking NSAIDs.

[i]. optimal duration: one week;

[ii]. maximum duration: one year. Use of these substances long-term (three days per week or greater) is associated with rebound pain upon cessation.

[ii]. Selective Cyclo-oxygenase-2 (COX-2) Inhibitors

[b]. COX-2 inhibitors are more recent NSAIDs and differ in adverse side effect profiles from the traditional NSAIDs. The major advantages of selective COX-2 inhibitors over traditional NSAIDs are that they have less gastrointestinal toxicity and no platelet effects. COX-2 inhibitors can worsen renal function in patients with renal insufficiency, thus renal function may need monitoring.

[c]. COX-2 inhibitors should not be first-line for low risk patients who will be using an NSAID short term but are indicated in select patients for whom traditional NSAIDs are not tolerated. Serious upper GI adverse events can occur even in asymptomatic patients. Patients at high risk for GI bleed include those who use alcohol, smoke, are older than 65, take corticosteroids or anti-coagulants, or have a longer duration of therapy. Celecoxib is contraindicated in sulfonamide allergic patients.

[i]. optimal duration: 7 to 10 days

[ii]. maximum duration: Chronic use is appropriate in individual cases. Use of these substances long-term (three days per week or greater) is associated with rebound pain upon cessation.

d. Oral Steroids: have limited use but are accepted in cases requiring potent anti-inflammatory drug effect. There is no evidence supporting oral steroids for patients with low back pain with or without radiculopathy and are not recommended.

e. Intravenous Steroids: the risks of permanent neurological damage from acute spinal cord compression generally outweigh the risks of pharmacologic side effects of steroids in an emergent situation.

f. Psychotropic/anti-anxiety/hypnotic agents may be useful for treatment of mild and chronic pain, dysesthesias, sleep disorders, and depression. Antidepressant medications, such as tricyclics and, Selective Serotonin reuptake inhibitors (SSRIs) and norepinephrine reuptake inhibitors (SSNRIs) are useful for affective disorder and chronic pain management. Tricyclic antidepressant agents, in low dose, are useful for chronic pain but have more frequent side effects. Anti-anxiety medications should generally be limited to short-term use. Combinations of the above agents may be useful. As a general rule, providers (i.e., physician or medical psychologist) should access the patient's prior history of substance abuse or depression prior to prescribing any of these agents. Due to the habit-forming potential of the benzodiazepines and other drugs found in this class, they are not routinely recommended. Refer to the Chronic Pain Guidelines which give a detailed discussion regarding medication use in chronic pain management:

i. optimum duration: one to six months;

ii. maximum duration: 6 to 12 months, with monitoring.

g. Tramadol is useful in relief of low back pain and has been shown to provide pain relief equivalent to that of commonly prescribed NSAIDs. Although Tramadol may cause impaired alertness, it is generally well tolerated, does not cause gastrointestinal ulceration, or exacerbate hypertension or congestive heart failure. Tramadol should be used cautiously in patients who have a history of seizures or who are taking medication that may lower the seizure threshold, such as monoamine oxidase (MAO) inhibitors, SSRIs, and tricyclic antidepressants. This medication has physically addictive properties and withdrawal may follow abrupt discontinuation and is not recommended for those with prior opioid addiction.

i. optimum duration: three to seven days;

ii. maximum duration: two weeks. Use beyond two weeks is acceptable in appropriate cases.

6. Occupational Rehabilitation Programs

a. Non-Interdisciplinary. These generally accepted programs are work-related, outcome-focused, individualized treatment programs. Objectives of the program include, but are not limited to, improvement of cardiopulmonary and neuromusculoskeletal functions (strength, endurance, movement, flexibility, stability, and motor control functions), patient education, and symptom relief. The goal is for patients to gain full or optimal function and return to work. The service may include the time-limited use of passive modalities with progression to active treatment and/or simulated/real work.

i. Work Conditioning

(a). These programs are usually initiated once reconditioning has been completed but may be offered at any time throughout the recovery phase. Work conditioning should be initiated when imminent return of a patient to modified or full duty is not an option, but the prognosis for returning the patient to work at completion of the program is at least fair to good:

(i). length of visit: one to two hours per day;

(ii). frequency: two to five visits per week;

(iii). optimum duration: two to four weeks

(iv). maximum duration: six weeks. Participation in a program beyond six weeks must be documented with respect to need and the ability to facilitate positive symptomatic or functional gains.

ii. Work Simulation

(a). Work simulation is a program where an individual completes specific work-related tasks for a particular job and return to work. Use of this program is appropriate when modified duty can only be partially accommodated in the work place, when modified duty in the work place is unavailable, or when the patient requires more structured supervision. The need for work place simulation should be based upon the results of a Functional Capacity Evaluation and/or Jobsite Analysis.

(i). length of visit: two to six hours per day;

(ii). frequency: two to five visits per week;

(iii). optimum duration: two to four weeks;

(iv). maximum duration: six weeks. Participation in a program beyond six weeks must be documented with respect to need and the ability to facilitate positive symptomatic or functional gains.

(b). Interdisciplinary: programs are well-established treatment for patients with sub-acute and functionally impairing low back pain. They are characterized by a variety of disciplines that participate in the assessment, planning, and/or implementation of an injured worker's program with the goal for patients to gain full or optimal function and return to work. There should be close interaction and integration among the disciplines to ensure that all members of the team interact to achieve team goals. Programs should include cognitive-behavioral therapy as there is good evidence for its effectiveness in patients with chronic low back pain. These programs are for patients with greater levels of disability, dysfunction, de-conditioning and psychological involvement. For patients with chronic pain, refer to the OWCA's Chronic Pain Disorder Medical Treatment Guidelines.

(i). Work Hardening

[a]. Work Hardening is an interdisciplinary program addressing a patient's employability and return to work. It includes a progressive increase in the number of hours per day that a patient completes work simulation tasks until the patient can tolerate a full workday. This is accomplished by addressing the medical, psychological, behavioral, physical, functional, and vocational components of employability and return-to-work.

[b]. This can include a highly structured program involving a team approach or can involve any of the components thereof. The interdisciplinary team should, at a minimum, be comprised of a qualified medical director who is board certified with documented training in occupational rehabilitation; team physicians having experience in occupational rehabilitation; occupational therapist; physical therapist; case manager; and psychologist.

As appropriate, the team may also include: chiropractor, RN, vocational specialist or Certified Biofeedback Therapist:

[i]. length of visit: Up to 8 hours/day;

[ii]. frequency: two to five visits per week;

[iii]. optimum duration: two to four weeks;

[iv]. maximum duration: six weeks. Participation in a program beyond six weeks must be documented with respect to need and the ability to facilitate positive symptomatic or functional gains.

(ii). Spinal Cord Programs

[a]. Spinal Cord Systems of Care provide coordinated, case-managed, and integrated service for people with spinal cord dysfunction, whether due to trauma or disease. The system includes an inpatient component in an organization licensed as a hospital and an outpatient component. Each component endorses the active participation and choice of the persons served throughout the entire program. The Spinal Cord System of Care also provides or formally links with key components of care that address the lifelong needs of the persons served.

[b]. This can include a highly structured program involving a team approach or can involve any of the components thereof. The interdisciplinary team should, at a minimum, be comprised of a qualified medical director who is board certified and trained in rehabilitation, a case manager, occupational therapy, physical therapy, psychologist, rehabilitation RN and MD, and therapeutic recreation specialist. As appropriate, the team may also include: rehabilitation counselor, respiratory therapist, social worker, or speech-language pathologist.

[c]. Timeframe durations for any spinal cord program should be determined based upon the extent of the patient's injury and at the discretion of the rehabilitation physician in charge.

7. Orthotics

a. Foot Orthoses and Inserts are accepted interventions for spinal disorders that are due to aggravated mechanical abnormalities, such as leg length discrepancy, scoliosis, or lower extremity misalignment. Shoe insoles or inserts may be effective for patients with acute low back problems who stand for prolonged periods of time.

b. Lumbar support devices include backrests for chairs and car seats. Lumbar supports may provide symptomatic relief of pain and movement reduction in cases of chronic low back problems.

c. Lumbar Corsets and Back Belts. There is insufficient evidence to support their use. They are an accepted treatment with limited application. The injured worker should be advised of the potential harm from using a lumbar support for a period of time greater than that which is prescribed. Harmful effects include de-conditioning of the trunk musculature, skin irritation, and general discomfort.

d. Lumbosacral Bracing. Rigid bracing devices are well accepted and commonly used for post-fusion, scoliosis, and vertebral fractures.

8. Patient Education. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of prolonging the beneficial effects of treatment, as well as facilitating self-management of symptoms and injury prevention. The patient should be encouraged to take an active role in the establishment of functional outcome goals. They should be educated on their specific injury, assessment findings, and plan of treatment. Instruction on proper body mechanics and posture, positions to avoid, self-care for exacerbation of symptoms, and home exercise should also be addressed:

a. time to produce effect: varies with individual patient;

b. frequency: should occur at every visit.

9. Personality/Psychological/Psychiatric/ Psychosocial Intervention. Psychosocial treatment is generally accepted, widely used, and well-established Intervention. This group of therapeutic and diagnostic modalities includes, but is not limited to, individual counseling, group therapy, stress management, psychosocial crises intervention, hypnosis, and meditation. Any evaluation or diagnostic workup should clarify and distinguish between pre-existing versus aggravated versus purely causative psychological conditions. Psychosocial intervention is recommended as an important component in the total management program that should be implemented as soon as the problem is identified. There is some evidence that early cognitive-behavioral treatment reduces health care use in comparison to written information alone. This can be used alone, or in conjunction with other treatment modalities. Providers treating patients with chronic pain should refer to the OWCA's Chronic Pain Disorder Medical Treatment Guidelines:

a. time to produce effect: two to four weeks;

b. frequency: one to three times weekly for the first four weeks (excluding hospitalization, if required), decreasing to one to two times per week for the second month. Thereafter, two to four times monthly;

c. optimum duration: six weeks to three months;

d. maximum duration: 3 to 12 months. Counseling is not intended to delay but to enhance functional recovery. For select patients, longer supervised treatment may be required and if further counseling beyond three months is indicated, extensive documentation addressing which pertinent issues are pre-existing versus aggravated versus causative, as well as projecting a realistic functional prognosis, should be provided by the authorized treating provider every four to six weeks during treatment.

10. Restriction of Activities. Continuation of normal daily activities is the recommendation for acute and chronic low back pain without neurologic symptoms. There is good evidence against the use of bed rest in cases without neurologic symptoms. Bed rest may lead to de-conditioning and impair rehabilitation. Complete work cessation should be avoided, if possible, since it often further aggravates the pain presentation. Modified return-to-work is almost always more efficacious and rarely contraindicated in the vast majority of injured workers with low back pain.

11. Return-to-Work. Early return-to-work should be a prime goal in treating occupational injuries given the poor return-to-work prognosis for an injured worker who has been out of work for more than six months. It is imperative that the patient be educated regarding the benefits of return-to-work, work restrictions, and follow-up if problems arise. When attempting to return a patient to work after a specific injury, clear objective restrictions of activity level should be made. An accurate job description with detailed physical

duty restrictions is often necessary to assist the physician in making return-to-work recommendations. This may require a jobsite evaluation.

a. Employers should be prepared to offer transitional work. This may consist of temporary work in a less demanding position, return to the regular job with restrictions, or gradual return to the regular job. Company policies which encourage return-to-work with positive communication are most likely to have decreased worker disability.

b. Return-to-work is defined as any work or duty that the patient is able to perform safely. It may not be the patient's regular work. Due to the large spectrum of injuries of varying severity and varying physical demands in the work place, it is not possible to make specific return-to-work guidelines for each injury. Therefore, the OWCA recommends the following.

c. Establishment of a Return-To-Work Status: Ascertaining a return-to-work status is part of medical care, should be included in the treatment and rehabilitation plan, and addressed at every visit. A description of daily activity limitations is part of any treatment plan and should be the basis for restriction of work activities. In most non-surgical cases, the patient should be able to return-to-work in some capacity or in an alternate position consistent with medical treatment within several days unless there are extenuating circumstances. Injuries requiring more than two weeks off work should be thoroughly documented.

d. Establishment of Activity Level Restrictions. Communication is essential between the patient, employer, and provider to determine appropriate restrictions and return-to-work dates. It is the responsibility of the physician to provide clear concise restrictions, and it is the employer's responsibility to determine if temporary duties can be provided within the restrictions. For low back pain injuries, the following should be addressed when describing the patient's activity level:

i. lifting limits with the maximum amount of weight to be lifted. This may vary depending on the frequency of the lifting and/or the object height level. Pushing, pulling, as well as bending and twisting at the waist should be considered as well;

ii. lower body postures such as squatting, kneeling, crawling, stooping, awkward or static positions, and climbing ladders or stairs should include duration and frequency;

iii. ambulatory level for distance, frequency, and terrain should be specified;

iv. duration and frequency of sitting, standing, and walking should be delineated. Balance issues should also be considered in these determinations;

v. use of adaptive devices or equipment for proper office ergonomics to enhance capacities can be included;

vi. the effect of any medications that may pose a safety risk to the patient, co-workers or the general public should be considered with regard to the workplace and home.

e. Compliance with Activity Restrictions: In some cases, compliance with restriction of activity levels may require a complete jobsite evaluation, a functional capacity evaluation (FCE) or other special testing. Refer to the "Special Tests" section of this guideline.

12. Therapy—Active. The following active therapies are widely used and accepted methods of care for a variety of work-related injuries. They are based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy requires supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction(s). At times, the provider may help stabilize the patient or guide the movement pattern but the energy required to complete the task is predominately executed by the patient.

a. On occasion, specific diagnoses and post-surgical conditions may warrant durations of treatment beyond those listed as "maximum". Factors such as exacerbation of symptoms, re-injury, interrupted continuity of care and co-morbidities may also extend durations of care. Specific goals with objectively measured functional improvement during treatment must be cited to justify extended durations of care. It is recommended that, if no functional gain is observed after the number of treatments under "time to produce effect" has been completed alternative treatment interventions, further diagnostic studies or further consultations should be pursued.

b. Patients should be instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Follow-up visits to reinforce and monitor progress and proper technique are recommended. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The following active therapies are listed in alphabetical order:

c. Activities of Daily Living (ADL) are well-established interventions which involve instruction, active-assisted training, and/or adaptation of activities or equipment to improve a person's capacity in normal daily activities such as self-care, work re-integration training, homemaking, and driving.

i. time to produce effect: four to five treatments;

ii. frequency: three to five times per week;

iii. optimum duration: four to six weeks;

iv. maximum duration: six weeks.

d. Aquatic Therapy is a well-accepted treatment which consists of the therapeutic use of aquatic immersion for therapeutic exercise to promote strengthening, core stabilization, endurance, range of motion, flexibility, body mechanics, and pain management. Aquatic therapy includes the implementation of active therapeutic procedures in a swimming or therapeutic pool. The water provides a buoyancy force that lessens the amount of force gravity applies to the body. The decreased gravity effect allows the patient to have a mechanical advantage and more likely have a successful trial of therapeutic exercise. The therapy may be indicated for individuals who:

i. cannot tolerate active land-based or full-weight bearing therapeutic procedures;

ii. require increased support in the presence of proprioceptive deficit;

iii. are at risk of compression fracture due to decreased bone density;

iv. have symptoms that are exacerbated in a dry environment;

v. would have a higher probability of meeting active therapeutic goals than in a dry environment.

(a). The pool should be large enough to allow full extremity range of motion and fully erect posture. Aquatic vests, belts and other devices can be used to provide stability, balance, buoyancy, and resistance:

(i). time to produce effect: four to five treatments;

(ii). frequency: three to five times per week;

(iii). optimum duration: four to six weeks;

(iv). maximum duration: eight weeks;

(b). A self-directed program is recommended after the supervised aquatics program has been established, or, alternatively a transition to a self-directed dry environment exercise program.

e. Functional activities are well-established interventions which involve the use of therapeutic activity to enhance mobility, body mechanics, employability, coordination, balance, and sensory motor integration.

i. time to produce effect: four to five treatments;

ii. frequency: three to five times per week;

iii. optimum duration: four to six weeks;

iv. maximum duration: six weeks.

f. Functional electrical stimulation is an accepted treatment in which the application of electrical current to elicit involuntary or assisted contractions of atrophied and/or impaired muscles. It may be indicated for muscle atrophy due to radiculopathy:

i. time to produce effect: two to six treatments;

ii. frequency: three times per week;

iii. optimum duration: eight weeks;

iv. maximum duration: eight weeks. If beneficial, provide with home unit.

g. Neuromuscular re-education is a generally accepted treatment. It is the skilled application of exercise with manual, mechanical, or electrical facilitation to enhance strength; movement patterns; neuromuscular response; proprioception, kinesthetic sense, coordination; education of movement, balance, and posture. Indications include the need to promote neuromuscular responses through carefully timed proprioceptive stimuli, to elicit and improve motor activity in patterns similar to normal neurologically developed sequences, and improve neuromotor response with independent control:

i. time to produce effect: two to six treatments;

ii. frequency: three times per week;

iii. optimum duration: four to eight weeks;

iv. maximum duration: eight weeks.

h. Spinal stabilization is a generally well-accepted treatment. The goal of this therapeutic program is to strengthen the spine in its neural and anatomic position. The stabilization is dynamic which allows whole body movements while maintaining a stabilized spine. It is the ability to move and function normally through postures and activities without creating undue vertebral stress:

i. time to produce effect: four to eight treatments;

ii. frequency: three to five times per week;

iii. optimum duration: four to eight weeks;

iv. maximum duration: eight weeks.

i. Therapeutic exercise is a generally well-accepted treatment. There is some evidence to support the effectiveness of yoga therapy in alleviating symptoms and decreasing medication use in uncomplicated low back pain. Therapeutic exercise, with or without mechanical assistance or resistance, may include isoinertial, isotonic, isometric and isokinetic types of exercises. Indications include the need for cardiovascular fitness, reduced edema, improved muscle strength, improved connective tissue strength and integrity, increased bone density, promotion of circulation to enhance soft tissue healing, improvement of muscle recruitment, improved proprioception, and coordination, increased range of motion. Therapeutic exercises are used to promote normal movement patterns, and can also include complementary/alternative exercise movement therapy (with oversight of a physician or appropriate healthcare professional):

i. time to produce effect: two to six treatments;

ii. frequency: three to five times per week;

iii. optimum duration: four to eight weeks;

iv. maximum duration: eight weeks.

13. - 13.a. ….

b. The following passive therapies are listed in alphabetical order.

i. Electrical stimulation (unattended) is an accepted treatment. Once applied, unattended electrical stimulation requires minimal on-site supervision by the physical therapist, occupational therapist, or other provider. Indications include pain, inflammation, muscle spasm, atrophy, decreased circulation, and the need for osteogenic stimulation. A home unit should be purchased if treatment is effective and frequent use is recommended:

(a). time to produce effect: two to four treatments;

(b). frequency: Varies, depending upon indication, between two to three times/day to one time/week. Home unit should be purchased if treatment is effective and frequent use is recommended;

(c). optimum duration: four treatments for clinic use;

(d). maximum duration: eight treatments for clinic use.

ii. Iontophoresis is an accepted treatment which consists of the transfer of medication, including, but not limited to, steroidal anti-inflammatories and anesthetics, through the use of electrical stimulation. Indications include pain (Lidocaine), inflammation (hydrocortisone, salicylate), edema (mecholyl, hyaluronidase, salicylate), ischemia (magnesium, mecholyl, iodine), muscle spasm (magnesium, calcium), calcific deposits (acetate), scars, and keloids (sodium chloride, iodine, acetate). There is no proven benefit for this therapy in the low back:

(a). time to produce effect: one to four treatments;

(b). frequency: three times per week with at least 48 hours between treatments;

(c). optimum duration: four to six weeks;

(d). maximum duration: six weeks.

iii. Manipulation is generally accepted, well-established and widely used therapeutic intervention for low

back pain. Manipulative Treatment (not therapy) is defined as the therapeutic application of manually guided forces by an operator to improve physiologic function and/or support homeostasis that has been altered by the injury or occupational disease, and has associated clinical significance.

(a). High velocity, low amplitude (HVLA) technique, chiropractic manipulation, osteopathic manipulation, muscle energy techniques, counter strain, and non-force techniques are all types of manipulative treatment. This may be applied by osteopathic physicians (D.O.), chiropractors (D.C.), properly trained physical therapists (P.T.), properly trained occupational therapists (O.T.), or properly trained medical physicians. Under these different types of manipulation exist many subsets of different techniques that can be described as direct- a forceful engagement of a restrictive/pathologic barrier; indirect- a gentle/non-forceful disengagement of a restrictive/pathologic barrier; the patient actively assists in the treatment; and the patient relaxing, allowing the practitioner to move the body tissues. When the proper diagnosis is made and coupled with the appropriate technique, manipulation has no contraindications and can be applied to all tissues of the body. Pre-treatment assessment should be performed as part of each manipulative treatment visit to ensure that the correct diagnosis and correct treatment is employed.

(b). High velocity, low amplitude (HVLA) manipulation is performed by taking a joint to its end range of motion and moving the articulation into the zone of accessory joint movement, well within the limits of anatomical integrity. There is good scientific evidence to suggest that HVLA manipulation can be helpful for patients with acute low back pain problems without radiculopathy when used within the first four to six weeks of symptoms. Although the evidence for sub-acute and chronic low back pain and low back pain with radiculopathy is less convincing, it is a generally accepted and well-established intervention for these conditions. Indications for manipulation include joint pain, decreased joint motion, and joint adhesions. Contraindications to HVLA manipulation include joint instability, fractures, severe osteoporosis, infection, metastatic cancer, active inflammatory arthritides, aortic aneurysm, and signs of progressive neurologic deficits.

(c.). Manipulation/Grade I - V:

(i). time to produce effect for all types of manipulative treatment: one to six treatments;

(ii). frequency: Up to three times per week for the first four weeks as indicated by the severity of involvement and the desired effect, then up to two treatments per week for the next four weeks. For further treatments, twice per week or less to maintain function;

(iii). optimum duration: 8 to 12 weeks;

(iv). maximum duration: three months. Extended durations of care beyond what is considered “maximum” may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Refer to the Chronic Pain Guidelines for care beyond three months.

(d). Manipulation under general anesthesia (MUA) refers to manual manipulation of the lumbar spine in combination with the use of a general anesthetic or conscious sedation. It is intended to improve the success of manipulation when pain, muscle spasm, guarding, and fibrosis appear to be limiting its application in patients otherwise suitable for their use. There have been no high quality studies to justify its benefits given the risks of general anesthetic and conscious sedation. It is not recommended.

(e). Manipulation under joint anesthesia (MUJA) refers to manipulation of the lumbar spine in combination with a fluoroscopically guided injection of anesthetic with or without corticosteroid agents into the facet joint at the level being manipulated. There are no controlled clinical trials to support its use. It is not recommended.

iv. Massage—Manual or Mechanical. Massage is manipulation of soft tissue with broad ranging relaxation and circulatory benefits. This may include stimulation of acupuncture points and acupuncture channels (acupressure), application of suction cups and techniques that include pressing, lifting, rubbing, pinching of soft tissues by, or with, the practitioner's hands. Indications include edema (peripheral or hard and non-pliable edema), muscle spasm, adhesions, the need to improve peripheral circulation and range of motion, or to increase muscle relaxation and flexibility prior to exercise.

(a). In sub-acute low back pain populations there is good evidence that massage can increase function when combined with exercise and patient education. Some studies have demonstrated a decrease in provider visits and pain medication use with combined therapy. One study indicated improved results with acupressure massage. It is recommended that all massage be performed by trained, experienced therapists and be accompanied by an active exercise program and patient education. In contrast to the sub-acute population, massage is a generally accepted treatment for the acute low back pain population, although no studies have demonstrated its efficacy for this set of patients:

(i). time to produce effect: immediate;

(ii). frequency: one to two times per week;

(iii). optimum duration: six weeks;

(iv). maximum duration: two months.

v. Mobilization (joint) is a generally well-accepted treatment. Mobilization is passive movement involving oscillatory motions to the vertebral segment(s). The passive mobility is performed in a graded manner (I, II, III, IV, or V), which depicts the speed and depth of joint motion during the maneuver. For further discussion on Level V joint mobilization please see section on HVLA manipulation [Refer to Clause 12.c.ii.]. It may include skilled manual joint tissue stretching. Indications include the need to improve joint play, segmental alignment, improve intracapsular arthrokinematics, or reduce pain associated with tissue impingement. Mobilization should be accompanied by active therapy. For Level V mobilization contraindications include joint instability, fractures, severe osteoporosis, infection, metastatic cancer, active inflammatory arthritides, aortic aneurysm, and signs of progressive neurologic deficits:

(a). time to produce effect: six to nine treatments;

(b). frequency: up to three times per week;

(c). optimum duration: four to six weeks;

(d). maximum duration: six weeks.

vi. Mobilization (soft tissue): is a generally well-accepted treatment. Mobilization of soft tissue is the skilled application of muscle energy, strain/counter strain, myofascial release, manual trigger point release, and manual therapy techniques designed to improve or normalize movement patterns through the reduction of soft tissue pain and restrictions. These can be interactive with the patient participating or can be with the patient relaxing and letting the practitioner move the body tissues. Indications include muscle spasm around a joint, trigger points, adhesions, and neural compression. Mobilization should be accompanied by active therapy:

(a). time to produce effect: four to nine treatments;

(b). frequency: up to three times per week;

(c). optimum duration: four to six weeks;

(d). maximum duration: six weeks.

vii. Intramuscular Manual Therapy: Trigger Point Dry Needling. IMT involves using filament needles to treat "Trigger Points" within muscle. It may require multiple advances of a filament needle to achieve a local twitch response to release muscle tension and pain. Dry needling is an effective treatment for acute and chronic pain of neuropathic origin with very few side effects. Dry needling is a technique to treat the neuro-musculoskeletal system based on pain patterns, muscular dysfunction and other orthopedic signs and symptoms:

(a). time to produce effect: immediate

(b). frequency: one to two times a week

(c). optimum duration: six weeks

(d). maximum duration: two months

viii. Short-wave diathermy is an accepted treatment which involves the use of equipment that exposes soft tissue to a magnetic or electrical field. Indications include enhanced collagen extensibility before stretching, reduced muscle guarding, reduced inflammatory response, and enhanced re-absorption of hemorrhage/hematoma or edema.

(a). time to produce effect: two to four treatments;

(b). frequency: two to three times per week up to three weeks;

(c). optimum duration: three to five weeks;

(d). maximum duration: five weeks.

ix. Superficial heat and cold therapy (excluding Infrared Therapy) is a generally accepted treatment. Superficial heat and cold are thermal agents applied in various manners that lower or raise the body tissue temperature for the reduction of pain, inflammation, and/or effusion resulting from injury or induced by exercise. Includes application of heat just above the surface of the skin at acupuncture points. Indications include acute pain, edema and hemorrhage, need to increase pain threshold, reduce muscle spasm, and promote stretching/flexibility. Cold and heat packs can be used at home as an extension of therapy in the clinic setting:

(a). time to produce effect: Immediate;

(b). frequency: two to five times per week;

(c). optimum duration: three weeks as primary or intermittently as an adjunct to other therapeutic procedures up to two months;

(d). maximum duration: two months.

x. Traction—manual is an accepted treatment and an integral part of manual manipulation or joint mobilization. Indications include decreased joint space, muscle spasm around joints, and the need for increased synovial nutrition and response. Manual traction is contraindicated in patients with tumor, infection, fracture, or fracture dislocation:

(a). time to produce effect: one to three sessions;

(b). frequency: two to three times per week;

(c). optimum duration: 30 days;

(d). maximum duration: one month.

xi. Traction—Mechanical. There is no evidence that mechanical traction is useful for low back pain patients without radicular symptoms. Therefore, it is not recommended in this population. It may be trialed in patients with radicular findings, and if successful, should be shifted to home traction. Traction modalities are contraindicated in patients with tumor, infections, fracture, or fracture dislocation. Non-oscillating inversion traction methods are contraindicated in patients with glaucoma or hypertension. A home lumbar traction unit can be purchased if therapy proves effective:

(a). time to produce effect: one to three sessions up to 30 minutes. If response is negative after three treatments, discontinue this modality;

(b). frequency: two to three times per week. A home lumbar traction unit can be purchased if therapy proves effective;

(c). optimum duration: four weeks;

(d). maximum duration: four weeks.

xii. Transcutaneous electrical nerve stimulation (TENS) is a generally accepted treatment. TENS should include at least one instructional session for proper application and use. Indications include muscle spasm, atrophy, and decreased circulation and pain control. Minimal TENS unit parameters should include pulse rate, pulse width and amplitude modulation. Consistent, measurable functional improvement must be documented prior to the purchase of a home unit:

(a). time to produce effect: immediate;

(b). frequency: variable;

(c). optimum duration: three sessions;

(d). maximum duration: three sessions. If beneficial, provide with home unit or purchase if effective.

xiii. Ultrasound (including phonophoresis) is an accepted treatment. Ultrasound uses sonic generators to deliver acoustic energy for therapeutic thermal and/or non-thermal soft tissue effects. Indications include scar tissue, adhesions, collagen fiber and muscle spasm, and the need to extend muscle tissue or accelerate the soft tissue healing. Ultrasound with electrical stimulation is concurrent delivery of electrical energy that involves dispersive electrode placement. Indications include muscle spasm, scar tissue, pain modulation, and muscle facilitation.

(a). Phonophoresis is the transfer of medication to the target tissue to control inflammation and pain through the use of sonic generators. These topical medications include, but are not limited to, steroidal anti-inflammatory and anesthetics:

(i). time to produce effect: 6 to 15 treatments;

(ii). frequency: three times per week;

(iii). optimum duration: four to eight weeks;

(iv). maximum duration: eight weeks.

xiv. Vertebral axial decompression (VAX-D)/DRX, 9000 Motorized traction devices which purport to produce non-surgical disc decompression by creating negative intradiscal pressure in the disc space include devices with the trade names of VAX-D and DRX 9000. There are no good studies to support their use. They are not recommended.

xv. Whirlpool/hubbard tank is a generally accepted treatment in which conductive exposure to water at varied temperatures that best elicits the desired effect. It generally includes massage by water propelled by a turbine or Jacuzzi jet system and has the same thermal effects as hot packs, if water temperature exceeds tissue temperature. It has the same thermal effects as cold application, if comparable temperature water is used. Indications include the need for analgesia, relaxing muscle spasm, reducing joint stiffness, and facilitating and preparing for exercise:

(a). time to produce effect: two to four treatments

(b). frequency: three to five times per week

(c). optimum duration: three weeks as primary, or intermittently as an adjunct to other therapeutic procedures up to two months;

(d). maximum duration: two months.

14. - 14.a. ….

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1664 (June 2011), amended LR 39:

§2023. Therapeutic Procedures—Operative

A. - C.1.c. ……

2. Referral for surgical evaluation and treatment. Consultation should be made to an appropriate surgical specialist for surgical evaluation and treatment when operative treatment is considered.

a. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon.

b. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

D. - F. …

G. Lumbar Operative Procedures and Conditions:

1. Discectomy

a. Description: To enter into and partially remove the disc.

b. Complications. Appropriate medical disclosures should be provided to the patient as deemed necessary by the physician.

c. Surgical Indications. To include all of the following: Primary radicular symptoms, radiculopathy on exam, correlating imaging study, and failure of non-surgical care. There is good evidence that surgery provides initial improvement of radicular symptoms with respect to chronic low back pain. There is conflicting evidence that the long-term outcome differs from that of the natural history of healing.

d. Operative Treatment: Partial Discectomy and Root Decompression

e. Post-Operative Therapy. A formal physical therapy program should be implemented post-operatively. Active treatment, which patients should have had prior to surgery, will frequently require a repeat of the sessions previously ordered.

2. Percutaneous Discectomy

a. Description. Percutaneous discectomy is an invasive operative procedure to accomplish partial removal of the disc through a needle which allows aspiration of a portion of the disc trocar under imaging control.

b. Complications. Appropriate medical disclosures should be provided to the patient as deemed necessary by the treating physician.

c. Surgical Indications. Percutaneous discectomy is indicated only in cases of suspected septic discitis in order to obtain diagnostic tissue. The procedure is not recommended for contained disc herniations or bulges with associated radiculopathy due to lack of evidence to support long-term improvement.

d. Operative Treatment: Partial Discectomy

3. Laminotomy/Laminectomy/Foramenotomy/ Facetectomy

a. Description. These procedures provide access to produce neural decompression by partial or total removal of various parts of vertebral bone.

b. Complications. Appropriate medical disclosures should be provided to the patient as deemed necessary by the treating physician.

c. Surgical Indications include all of the following: Primary radicular symptoms, radiculopathy and radiculitis on exam, correlating imaging study, and failure of non-surgical care.

d. Operative Treatment. Laminotomy, and/or partial discectomy and root decompression.

e. Post-Operative Therapy. A formal physical therapy program should be implemented post-operatively. Active treatment, which patients should have had prior to surgery, will frequently require a repeat of the sessions previously ordered. The implementation of a gentle aerobic reconditioning program (e.g., walking) and back education within the first post-operative week is appropriate in uncomplicated post-surgical cases. Some patients may benefit from several occupational therapy visits to improve performance of ADLs. Participation in an active therapy program which includes restoration of ROM, core stabilization, strengthening, and endurance is recommended to be initiated 3-6 weeks post-operatively. The goals of the therapy program should include instruction in a long-term home based exercise program. (Refer to Active Therapy.)

4. Spinal Fusion

a. Description. Use of bone grafts, sometimes combined with metal devices, to produce a rigid connection between two or more adjacent vertebrae.

b. Complications. Appropriate medical disclosures should be provided to the patient as deemed necessary by the treating physician.

c. Surgical Indications. A timely decision-making process is recommended when considering patients for

possible fusion. For chronic low back problems, fusion should not be considered within the first five months of symptoms, except for fracture or dislocation.

i. Although there is a statistical correlation between successful radiographic fusion and a good functional outcome, the relationship is not strong in the first two years. However, a recent observational study appears to indicate clinical deterioration in patients with unsuccessful radiographic fusion at an average of seven years post-operatively. There is good evidence that instrumented fusion, compared to non-instrumented fusion, produces a slightly better radiographically-confirmed bony union, with small to moderate functional advantages. Studies of surgical procedures report higher rates of complications with instrumented fusion.

ii. There is good evidence that intensive exercise for approximately 25 hours per week for four weeks combined with cognitive interventions emphasizing the benefits of maintaining usual activity, produces functional results similar to those of posterolateral fusion after one year. There is some evidence that lumbar fusion produces better symptomatic and functional results in patients with chronic non-radicular pain when several months of conservative treatment have not produced a satisfactory outcome. Fusions associated with decompression are more likely to reduce leg pain.

iii. Recombinant human bone morphogenetic protein (rhBMP-2) is a member of a family of cytokines capable of inducing bone formation. It is produced from genetically modified cell lines using molecular cloning techniques. At the time of this guideline writing, rhBMP-2 is FDA approved for use in anterior lumbar interbody fusion (ALIF) and is used with a carrier such as a collagen sponge or other matrix, and a cage. There is some evidence that anterior interbody cage fusion using rhBMP-2 results in shorter operative time compared with the use of iliac crest bone autograft. Minor pain at the iliac crest donor site may persist for 24 months or longer in approximately 30 percent of patients who undergo an autograft procedure. RhBMP-2 avoids the need for harvesting iliac crest donor bone and can therefore, avoid this complication of persistent pain. There is a potential for patients to develop sensitizing or blocking antibodies to rhBMP-2 or to the absorbable collagen sponge. The long-term effects are unknown. The rhBMP-2 used with the interbody fusion device is contraindicated for patients with a known hypersensitivity to Recombinant Human Bone Morphogenetic Protein -2, bovine type 1 collagen, or to other components of the formulation. Use of rhBMP-2 outside the anterior cage may carry a risk of swelling and ectopic bone formation which can encroach on neurovascular structures. At the time of this guideline writing, it is still investigational. Information concerning safe and effective dosing and application are being submitted to the FDA. All other applications are considered off-label and not FDA approved. There is insufficient information to form a recommendation with instrumentation other than the cage specifically designed for anterior procedures. If the FDA approves its use for other operative approaches, prior authorization is required. The patient must meet all indications on the device manufacturer's list and have no contraindications. The formation of exuberant or ectopic bone growth at the upper levels (L2-L4) may have a deleterious impact on certain neurovascular structures, such as the aorta and sympathetic nerve chain. There are also reports of osteoclastic activity with the use of rhBMP-2.

d. Indications for spinal fusion may include:

i. neural arch defect—spondylolytic spondylolisthesis, congenital unilateral neural arch hypoplasia;

ii. segmental instability—excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability;

iii. primary mechanical back pain/functional spinal unit failure—multiple pain generators objectively involving two or more of the following:

(a). internal disc disruption (poor success rate if more than one disc involved);

(b). painful motion segment, as in annular tears;

(c). disc resorption;

(d) facet syndrome; and/or

(e). ligamentous tear;

iv. revision surgery for failed previous operation(s) if significant functional gains are anticipated;

v. infection, tumor, or deformity of the lumbosacral spine that cause intractable pain, neurological deficit, and/or functional disability.

e. Pre-operative Surgical Indications: Required pre-operative clinical surgical indications for spinal fusion include all of the following:

i. all pain generators are adequately defined and treated; and

ii. all physical medicine and manual therapy interventions are completed; and

iii. x-ray, MRI, or CT/Discography demonstrate disc pathology or spinal instability; and

iv. spine pathology is limited to two levels; and

v. psychosocial evaluation with confounding issues addressed;

vi. for any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. Because smokers have a higher risk of non-union and higher post-operative costs, it is recommended that insurers cover a smoking cessation program peri-operatively.

f. Operative Therapy. Operative procedures may include:

(a). intertransverse fusion;

(b). anterior fusion (with or without rhBMP-2)—generally used for component of discogenic pain where there is no significant radicular component requiring decompression;

(c). posterior interbody fusion—generally used for component of discogenic pain where posterior decompression for radicular symptoms also performed; or

(d). anterior/posterior (360°) Fusion—most commonly seen in unstable or potentially unstable situations or non-union of a previous fusion.

g. Post-Operative Therapy. A formal physical therapy program should be implemented post-operatively. Active treatment, which patients should have had prior to surgery, will frequently require a repeat of the sessions previously ordered. The implementation of a gentle aerobic reconditioning program (e.g., walking), and back education

within the first post-operative week is appropriate in uncomplicated post-surgical cases. Some patients may benefit from several occupational therapy visits to improve performance of ADLs. Participation in an active therapy program which includes core stabilization, strengthening, and endurance is recommended to be initiated once the fusion is solid and without complication. The goals of the therapy program should include instruction in a long-term home based exercise program. (Refer to Active Therapy).

h. Return-to-Work. Barring complications, patients responding favorably to spinal fusion may be able to return to sedentary-to-light work within 6 to 12 weeks post-operatively, light-to-medium work within six to nine months post-operatively and medium-to-medium/heavy work within 6 to 12 months post-operatively. Patients requiring fusion whose previous occupation involved heavy-to-very-heavy labor should be considered for vocational assessment as soon as reasonable restrictions can be predicted. The practitioner should release the patient with specific physical restrictions and should obtain a clear job description from the employer, if necessary. Once an injured worker is off work greater than six months, the functional prognosis with or without fusion becomes guarded for that individual.

5. Sacroiliac Joint Fusion

a. Description. Use of bone grafts, sometimes combined with metal devices, to produce a rigid connection between two or more adjacent vertebrae providing symptomatic instability as a part of major pelvic ring disruption.

b. Complications. Instrumentation failure, bone graft donor site pain, in-hospital mortality, deep infection, superficial infection, and graft extrusion.

c. Surgical Indications. Sacroiliac (SI) joint fusion may be indicated for stabilization of a traumatic severe disruption of the pelvic ring. This procedure has limited use in minor trauma and would be considered only on an individual case-by-case basis. In patients with typical mechanical low back pain, this procedure is considered to be investigational. Until the efficacy of this procedure for mechanical low back pain is determined by an independent valid prospective outcome study, this procedure is not recommended for mechanical low back pain.

6. Implantable spinal cord stimulators are reserved for those low back pain patients with pain of greater than six months duration who have not responded to the standard non-operative or operative interventions previously discussed within this document. Refer to OWCA's Chronic Pain Disorder Medical Treatment Guidelines.

7. Laser discectomy involves the delivery of laser energy into the center of the nucleus pulposus using a fluoroscopically guided laser fiber under local anesthesia. The energy denatures protein in the nucleus, causing a structural change which is intended to reduce intradiscal pressure. Its effectiveness has not been shown. Laser discectomy is not recommended.

8. Artificial Lumbar Disc Replacement

a. Description. This involves the insertion of a prosthetic device into an intervertebral space from which a degenerated disc has been removed, sparing only the peripheral annulus. The endplates are positioned under intraoperative fluoroscopic guidance for optimal placement in the sagittal and frontal planes. The prosthetic device is designed to distribute the mechanical load of the vertebrae in a physiologic manner and maintain range of motion.

i. General selection criteria for lumbar disc replacement includes symptomatic one-level degenerative disc disease. The patient must also meet fusion surgery criteria, and if the patient is not a candidate for fusion, a disc replacement procedure should not be considered. Additionally, the patient should be able to comply with pre- and post-surgery protocol.

ii. The theoretical advantage of total disc arthroplasty is that it preserves range of motion and physiologic loading of the disc. This could be an advantage for adults who are physically active. Studies do not demonstrate a long-term advantage of measured function or pain over comparison groups undergoing fusion. The longevity of this prosthetic device has not yet been determined. Significant technical training and experience is required to perform this procedure successfully. Surgeons must be well-versed in anterior spinal techniques and should have attended appropriate training courses, or have undergone training during a fellowship. Mentoring and proctoring of procedures is highly recommended. Reasonable pre-operative evaluation may include an angiogram to identify great vessel location. The angiogram may be either with contrast or with magnetic resonance imaging. An assistant surgeon with anterior access experience is required.

b. Complications:

i. nerve and vascular injury;

ii. dural tears;

iii. sexual dysfunction (retrograde ejaculation);

iv. mal-positioning of the prosthesis;

v. suboptimal positioning of the prosthetic may compromise the long-term clinical result;

vi. Complex Regional Pain Syndrome (CRPS);

vii. complications from Abdominal Surgery, (e.g., hernia or adhesions);

viii. re-operation due to complications;

ix. appropriate medical disclosures should be provided to the patient as deemed necessary by the treating physician.

c. Surgical Indications:

i. symptomatic one-level degenerative disc disease established by objective testing (CT or MRI scan followed by positive provocation discogram);

ii. symptoms unrelieved after six months of active non-surgical treatment;

iii. all pain generators are adequately defined and treated;

iv. all physical medicine and manual therapy interventions are completed;

v. spine pathology limited to one level;

vi. psychosocial evaluation with confounding issues addressed.

d. Contraindications:

i. significant spinal deformity/scoliosis;

ii. facet joint arthrosis;

iii. spinal instability;

iv. deficient posterior elements;

v. infection;

vi. any contraindications to an anterior abdominal approach (including multiple prior abdominal procedures);

vii. evidence of nerve root compression, depending on the device used;

viii. previous compression or burst fracture ;

ix. multiple-level degenerative disc disease (DDD);

x. spondylolysis;

xi. spondylolisthesis greater than 3 mm;

xii. osteoporosis or any metabolic bone disease;

xiii. chronic steroid use or use of other medication known to interfere with bone or soft tissue healing;

xiv. autoimmune disorder;

xv. allergy to device components/materials;

xvi. depending on the device selected, pregnancy or desire to become pregnant;

xvii. morbid obesity (e.g., body/mass index [BMI] of greater than 40, over 100 pounds overweight);

xviii. active malignancy.

e. Post-Operative Therapy. Bracing may be appropriate. A formal physical therapy program should be implemented post-operatively. Active treatment, which patients should have had prior to surgery, will frequently require a repeat of the sessions previously ordered. The implementation of a gentle aerobic reconditioning program (e.g., walking) and back education within the first post-operative week is appropriate in uncomplicated post-surgical cases. Some patients may benefit from several occupational therapy visits to improve performance of ADLs. Participation in an active therapy program which includes restoration of ROM, core stabilization, strengthening, and endurance is recommended to be initiated at the discretion of the surgeon. Lifting and bending are usually limited for several months at least. Sedentary duty may be able to begin within six weeks in uncomplicated cases. The goals of the therapy program should include instruction in a long-term home based exercise program. (Refer to Active Therapy.)

9. Kyphoplasty

a. Description. A surgical procedure for the treatment of symptomatic thoracic or lumbar vertebral compression fractures, most commonly due to osteoporosis or other metabolic bone disease, and occasionally with post-traumatic compression fractures and minor burst fractures that do not significantly compromise the posterior cortex of the vertebral body. Pain relief can be expected in approximately 90 percent of patients. Vertebral height correction is inconsistent, with approximately 35 percent to 40 percent of procedures failing to restore height or kyphotic angle.

b. Complications. Cement leakage occurs in approximately nine percent of kyphoplasties and may cause complications. New vertebral compression fracture may occur following kyphoplasty, but their occurrence does not appear to exceed that of osteoporotic patients who did not receive treatment.

c. Operative Treatment. Kyphoplasty involves the percutaneous insertion of a trocar and inflatable balloon or expanding polymer into the vertebral body, which re-expands the body, elevating the endplates and reducing the compression deformity. Polymethylmethacrylate (PMMA) bone cement is injected under low pressure into the cavity created by the balloon inflation. In contrast to vertebroplasty, which introduces PMMA cement under high pressure, the space created by balloon inflation allows a higher viscosity PMMA to be injected under lower pressure, which may reduce the risks associated with extravertebral extravasation of the material. There may be an advantage to performing the procedure within one month of the fracture, since the elevation of the endplates may be more readily achieved than when the procedure is delayed.

d. Surgical Indications. Kyphoplasty is an accepted treatment for the following indications:

i. compression fracture;

ii. vertebral height loss between 20 percent and 85 percent;

iii. vertebral height restoration. Kyphoplasty is more likely to increase vertebral height if performed within 30 days of fracture occurrence.

e. Contraindications:

i. the presence of neurologic compromise related to fracture;

ii. high-velocity fractures with a significant burst component;

iii. significant posterior vertebral body wall fracture;

iv. severe vertebral collapse (vertebra plana);

v. infection, and

vi. coagulopathy.

10. Vertebroplasty

a. Description vertebroplasty is a procedure for the treatment of painful thoracic and lumbar vertebral compression fractures caused by osteoporosis or other metabolic bone disease. Polymethylmethacrylate (PMMA) bone cement is injected with high pressure into the vertebral body via an 11- to 13-gauge needle, with the goal of stabilizing the spine and relieving pain. The procedure does not correct spinal deformity. Pain relief can be expected in approximately 90 percent of patients. Vertebral height correction is inconsistent, with approximately 35 percent to 40 percent of procedures failing to restore height or kyphotic angle.

b. Complications

i. Because the bone cement is of low viscosity, its injection under pressure frequently results in extravertebral extravasation of the material, with rare serious complications such as pulmonary embolism. Cement leakage alone occurs in approximately 40 percent of vertebroplasties.

ii. New vertebral compression fractures may occur following vertebroplasty, but their occurrence does not appear to exceed that of osteoporotic patients who did not receive treatment.

c. Indications:

i. compression fracture of preferably less than 30 days;

ii. vertebral height loss between 20 percent and 85 percent;

iii. intact posterior wall.

d. Contraindications:

i. the presence of neurologic compromise related to the fracture;

ii. high velocity fractures with a significant burst component;

iii. posterior vertebral body wall fracture;

iv. severe vertebral collapse (vertebra plana); and

v. infection; and

vi. coagulopathy.

11. Percutaneous radiofrequency disc decompression is an investigational procedure which introduces a 17 gauge cannula under local anesthesia and fluoroscopic guidance into the nucleus pulposus of the contained herniated disc, using radiofrequency energy to dissolve and remove disc material. Pressure inside the disc is lowered as a result. There have been no randomized clinical trials of this procedure at this time. Percutaneous radiofrequency disc decompression is not recommended.

12. Nucleus pulposus replacement involves the introduction of a prosthetic implant into the intervertebral disc, replacing the nucleus while preserving the annulus fibrosus. It is limited to investigational use in the United States at this time. It is not recommended.

13. Epiduroscopy and Epidural Lysis of Adhesions (Refer to Injections-Therapeutic).

14. Intraoperative neurophysiologic monitoring (IONM) is a battery of neurophysiologic tests used to assess the functional integrity of the spinal cord, nerve roots, and other peripheral nervous system structures (eg, brachial plexus) during spinal surgery. The underlying principle of IONM is to identify emerging insult to nervous system structures, pathways, and/or related vascular supply and to provide feedback regarding correlative changes in neural function before development of irreversible neural injury. IONM data provide an opportunity for intervention to prevent or minimize postoperative neurologic deficit. Current multimodality monitoring techniques permit intraoperative assessment of the functional integrity of afferent dorsal sensory spinal cord tracts, efferent ventral spinal cord tracts, and nerve roots. Combined use of these techniques is useful during complex spinal surgery because these monitoring modalities provide important complementary information to the surgery team. Intraoperative neurophysiologic monitoring should be used during spinal surgery when information regarding spinal cord and nerve root function is desired. The appropriate diagnostic modality for the proposed surgical intervention should be utilized at the discretion of the surgeon.

15. Non-invasive electrical bone growth stimulators may be considered:

a. as an adjunct to spinal fusion surgery for those at high risk for pseudoarthrosis, including one or more of the following fusion failure risk factors:

i. one or more previous failed spinal fusion(s);

ii. grade II or worse spondylolisthesis;

iii. fusion to be performed at more than one level;

iv. presence of other risk factors that may contribute to non-healing:

(a). current smoking;

(b). diabetes;

(c). renal disease;

(d). other metabolic diseases where bone healing is likely to be compromised (e.g.: significant osteoporosis);

(e). active alcoholism;

(f). morbid obesity BMI >40;

b. as treatment for individuals with failed spinal fusion. Failed spinal fusion is defined as a spinal fusion that has not healed at a minimum of six months after the original surgery, as evidenced by serial x-rays over a course of three months during the latter portion of the six month period;

c. no strict criteria for device removal are suggested in the literature. Implanted devices are generally removed only when the patient complains of discomfort, when there is device malfunction, or to allow for future ability to use MRI. Removal of batteries is not recommended unless there is a device malfunction or other complication.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1676 (June 2011), amended LR 39:

Chapter 21. Pain Medical Treatment Guidelines

Subchapter A. Chronic Pain Disorder Medical Treatment Guidelines

§2103. General Guideline Principles

A. - A.1. …

2. Education. Education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of workers' compensation injuries. Currently, practitioners often think of education last, after medications, manual therapy, and surgery. Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers, and the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient. More in-depth education currently exists within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention.

3. - 5. ….

6. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

7. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

8. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of "cure" with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative

treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

9. Pharmacy—Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the State of Louisiana including, but not limited to: Louisiana State Board of Medical Examiners regulations governing Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health & Hospitals licensing and certification standards for Pain Management Clinics; Other laws and regulations affecting the prescribing and dispensing of medications in the State of Louisiana.

10. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

11. Return to Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply "sedentary" or "light duty." The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

12. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

13. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient of Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as "not recommended."

14. Treatment of Pre-Existing Conditions. The conditions that preexisted the work injury/disease will need to be managed under two circumstances:

a. a pre-existing condition exacerbated by a work injury/disease should be treated until the patient has returned to their objectively verified prior level of functioning or MMI; and

b. A pre-existing condition not directly caused by a work injury/disease but which may prevent recovery from that injury should be treated until its objectively verified negative impact has been controlled. The focus of treatment should remain on the work injury/disease.

B. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1631 (June 2011), amended LR 39:

Subchapter B. Complex Regional Pain Syndrome

§2119. General Guideline Principles

A. - A.1. …

2. Education. Education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of workers' compensation injuries. Currently, practitioners often think of education last, after medications, manual therapy, and surgery. Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers, and

the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient. More in-depth education currently exists within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention.

3. - 5. ….

6. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

7. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

8. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of "cure" with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

9. Pharmacy—Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the State of Louisiana including, but not limited to: Louisiana State Board of Medical Examiners regulations governing Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for Pain Management Clinics; Other laws and regulations affecting the prescribing and dispensing of medications in the State of Louisiana.

10. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

11. Return To Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply "sedentary" or "light duty." The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

12. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

13. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient of Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within

the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as "not recommended."

14. Treatment of Pre-Existing Conditions. The conditions that preexisted the work injury/disease will need to be managed under two circumstances:

a. A pre-existing condition exacerbated by a work injury/disease should be treated until the patient has returned to their objectively verified prior level of functioning or MMI; and

b. A pre-existing condition not directly caused by a work injury/disease but which may prevent recovery from that injury should be treated until its objectively verified negative impact has been controlled. The focus of treatment should remain on the work injury/disease.

B. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1631 (June 2011), amended LR 39:

Chapter 22. Neurological and Neuromuscular Disorder Medical Treatment Guidelines

Subchapter A. Carpal Tunnel Syndrome (CTS) Medical Treatment Guidelines

§2203. General Guideline Principles

A. - A.1. …

2. Education. Education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of workers' compensation injuries. Currently, practitioners often think of education last, after medications, manual therapy, and surgery. Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers, and the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient. More in-depth education currently exists within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention.

3. - 5. ….

6. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

7. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

8. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of "cure" with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

9. Pharmacy—Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the State of Louisiana including, but not limited to: Louisiana State Board of Medical Examiners regulations governing Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health & Hospitals licensing and certification standards for Pain Management Clinics; Other laws and regulations affecting the prescribing and dispensing of medications in the State of Louisiana.

10. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

11. Return To Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply "sedentary" or "light duty." The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual

chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

12. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

13. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient of Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as "not recommended."

14. Treatment of Pre-Existing Conditions. The conditions that preexisted the work injury/disease will need to be managed under two circumstances:

a. a pre-existing condition exacerbated by a work injury/disease should be treated until the patient has returned to their objectively verified prior level of functioning or MMI; and

b. a pre-existing condition not directly caused by a work injury/disease but which may prevent recovery from that injury should be treated until its objectively verified negative impact has been controlled. The focus of treatment should remain on the work injury/disease.

B. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1631 (June 2011), amended LR 39:

Subchapter B. Thoracic Outlet Syndrome

§2217. General Guidelines Principles

A. - A.1. …

2. Education. Education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of workers' compensation injuries. Currently, practitioners often think of education last, after medications, manual therapy, and surgery. Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers, and the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient. More in-depth education currently exists within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention.

3. - 5. ….

6. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

7. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

8. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of "cure" with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of

achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

9. Pharmacy—Louisiana Law and Regulation: All prescribing will be done in accordance with the laws of the State of Louisiana including, but not limited to: Louisiana State Board of Medical Examiners regulations governing Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for Pain Management Clinics; Other laws and regulations affecting the prescribing and dispensing of medications in the State of Louisiana.

10. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

11. Return To Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply "sedentary" or "light duty." The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

12. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

13. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient of Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as "not recommended."

14. Treatment of Pre-Existing Conditions. The conditions that preexisted the work injury/disease will need to be managed under two circumstances:

a. a pre-existing condition exacerbated by a work injury/disease should be treated until the patient has returned to their objectively verified prior level of functioning or MMI; and

b. a pre-existing condition not directly caused by a work injury/disease but which may prevent recovery from that injury should be treated until its objectively verified negative impact has been controlled. The focus of treatment should remain on the work injury/disease.

B. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1631 (June 2011), amended LR 39:

Chapter 23. Upper and Lower Extremities Medical Treatment Guidelines

Subchapter A. Lower Extremities

§2303. General Guidelines Principles

A. - A.1. …

2. Education. Education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of workers' compensation injuries. Currently, practitioners often think of education last, after medications, manual therapy, and surgery. Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers, and

the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient. More in-depth education currently exists within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention.

3. - 5. ….

6. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

7. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

8. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of "cure" with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

9. Pharmacy—Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the State of Louisiana including, but not limited to: Louisiana State Board of Medical Examiners regulations governing Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health and Hospitals licensing and certification standards for Pain Management Clinics; Other laws and regulations affecting the prescribing and dispensing of medications in the State of Louisiana.

10. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

11. Return To Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply "sedentary" or "light duty." The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

12. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

13. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient of Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within

the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as "not recommended."

14. Treatment of Pre-Existing Conditions. The conditions that preexisted the work injury/disease will need to be managed under two circumstances:

a. a pre-existing condition exacerbated by a work injury/disease should be treated until the patient has returned to their objectively verified prior level of functioning or MMI; and

b. a pre-existing condition not directly caused by a work injury/disease but which may prevent recovery from that injury should be treated until its objectively verified negative impact has been controlled. The focus of treatment should remain on the work injury/disease.

B. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1631 (June 2011), amended LR 39:

Subchapter B. Shoulder Injury Medical Treatment Guidelines

§2317. General Guideline Principles

A. - A.1. …

2. Education. Education of the patient and family, as well as the employer, insurer, policy makers and the community should be the primary emphasis in the treatment of workers' compensation injuries. Currently, practitioners often think of education last, after medications, manual therapy, and surgery. Practitioners must develop and implement an effective strategy and skills to educate patients, employers, insurance systems, policy makers, and the community as a whole. An education-based paradigm should always start with inexpensive communication providing reassuring information to the patient. More in-depth education currently exists within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention.

3. - 5. ….

6. Positive Patient Response. Positive results are defined primarily as functional gains that can be objectively measured. Standard measurement tools, including outcome measures, should be used.

a. Objective functional gains include, but are not limited to, positional tolerances, range-of-motion (ROM), strength, and endurance, activities of daily living, cognition, psychological behavior, and efficiency/velocity measures that can be quantified. Subjective reports of pain and function should be considered and given relative weight when the pain has anatomic and physiologic correlation. Anatomic correlation must be based on objective findings.

7. Re-Evaluation of Treatment Every Three to Four Weeks. If a given treatment or modality is not producing positive results within three to four weeks, the treatment should be either modified or discontinued. Reconsideration of diagnosis should also occur in the event of poor response to a seemingly rational intervention.

8. Surgical Interventions. Surgery should be contemplated within the context of expected improvement of functional outcome and not purely for the purpose of pain relief. The concept of "cure" with respect to surgical treatment by itself is generally a misnomer. All operative interventions must be based upon positive correlation of clinical findings, clinical course, and diagnostic tests. A comprehensive assimilation of these factors must lead to a specific diagnosis with positive identification of pathologic conditions. The decision and recommendation for operative treatment, and the appropriate informed consent should be made by the operating surgeon. Prior to surgical intervention, the patient and treating physician should identify functional operative goals and the likelihood of achieving improved ability to perform activities of daily living or work activities and the patient should agree to comply with the pre- and post-operative treatment plan and home exercise requirements. The patient should understand the length of partial and full disability expected post-operatively.

9. Pharmacy—Louisiana Law and Regulation. All prescribing will be done in accordance with the laws of the State of Louisiana including, but not limited to: Louisiana State Board of Medical Examiners regulations governing Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain; Louisiana Board of Pharmacy Prescription Monitoring Program; Louisiana Department of Health & Hospitals licensing and certification standards for Pain Management Clinics; Other laws and regulations affecting the prescribing and dispensing of medications in the State of Louisiana.

10. Six Month-Time Frame. The prognosis drops precipitously for returning an injured worker to work once he/she has been temporarily totally disabled for more than six months. The emphasis within these guidelines is to move patients along a continuum of care and return-to-work within a six-month time frame, whenever possible. It is important to note that time frames may not be pertinent to injuries that do not involve work-time loss or are not occupationally related.

11. Return To Work. Return to work is therapeutic, assuming the work is not likely to aggravate the basic problem or increase long-term pain. The practitioner must provide specific written physical limitations. If a practitioner releases a patient at a level of function lower than their previous job position, the practitioner must provide physical limitations and abilities and job modifications. A patient should never be released to simply "sedentary" or "light duty." The following physical limitations should be considered and modified as recommended: lifting, pushing, pulling, crouching, walking, using stairs, climbing ladders, bending at the waist, awkward and/or sustained postures, tolerance for sitting or standing, hot and cold environments, data entry and other repetitive motion tasks, sustained grip, tool usage and vibration factors. Even if there is residual chronic pain, return-to-work is not necessarily contraindicated. The practitioner should understand all of the

physical demands of the patient's job position before returning the patient to full duty and should request clarification of the patient's job duties. Clarification should be obtained from the employer or, if necessary, including, but not limited to, an occupational medicine physician, occupational health nurse, physical therapist, occupational therapist, vocational rehabilitation specialist, or an industrial hygienist.

12. Delayed Recovery. Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after an injury. The OWCA recognizes that 3 to 10 percent of all industrially injured patients will not recover within the timelines outlined in this document despite optimal care. Such individuals may require treatments beyond the limits discussed within this document, but such treatment will require clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

13. Guideline Recommendations and Inclusion of Medical Evidence. Guidelines are recommendations based on available evidence and/or consensus recommendations. When possible, guideline recommendations will note the level of evidence supporting the treatment recommendation. When interpreting medical evidence statements in the guideline, the following apply to the strength of recommendation.

Strong	Level 1 Evidence	We Recommend
Moderate	Level 2 and Level 3 Evidence	We Suggest
Weak	Level 4 Evidence	Treatment is an Option
Inconclusive	Evidence is Either Insufficient of Conflicting	

a. Consensus guidelines are generated by a professional organization that the guidelines are intended to serve. A committee of specialists and experts are selected by the organization to create an unbiased, vetted recommendation for the treatment of specific issues within the realm of their expertise. All recommendations in the guideline are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus statement attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as "not recommended."

14. Treatment of Pre-Existing Conditions. The conditions that preexisted the work injury/disease will need to be managed under two circumstances:

a. a pre-existing condition exacerbated by a work injury/disease should be treated until the patient has returned to their objectively verified prior level of functioning or MMI; and

b. A pre-existing condition not directly caused by a work injury/disease but which may prevent recovery from that injury should be treated until its objectively verified negative impact has been controlled. The focus of treatment should remain on the work injury/disease.

B. The remainder of this document should be interpreted within the parameters of these guideline principles that may lead to more optimal medical and functional outcomes for injured workers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation Administration, LR 37:1631 (June 2011), amended LR 39:

Family Impact Statement

Implementation of this proposed Rule should not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on any family formation, stability, and autonomy. This proposed Rule shall not have any impact on the six criteria set out in R.S. 49:972(D).

Poverty Impact Statement

Implementation of this proposed Rule should not have any known or foreseeable impact on poverty as defined by R.S. 49:973.

Small Business Statement

The impact of the proposed Rule on small business has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small business as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small businesses.

Public Comments

The updates to the evidence based medical treatment guidelines, in accordance with R.S. 23:1203.1, is expected to continue the streamlined process for delivery of medical services to injured workers, as well as the process for resolution of disputes related to delivery of medical services. These current updates to the already improved process, will further improve medical outcomes resulting in injured workers returning to gainful employment more quickly.

Inquiries concerning the proposed amendments may be directed to Director, Office of Workers' Compensation Administration, Louisiana Workforce Commission, P.O. Box 94040, Baton Rouge, LA 70804-9040.

Interested parties may submit data, views, arguments, information or comments on the proposed amendment in writing to the Louisiana Workforce Commission, Office of Workers' Compensation, P.O. Box 94040, Baton Rouge, Louisiana 70804-9040, Attention: Director, Office of Workers' Compensation Administration. Written comments must be submitted and received by the Department within 20 days from the publication 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 Department within 20 days of the publication of this notice.

Public Hearing

A public hearing will be held on July 25, 2013, at 9 a.m. at the 4th Floor Auditorium of the Louisiana Workforce Commission, 1001 North 23rd St., Baton Rouge, LA 70802.

Curt Eysink
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Medical Guidelines

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

This proposed rule updates the existing Medical Treatment Guidelines (MTG), which are based on criteria found in La. R.S. 23:1203.1(D) Medical Treatment Schedule; Medical Advisory Council. These updates are required every two years per La. R.S. 23:1203.1(H) to assists with the decision-making process regarding proposed medical treatment for the injured worker. This proposed rule updates organizational changes, clarifies the General Principles Sections of each subpart, and makes changes to the Spine Section.

The promulgation of this proposed rule is not expected to provide any additional costs or savings for the Office of Workers Compensation. All costs associated with the medical director, updates and promulgation of rules of the MTG have already been factored into the existing budget.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The implementation of MTG, in accordance with La. R.S. 23:1203.1, will have no effect on revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The updates to the evidence-based MTG in this proposed rule, in accordance with La. R.S. 23:1203.1, is expected to continue the streamlined process for delivery of medical services to injured workers as well as the process for resolution of disputes related to delivery of medical services. These current updates will further improve medical outcomes resulting in injured workers returning to gainful employment more quickly. However, the specific economic benefit is indeterminable because there is no objective evidence currently available related to the updates being proposed for the State of Louisiana.

Although all medical providers and insurance carriers are expected to comply with the MTG, this proposed rule does not impact any fees or procedural codes; therefore, this proposed rule does not impact medical providers or insurance carriers.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no anticipated effect on competition and employment.

Wes Hataway
Director
1306#073

Gregory V. Albrecht
Chief Economist
Legislative Fiscal Office

Potpourri

POTPOURRI

Department of Health and Hospitals
Office of Public Health
Bureau of Family Health

Maternal and Child (MCH) Block Grant Application

The Department of Health and Hospitals (DHH) intends to apply for Maternal and Child (MCH) Block Grant federal funding for FY 2013-2014 in accordance with Public Law 97-35 and the Omnibus Budget Reconciliation Act of 1981. The Office of Public Health, Bureau of Family Health is responsible for program administration of the grant.

The block grant application describes in detail the goals and planned activities of the Bureau of Family Health for the next year. Program priorities are based on the results of a statewide needs assessment conducted in 2010, which is updated annually based on relevant data collection.

Interested persons may request copies of the application from:

State of Louisiana
DHH-Office of Public Health
Maternal and Child Health Program
1450 Poydras Street, Room 2032
New Orleans. LA 70112

Or view a summary of the application at: http://www.dhh.louisiana.gov/index.cfm/page/935.

Additional information may be gathered by contacting Karen Webb at (504) 568-3504.

J.T. Lane
Assistant Secretary

1306#084

POTPOURRI

Department of Insurance
Office of Health Insurance

Annual HIPAA Assessment Rate

Pursuant to Louisiana Revised Statute 22:1071(D)(2), the annual HIPAA assessment rate has been determined by the Department of Insurance to be .00022 percent.

James J. Donelon
Commissioner

1306#065

POTPOURRI

Office of the Governor
Real Estate Appraisers Board

Public Hearing—Substantive Changes to Proposed Rule
Real Estate
(LAC 46:LXVII.30302, 30401, 30501, 30900, and 31101)

The Louisiana Real Estate Appraisers Board published a Notice of Intent in the *Louisiana Register*, on February 20, 2013, to amend Chapters 303, 305 and 309, and to promulgate Chapters 304 and 311. The notice invited interested parties to submit written comments. After a thorough review and careful consideration of the received comments, the board proposes to amend certain portions of the proposed rules:

Amend Subsection 30401.A.5 to provide for a written certification from an appaiser that he or she is aware that misrepresentation of competency may be subject to the mandatory reporting requirement of the Uniform Standards of Professional Appraisal Practice (USPAP).

Amend Subsection 30501.B.7 to insert *turn time* in lieu of *time frame*, as it relates to the time allowed for performing an appraisal.

Amend Subsection 30501.B.10 to correct the spelling of *monetary*.

Amend Subsection 30900 to include 30900.F, which provides for compliance audits authorized by the board or its executive director.

Amend Subsection 31101.A to provide for appraiser compensation at a rate that is customary and reasonable for appraisal services performed in the market area of the property being appraised and to identify how the market area shall be identified.

Amend Subsection 31101.A.1 to provide that evidence for fees may be established by third-party information and to provide for examples and exclusions thereof.

Amend Subsection 31101.A.2 to allow the board, at its discretion, to establish a customary and reasonable rate of compensation for licensee use.

Amend Subsection 31101.A to include A.3 to provide for factors that shall be considered to ensure that reasonable compensation is made, if an appraiser is compensated on any basis other than an established fee schedule.

Delete Subsection 31101.C-C.1, relative to customary and reasonable fees, third-party information, and geographic markets, as the content thereof is included in other subsections. With the deletion of these parts, Subsection

31101.D will become 31101.C and is amended to provide how records relative to the methods, factors, variations, and differences used to determine customary and reasonable rate of compensation for each appraisal assignment shall be mainntained. Subsequently, Subsection 31101.E will become 31101.D and is amended to provide for appraiser payment guidelines and exceptions thereto.

No fiscal or economic impact will result from the amendments proposed in this notice.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXVII. Real Estate

Subpart 3. Appraisal Management Companies

Chapter 304. Competency

§30401. Appraiser License Verification

A - A.4 …

5. is aware that misrepresentation of competency may be subject to the mandatory reporting requirement in the most current version of the Uniform Standards of Professional Appraisal Practice (USPAP).

B. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3415.1 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Real Estate Appraisers Board, LR 39:

Chapter 305. Responsibilities and Duties

§30501. Record Keeping

A. - B.6. …

7. the turn time in which the appraisal services are required to be performed;

8. - 9 …

10. the fee or remuneration or monetary compensation for each report or assignment.

C. - E …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3415.1 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Real Estate Appraisers Board, LR 37:2407 (August 2011), amended LR 39:

Chapter 309. Investigations; Disciplinary Authority; Enforcement and Hearing

§30900. Investigations

A. - E …

F. Full or partial compliance audits may be authorized by the executive director, or by affirmative vote of the Board, to determine compliance with all provisions of applicable law and rules. A maximum of 10 percent of all registered licensees may be subject to audit in any calendar year. Licensees selected for audit shall be given 10 days written notice prior to commencement of the audit

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3415.1 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Real Estate Appraisers Board, LR 39:

Chapter 311. Compensation of Fee Appraisers

§31101. General Provisions; Customary and Reasonable Fees; Presumptions of Compliance

A. Licensees shall compensate fee appraisers at a rate that is customary and reasonable for appraisal services performed in the market area of the property being appraised and as prescribed by R.S. 37:3415.15.A. For the purposes of this Chapter, *Market Area* shall be identified by zip code, parish, or metropolitan area.

1. Evidence for such fees may be established by objective third-party information such as government agency fee schedules, academic studies, and independent private sector surveys. Fee studies shall exclude assignments ordered by appraisal management companies.

2. The board, at its discretion, may establish a customary and reasonable rate of compensation schedule for use by any licensees electing to do so.

3. Licensees electing to compensate fee appraisers on any basis other than an established fee schedule as described in Paragraphs 1 or 2 above shall, at a minimum, review the factors listed in Subsection 31101.B.1-6 on each assignment made, and make appropriate adjustments to recent rates paid in the relevant geographic market necessary to ensure that the amount of compensation is reasonable.

B. - B.6. …

C. Licensees shall maintain records of all methods, factors, variations, and differences used to determine the customary and reasonable rate of compensation paid for each appraisal assignment in the geographic market of the property being appraised, in accordance with Section 30501.C.

D. Except in the case of breach of contract or substandard performance of real estate appraisal activity, an appraisal management company shall make payment to an independent contractor appraiser for the completion of an appraisal or appraisal review assignment:

1. within 30 days after the appraiser provides the completed appraisal report to the appraisal management company; or

2. in accordance with another payment schedule agreed to in writing by the appraiser and the appraisal management company.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3415.1 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Real Estate Appraisers Board, LR 39:

In accordance with the provisions of the Administrative Procedure Act, specifically R.S. 49:968(H)(2) the board gives notice of a public hearing to receive additional comments and testimony on these substantive amendments to the proposed rules. The hearing will be held at 9:00 a.m. on Monday, July 22, 2013 at the office of the Louisiana Real Estate Appraisers Board, 9071 Interline Avenue, Baton

Rouge, LA. At that time, all interested parties will be afforded an opportunity to submit data, views, or arguments, either orally or in writing. Interested parties may submit written comments to Stephanie Boudreaux, Louisiana Real Estate Commission, P.O. Box 14785, Baton Rouge, LA 70898-4785 or 9071 Interline Avenue, Baton Rouge, LA 70809, by 9:00 a.m. on Monday, July 22, 2013.

Bruce Unangst
Executive Director

1306#019

POTPOURRI

Department of Natural Resources
Office of Conservation

Electric Well Logs (LAC 43:XIX.107)

LAC 43:XIX.107 currently sets forth, among other things, the regulations for electrical logs, when run, of all test wells, or wells drilled in search of oil, gas, sulphur and other minerals. The Office of Conservation announces that it intends to promulgate revised rules to replace portions of LAC 43:XIX.107 and solicit comments from interested parties prior to promulgating the amended rules. The purpose of this proposed rule amendment is to update regulations regarding the type of logs, when run, that shall be submitted to the Office of Conservation. The proposed rule revisions would apply to all logs, specifically all wellbore data and associated logs including, but not limited to, the minimum requirements of spontaneous potential, gamma ray, formation resistivity and conductivity, acoustic (sonic), dip-meter, neutron, and density logs. Further, other types of formation measurements, tests and sample data obtained shall be submitted to the Office of Conservation upon request by the commissioner of conservation.

The proposed Rule will consider wellbore conditions or other obstacles that prevent logging of the wellbore, such conditions may be considered by the commissioner of conservation or the director of the Engineering Division of the Office of Conservation to determine if such obstacles are reasonable to grant a waiver of the logging requirement.

In addition to commenting on the substance of the proposed rule changes themselves, the Office of Conservation also seeks information from current operators to assist in drafting the Fiscal and Economic Impact Statement required by R.S. 49:953, and to specifically provide information concerning the proposed Rule change's estimated costs and/or economic benefits to directly affected persons or non-governmental groups and the estimated effect on competition and employment.

A copy of the current rules can be found online at the Office of Conservation portion of the LDNR website under the section titled "rules" on http://dnr.louisiana.gov. For more information, please contact Tyler Gray at (225) 342-5500. This notice is available on the Department of Natural Resources, Office of Conservation's website.

James H. Welsh
Commissioner

1306#066

POTPOURRI

Department of Natural Resources
Office of Conservation

Legal Notice—Docket No. ENV 2013-L02

Notice is hereby given that the Commissioner of Conservation will conduct a hearing at 8:30 a.m., Monday, August 5, 2013, at the LaSalle Building located at 617 North Third Street, Baton Rouge, Louisiana.

At such time, the Commissioner, or his designated representative, will conduct a hearing pursuant to LAC Title 43, Part XIX. Subpart 1. Statewide Order No. 29-B relative to the matter of Agri-South Group, LLC versus Exxon Mobile Corporation, et al., Docket Number 24132, 7th Judicial District Court, Catahoula Parish, pertaining to a plan for the evaluation of environmental damage to property commonly referred to as the Plug Road property which is located within the South Shoe Bayou oil and gas field approximately three miles southwest of Lake Larto in southwestern Catahoula Parish.

Any concerns should be directed to:

Office of Conservation
Environmental Division
P.O. Box 94275
Baton Rouge, Louisiana 70804
Re: Docket No. ENV 2013-L02

James H. Welsh
Commissioner

1306#067

POTPOURRI

Department of Natural Resources
Office of Conservation

Orphaned Oilfield Sites

Office of Conservation records indicate that the Oilfield Sites listed in the table below have met the requirements as set forth by Section 91 of Act 404, R.S. 30:80 et seq., and as such are being declared Orphaned Oilfield Sites.

Operator	Field	District	Well Name	Well Number	Serial Number
Quintana Petroleum Corp.	Bayou Chevreuil	L	Bowie LBR Co	001	132435
Pan-American Engineering Co	Greenwood-Waskom	S	Gill et al	003	58804
Landsberger-North	Melville	L	M J Artall	001	58766

Operator	Field	District	Well Name	Well Number	Serial Number
R. P. Phillips Well Service	Lockport	L	Phillips-Sun-Phoenix Dev Co	001	35210

James H. Welsh
Commissioner

1306#017

POTPOURRI

Department of Natural Resources
Office of the Secretary
Fishermen's Gear Compensation Fund

Underwater Obstructions—Latitude/Longitude Coordinates

In accordance with the provisions of R.S. 56:700.1 et seq., notice is given that 8 claims in the amount of $28,466.29 were received for payment during the period May 1, 2013-May 31, 2013

There were 8 paid and 0 denied.

Latitude/Longitude Coordinates, in Degree Decimal Minutes, of reported underwater obstructions are:

29 19.724	89 31.653	Plaquemines
29 29.140	89 24.461	Plaquemines
29 30.937	89 27.953	Plaquemines
29 42.209	93 03.623	Cameron
29 44.433	93 20.430	Cameron
29 46.387	90 13.505	Saint Charles
29 47.723	89 48.483	Plaquemines
29 49.651	89 31.231	Saint Bernard

A list of claimants and amounts paid can be obtained from Gwendolyn Thomas, Administrator, Fishermen's Gear Compensation Fund, P.O. Box 44277, Baton Rouge, LA 70804 or you can call (225)342-9388.

Stephen Chustz
Secretary

1306#020

CUMULATIVE INDEX
(Volume 39, Number 6)

2013	
Pages	**Issue**
1-230	January
231-441	February
442-932	March
933-1227	April
1228-1375	May
1376-1657	June

EO—Executive Order
PPM—Policy and Procedure Memoranda
ER—Emergency Rule
R—Rule
N—Notice of Intent
CR—Committee Report
GR—Governor's Report
L—Legislation
P—Potpourri
QU—Administrative Code Quarterly Update

ADMINISTRATIVE CODE QUARTERLY UPDATE
Cumulative
January 2012-December 2012, 219QU
January 2013-March 2013, 1209QU

AGRICULTURE AND FORESTRY
Agricultural and Environmental Sciences, Office of
Seed Commission
Annual quarantine listing plant protection and quarantine, 1211N
Labeling and testing, 351N
Horticulture Commission
Landscape architect registration exam, 1366P
Structural Pest Control Commission
Minimum specifications for bait and baiting requirements, 232ER
Minimum specifications for trench and treat termite control work, 232ER
Structural pest control, 300R
Termite control—trench and treat, 358N, 1413R
Wood destroying insect report and requests for rule changes or declaratory rulings, 233ER
Commissioner, Office of
Fees, 1378ER, 1490N

ASSESSORS' RETIREMENT FUND BOARD OF TRUSTEES
Assessors' retirement fund hearing, 1366P

CHILDREN AND FAMILY SERVICES
Formerly Department of Social Services.
Division of Programs
Economic Stability and Self-Sufficiency
Child support enforcement
Administrative suspension of licenses, 1063N
Income assignment, 1064N
Support enforcement services, 1491N
Child welfare emergency assistance services program, 67R, 934ER, 1295N
Drug screening, energy assistance and substance abuse treatment programs, 235ER, 525N, 1230ER, 1413R
Increasing resource limit for households with elderly and disabled members, 4ER
Recovery of overpayments and over-issuances, 1296N
Temporary Assistance to Needy Families (TANF) caseload reduction report, 223P
Use of TANF benefits, 444ER, 1066N, 1378ER
Verbal fair hearing withdrawals, 162N
Licensing Section
Crib standards, 470R
Criminal records check, 166N
Emergency preparedness and evacuation planning, 4ER
Juvenile detention facilities fees, fines, penalties, and state central registry disclosure, 127N, 1006R, 1264R
Penalty for the operation of an unlicensed facility, 66R
Secretary, Office of
Community and family support system flexible family fund, 5ER, 1231ER
Louisiana's annual progress and services report, 920P
Social services block grant intended use report, 920P

CIVIL SERVICE
Ethics, Board of
Investigation and hearing procedures, 521N, 1415R

CULTURE, RECREATION AND TOURISM
State Library, Office of
Cultural resources, 67R
State Parks, Office of
State parks, 359N, 1264R

ECONOMIC DEVELOPMENT
Business Development Services, Office of
Competitive projects tax exemption program, 131N, 1078N, 1419R
Entertainment Industry Development, Office of
Entertainment industry tax credit programs
Digital media and software act, 133N, 1009R
Musical and theatrical production income tax credit program, 140N

EDUCATION
Elementary and Secondary Education, Board of
Technical revisions and updates, 307R
Bulletin 105—Louisiana Content Standards for Programs Serving Four-Year Old Children, 1492N

EDUCATION (Continued)
Bulletin 111—The Louisiana School, District and State Accountability System, 534N, 1421R, 1497N
Alternative education, schools, programs, 472R
School Performance Score Component, 304R
Bulletin 118—Statewide Assessment Standards and Practices, 73R, 144N, 537N, 1018R, 1422R, 1500N
Bulletin 119—Louisiana School Transportation Specifications and Procedures, 80R
Bulletin 124—Supplemental Educational Services, 1068N
Bulletin 126—Charter Schools, 473R, 546N, 1021R
Application process, 81R, 1431R
Recruitment and enrollment, 148N
Bulletin 129—The Recovery School District, 1022R
Return of schools to LEA, 82R, 150N
Bulletin 130—Regulations for the Evaluation and Assessment of School Personnel, 368N, 1272R
Bulletin 133—Scholarship Programs, 82R
Bulletin 134—Tuition Donation Rebate Program, 152N, 1023R
Bulletin 135—Health and Safety, 158N, 1029R, 1071N
Bulletin 136—The Louisiana Standards for Early Childhood Care and Education Programs Serving Children Birth-Five Years, 1502N
Bulletin 741—Louisiana Handbook for School Administrators, 554N, 576N
Bullying, 476R
High schools, 168N, 1038R
Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators—Programs of Study, 306R, 1298N, 1438R
Diabetes management and treatment, 480R
Bulletin 746—Louisiana Standards for State Certification of School Personnel, 616N, 1459R
Bulletin 1179—Driver Education, Traffic Safety, and Administrative Guide for Louisiana Schools, 1539N
Bulletin 1934—Starting Points Preschool Regulations, 1542N
Regents, Board of
Registration and licensure, 84R
Student Financial Assistance Commission
Student Financial Assistance, Office of
Scholarship/grant programs, LSMSA equivalent courses, 481R
Louisiana GO grant, 934ER, 1073N
TOPS, 1233ER
Equivalent courses, 1338N
TOPS GPA calculation, 308R
Tuition Trust Authority
Student Financial Assistance, Office of
START savings program, 2012 interest rate, 938ER, 1077N

ENVIRONMENTAL QUALITY
Secretary, Office of the
Legal Division
2008 Ozone (O3) national ambient air quality standards (NAAQS)—state implementation plan (SIP) revisions, 223P
2010 Sulfur dioxide (SO2) national ambient air quality standards (NAAQS)—state implementation plan (sip) revisions, 433P
2012 Annual incorporation by reference of certain federal air quality regulations, 372N, 1276R
Asbestos-containing materials in schools and state buildings, 1080N
Carbamate treatment standards, 1544N
Control facilities to be installed when feasible, 169N, 1278R
Emission standard for asbestos (demo/reno), 1099N
Incorporation by reference of 40 CFR 60, 171N, 1038R
Lead notification, 623N, 1466R
Office of environmental assessment references, 85R
Regulated new source review (NSR) pollutant, 375N, 1279R
Regulatory permit for flaring of materials other than natural gas, 1039R
Removal of saccharin from hazardous waste list, 1551N

EXECUTIVE ORDERS
BJ 12-24 Executive Branch—Expenditure Reduction, 1EO
BJ 12-25 Executive Branch—Spending Freeze, 2EO
BJ 13-01 School and Campus Safety, 3EO
BJ 13-02 Carry-Forward Bond Allocation 2012, 231EO
BJ 13-03 Offender Labor, 442EO
BJ 13-04 Carry-Forward Bond Allocation—Louisiana Community Development Authority, 442EO
BJ 13-05 Establishment of the Louisiana Interagency Council on Homelessness through the Housing and Transportation Planning and Coordinating Commission, 933EO
BJ 13-06 Flags at Half Staff, 1228EO
BJ 13-07 Executive Branch—DOTD Guidelines for Vehicles, Trucks and Load which Haul Hay from Louisiana to Texas, 1228EO
BJ 13-08 Regulatory Review of Permits Related to Bayou Corne Sinkhole, 1376EO
BJ 13-09 Bond Allocation—Louisiana Public Facilities Authority, 1377EO

GOVERNOR
Administration, Division of
Facility Planning and Control
Building code, 1553N
Capital improvement projects—building code, 85R
Pardons, Board of
Administration and clemency, 528N
General administration and clemency, 7ER
Racing Commission
Disputed races, 175N, 1281R
Nonsteroidal and/or anti-inflammatory medication, 176N, 1281R
Pick Six, 1358N

GOVERNOR (Continued)

State Purchasing, Office of
Master agreements; clauses; approval, 309R
Pre-printed contract forms; clauses; approval, 433P, 1280R
Procurement of consulting services as related services, 309R

Tax Commission
Ad valorem taxation, 487R
Public hearing, 224P

Architectural Examiners, Board of
Architect's seal or stamp, 483R
Architect emeritus, 1349N
Individuals registered in other states, 1349N
Military-trained architects and spouses, 1349N
Rules of conduct, 483R

Capital Area Ground Water Conservation Commission
Pumpage fees, 486R

Cemetery Board
Cemetery industry, 1107N

Coastal Protection and Restoration Authority
Public hearing—state fiscal year 2014 draft annual plan, 223P

Certified Shorthand Reporters, Board of Examiners
Continuing education, 172N, 1040R

Commission on Law Enforcement and Administration of Criminal Justice
Innocence compensation fund, 173N, 1041R

Crime Victims Reparations Board
Limits on awards, 174N, 1042R

Motor Vehicle Commission
Automotive industry, recreational products, 498R

Pardons, Board of
Parole
Conditions, 1351N
Eligibility, 1351N
Grievance procedure, 1351N
Time served, 1351N
Violations, 1351N

Real Estate Appraiser's Board
Public hearing, substantive changes to proposed rule real estate, 1646P
Real estate
Appraisal management companies, 376N
Peer review committees and valuation services, 310R

Real Estate Commission
Buyer broker compensation; written disclosure and acknowledgment, 1554N

HEALTH AND HOSPITALS

Addictive Disorder Regulatory Authority
Counselor-in-training, 1240N

Aging and Adult Services, Office of
Home and community-based services waivers
Adult Day Health Care, 1557N
Reimbursement rate reduction, 250ER, 507R
Community choices waiver, 32ER, 319R, 1157N
Reimbursement methodology, 250ER, 508R, 1048R
Reimbursement rate reduction, 36ER, 508R
Cost reporting requirements, 509R
New opportunities waiver
Reimbursement rate reduction, 1049R
Support coordination standards for participation, 448ER, 629N, 1569N
Supports Waiver
Reimbursement rate reduction, 1050R
Nursing facilities
Standards for payment level of care determinations, 640N, 1471R
Personal care services
Long-term
Cost reporting requirements, 271ER
Policy clarifications and service limit reduction, 46ER, 1161N, 1247ER, 1580N
Reimbursement rate reduction, 271ER, 387N, 1399ER

Behavioral Health, Office of
Behavioral health services
Physician payment methodology, 939ER
Statewide management organization,
Adults capitated payment reduction, 317R
LaCHIP affordable plan benefits administration, 940ER
Children's behavioral health services
Reimbursement rate reduction, 317R
Substance abuse services, reimbursement rate reduction, 281ER
Supplemental payments, 237ER, 1236ER

Citizens with Developmental Disabilities, Office of
Home and community-based services waivers
Children's choice
Allocation of waiver opportunities, 970ER
Money follows the person rebalancing demonstration extension, 32ER
Policy clarifications and self-direction service initiative, 1560N
Service cap reduction, 507R
New opportunities waiver
Reimbursement rate reduction, 192N
Residential options waiver, 971ER
Reimbursement rate reduction, 193N, 251ER
Supports waiver
Reimbursement rate reduction, 194N, 252ER

Dentistry, Board of
Continuing education, 1342N
Continuing education, licensure examinations and criminal history records, 86R
Documentation filing, 1343N
Fees—dentist, dental hygienists, 1344N
General provisions—evidence of graduation, restricted licensees, temporary licenses, and returning to active practice, 86R
Licensure by credentials, 87R
Patients' records, 1345N
Restrictive license; fees, sedation, educational requirements, facilities and exceptions, 89R
Reuse of toothbrush; continuing education requirements; examination of dentists, 378N, 1282R
Temporary licenses, 1346N

Health Services Financing, Bureau of
Abortion facilities—licensing standards, 18ER, 190N, 1234ER
Adult dentures program, reimbursement rate reduction, 316R
All inclusive care for the elderly
Reimbursement rate reduction, 316R
Ambulatory surgical centers, reimbursement rate reduction, 316R
Behavioral health services
Physician payment methodology, 939ER
Statewide management organization
Adults capitated payment reduction, 317R
LaCHIP affordable plan benefits administration, 940ER
Supplemental payments, 237ER, 1236ER
Children's behavioral health services. reimbursement rate reduction, 317R
Coordinated care network, 445ER, 1380ER
Dental benefits plan, 19ER, 238ER
LACHIP affordable plan benefits administration, 941ER
Pharmacy services coverage, 92R, 318R
Physician services, reimbursement methodology, 25ER, 941ER
Repeal of dental benefits plan, 942ER
Crisis receiving centers, licensing standards, 943ER
Disproportionate share hospital payments, 27ER, 1237ER
Community hospitals, 29ER, 1238ER
Distinct part psychiatric units, payment methodology, 505R
Low income and needy care collaboration, 966ER
Public-private partnerships, 244ER
Small rural hospitals, qualifying criteria, 968ER
Early and periodic screening, diagnosis and treatment, 318R, 1383ER
Dental program, 29ER
Dental program, reimbursement rate reduction, 1048R
Repeal of dental services removal, 969ER
School-based health centers, 30ER, 505R
School-based nursing services, 245ER
Uncompensated care payments, 93R
Electronic health records incentive payments, inclusion of optometrists, 31ER, 505R
End stage renal disease facilities, reimbursement rate reduction, 248ER, 1283R
Facility need review
Exception criteria for bed approvals, 628N, 1469R
Family planning clinics
Reimbursement methodology office of public health uncompensated care payments, 93R
Reimbursement rate reduction, 248ER, 506R
Family planning waiver, reimbursement rate reduction, 249ER, 506R
Federally-qualified health centers fluoride varnish applications, 969ER
Home and community-based services waivers
Adult Day Health Care, 1557N
Reimbursement rate reduction, 250ER, 507R
Children's choice
Allocation of waiver opportunities, 970ER
Money follows the person rebalancing demonstration extension, 32ER, 1239ER
Policy clarifications and self-direction service initiative, 1560N
Service cap reduction, 507R
Community choices waiver, 32ER, 319R, 1157N
Reimbursement methodology, 250ER, 508R, 1048R
Reimbursement rate reduction, 36ER, 508R
Cost reporting requirements, 253ER, 509R
New opportunities waiver
Reimbursement rate reduction, 192N, 447ER, 1049R
Residential options waiver, 971ER
Reimbursement rate reduction, 193N, 251ER
Support coordination standards for participation, 448ER, 629N, 1569N
Supports waiver
Reimbursement rate reduction, 194N, 252ER, 1050R
Home health program
Cost reporting requirements, 255ER, 509R
Durable medical equipment
Reimbursement rate reduction, 196N, 254ER, 1050R
Nursing and home health aide services
Reimbursement rate reduction, 197N, 254ER, 1050R
Hospice services, 37ER, 255ER, 1386ER
Repeal of new enrollments termination, 259ER
Inpatient hospital services
Distinct part psychiatric units reimbursement methodology, 94R
Free-standing psychiatric hospitals
Low income and needy care collaboration, 323R
Major teaching hospitals
Qualifying criteria, 323R, 1389ER
Supplemental payments, 259ER
Neonatal and pediatric intensive care units and outlier payment methodologies, 457ER
Non-rural, non-state hospitals
Low income and needy care collaboration, 986ER
Reimbursement rate reduction, 38ER, 459ER, 1240ER, 1241ER
Non-rural, non-state public hospitals
Reimbursement methodology, 39ER, 95R, 639N, 1470R
Public-private partnerships
Reimbursement methodology, 39ER, 987ER, 988ER, 988ER
Reimbursement methodology repeal, 1392ER
Supplemental payments, 260ER, 1391ER
Small rural hospitals
Low income and needy care collaboration, 40ER, 1242ER
State hospitals
Reimbursement rate reduction, 460ER
Intermediate care facilities for persons with developmental disabilities

HEALTH AND HOSPITALS (Continued)
Non-state facilities reimbursement methodology, 461ER, 1160N
Public facilities, reimbursement methodology, 325R
Reimbursement rate reduction, 261ER, 1382ER
Laboratory and radiology services
Office of public health uncompensated care payments, 95R
Reimbursement rate reduction, 262ER, 380N, 1284R
LaCHIP affordable plan
Dental program, reimbursement rate reduction, 263ER, 381N, 1285R
Medicaid eligibility, medically needy program behavioral health services, 989ER
Medicaid provider screening and enrollment, 198N, 1051R
Medical transportation program
Emergency ambulance services
Reimbursement rate reduction, 264ER, 383N, 461ER, 1285R
Supplemental payments, 264ER, 921P, 991ER, 1393ER
Nursing facilities
Per diem rate reduction, 384N, 1286R
Reimbursement methodology
Low income and needy care collaboration, 267ER, 1395ER
Private room conversions, 268ER, 1396ER
Standards for payment level of care determinations, 642N, 1471R
Reimbursement rate reduction, 993ER, 994ER
Reimbursement rate reduction after state fiscal year 2013, 269ER, 1397ER
Reimbursement rate reduction before state fiscal year 2013, 269ER, 1398ER
Outpatient hospital services
Diabetes self-management training, 41ER, 1243ER, 1578N
Non-rural, non-state hospitals and children's specialty hospitals, 327R, 1244ER
Reimbursement rate reduction, 42ER, 462ER
Non-rural, non-state public hospitals
Supplemental payments, 44ER, 1245ER, 1472R
Public-private partnerships
Reimbursement methodology, 995ER
Supplemental payments, 464ER, 1398ER
Small rural hospitals
Low income and needy care collaboration, 465ER
Pediatric day health care program
Reimbursement rate reduction, 270ER, 385N, 1286R
Personal care services
Long-term
Cost reporting requirements, 200N, 271ER, 1052R
Policy clarifications and service limit reduction, 46ER, 1161N, 1247ER, 1580N
Reimbursement rate reduction, 271ER, 387N, 1399ER
Pharmacy benefits management program
Medication administration, influenza vaccinations, 996ER, 1400ER
Methods of payment, 272ER
Pregnant women extended services
Dental services, program termination, 50ER, 1251ER
Substance abuse screening and intervention services, 51ER, 1252ER
Professional services program
Anesthesia services
Reimbursement rate reduction, 275ER, 1167N, 1403ER
Children's immunizations
Reimbursement methodology, 52ER
Diabetes self-management training, 53ER, 1253ER, 1584N
Family planning services
Office of public health uncompensated care payments, 96R
Reimbursement rate reduction, 276ER, 1168N, 1404ER
Fluoride varnish applications, 996ER
Immunizations office of public health uncompensated care payments, 96R
Immunizations reimbursement methodology, 277ER, 1405ER
Physician services
Reclassification of optometry services, 54ER, 1255ER
Reimbursement methodology, 56ER, 278ER, 1406ER
Reimbursement rate reduction, 57ER, 1256ER, 1257ER
Rehabilitation clinics, termination of coverage for recipients 21 and older, 58ER
Reimbursement methodology, Supplemental payments, 279ER, 1407ER
Prosthetics and orthotics, reimbursement rate reduction, 281ER, 1409ER, 1586N
Psychiatric residential treatment facilities, licensing standards, 468ER, 1587N
Rehabilitation clinics
Termination of coverage for recipients 21 and older, 1258ER
Rural health clinics, fluoride varnish applications, 997ER
State Children's health insurance program, LaCHIP affordable plan benefits administration, 998ER
Substance abuse services, reimbursement rate reduction, 281ER
Targeted case management
HIV coverage termination, 59ER, 1259ER
Nurse family partnership program
Termination, 60ER,1260ER
Uncompensated care payments, 97R
Reimbursement rate reduction, 282ER, 1410ER
Third party liability
Provider billing and trauma recovery, 509R
Licensed Professional Counselors, Board of Examiners
LPC practice and code of conduct, 1121N
Practice of mental health counseling for serious mental illnesses, 283ER, 1411ER
Massage Therapy, Board of
Massage therapists, 644N

HEALTH AND HOSPITALS (Continued)

Medical Examiners, Board of
Physician practice; dispensation of medications, 185N, 1047R

Nursing, Board of
Advance practice registered nurses, 1147N
Disaster relief special health care event temporary permits, 1347N

Nursing Facility Administrators, Board of Examiners
Exam requirements and complaints, 182N, 1044R
Peripherally inserted central catheter (PICC) insertion and removal, 501R

Pharmacy, Board of
Compounding for prescriber's use, 14ER, 186N, 236ER, 1379ER
Controlled dangerous substance license for non-resident distributors, 312R
Controlled dangerous substances in emergency drug kits, 312R
Durable medical equipment (DME) permit, 15ER, 501R
Hospital off-site satellite pharmacy, 188N, 1282
Institutional pharmacies, 313R
Interstate remote processing, 313R
Prescription monitoring program, 314R
Public hearing—substantive changes to proposed rule compounding for prescriber's use, 1213N
Security of prescription department, 315R
Technician training programs, 1155N

Psychologists, Board of Examiners
Fees, 311R

Public Health, Office of
Added controlled dangerous substance, 284ER
Disease reporting requirements and blood bank storage temperature, 201N, 1052R
Early and periodic screening, diagnosis and treatment uncompensated care payments, 93R
Family planning clinics
Reimbursement methodology office of public health uncompensated care payments, 93R
Laboratory Services
Office of public health uncompensated care payments, 95R
Permit Requirements and additional requirements for a potable water supply, and inapplicability of certain requirements of ten state standards, 205N
Professional services program
Family planning services office of public health uncompensated care payments, 96R
Immunizations office of public health uncompensated care payments, 96R
Targeted case management—nurse family partnership program, uncompensated care payments, 97R
Review and approval of plans and specifications for issuance of a permit for a potable water supply, 61ER, 999ER
Sanitary code
Plumbing, 511R

Family Health, Bureau of
Maternal and child (MCH) block grant application, 1646P

Secretary, Office of
Community and family support system flexible family fund, 5ER
Stop order—added controlled dangerous substances, 434P

Speech-Language Pathology and Audiology, Board of Examiners
General requirements, 179N, 1042R

Wholesale Drug Distributors, Board of
Policy and procedures and quarantine of legend drugs or legend devices, 91R
Requirements, qualifications, and recordkeeping, 1555N

INSURANCE

Commissioner, Office of the
Credit for reinsurance, 655N

LEGISLATION

Committee Reports
Report of the Senate Health and Welfare Committee emergency rule oversight hearing on rule changes proposed by the Board of Pharmacy, 432CR

LOUISIANA STATE UNIVERSITY AND AGRICULTURAL AND MECHANICAL COLLEGE, BOARD OF SUPERVISORS

Procurement Services and Property Management, Office of
University pilot procurement code, 1169N

NATURAL RESOURCES

Coastal Management, Office of
Mitigation bank review procedures, 673N, 1474R
Public hearings and notices, 327R

Conservation, Office of
Application requirements to drill, 515R
Class III (solution-mining) injection wells, 435P
Electric well logs, 435P, 1648P
Legal notice—docket No. ENV 2013-L02. 1648P
Orphaned oilfield sites, 224P, 436P, 1214N, 1367P, 1648P
Public hearing—substantive changes to proposed rule; hydraulic fracture stimulation operations, 1214N
Records, 1589N
Statewide orders No. 29-B and 29-B-a, 284ER
Statewide order No. 29-B
Hearing, 1366P
Hydraulic fracture stimulation operations, 388N

Policy Services Division
Natural gas severance tax rate, 1368P

Oil Spill Coordinator's Office
Deepwater horizon oil spill phase II early restoration plan and environmental review, 225P

NATURAL RESOURCES (Continued)

Secretary, Office of

Fishermen's Gear Compensation Fund

Underwater Obstruction Latitude/Longitude Coordinates, 225P, 436P, 922P, 1215N, 1368P, 1649P

PUBLIC SAFETY AND CORRECTIONS

Corrections Services

Offender mail and publications, 1261ER, 1359N

Gaming Control Board

Truck stop travel lanes, 329R

Motor Vehicles, Office of

CDL driver's licenses, third party testers, 1590N

Driver education, 98R

International registration plan, 1591N

Veterans' driver's license, 516R

State Fire Marshal, Office of the

Code enforcement and building safety fire protection, 678N, 1478R

State Police, Office of

Special permit for vehicles hauling sugarcane, 98R

State Uniform Construction Code Council

State uniform construction code, 62ER, 207N, 1000ER, 1182N, 1592N

REVENUE

Policy Services Division

Corporation income and franchise tax filing extensions, 99R

Income tax credits for wind or solar energy systems, 99R

Income—withholding tax—payment, 103R

Individual income tax filing extensions, 102R

Withholding by professional athletic teams, 103R, 329R

Alcohol and Tobacco Control, Office of

Responsible vendor program, 1184N

STATE

Elections Division

Emergency election day paper ballot procedures, 1055R

Voter registration at mandatory voter, registration agencies, 1002ER

Leave prohibition for registrars of voters, 1362N

TRANSPORTATION AND DEVELOPMENT

Aviation Section

Aviation program needs and project priority process, 104R

Engineering, Office of

Access connection permits, 1190N

Automatic license plate camera devices, 1193N, 1597N

Highways/Engineering, Office of

Design-build pilot program repeal, 117R

Management and Finance, Office of

Geospatial database, 1058R

Multimodal Planning, Office of

Port design-build pilot program, 117R

Operations, Office of

Special permit for vehicles hauling sugarcane, 98R

Professional Engineering and Land Surveying Board

Compiled as-built record drawings and continuing professional development credit for thesis directors, 681N, 1481R

Examinations, 1360N

Naval architecture/marine engineering and flood protection levees, 209N, 1060R

TREASURY

Louisiana State Employees' Retirement System, Board of

Election to the board of trustees, 118R

Plan year; limitations year, 120R

Louisiana State Police Retirement System, Board of Trustees

Internal revenue code provisions, 210N, 1286R

Municipal Police Employees' Retirement System, Board of Trustees

Internal revenue code provisions, 389N, 1482R

Registrars of Voters Employees' Retirement System, Board of Trustees of

Internal revenue code provisions, 1195N

WILDLIFE AND FISHERIES

Wildlife and Fisheries Commission

Alligator regulations, 1203N

Alternative oyster culture permits, 516R

Black bass regulations—Atchafalaya River Basin; Lake Verret, Lake Palourde Complex; Lake Fausse Point/Lake Dauterive Complex, 683N

Commercial king mackerel harvest, commercial king mackerel season 2013-14, 63ER

Commercial shark season 2013, 63ER

Crappie regulations—daily take, 684N

Deer management assistance program, 685N

Exotic fish

Designation and taking, 120R

Falconry, 120R

Fall inshore shrimp season closure, 296ER

General and wildlife management area hunting rules and regulations, 397N

Oyster season opening in a portion of the public oyster seed grounds east of the Mississippi River, 1005ER

Recreational and commercial fisheries closure

February 7, 2013, 296ER

January 17, 2013, 297ER

May 9, 2013, 1262ER

Red snapper recreational season modification, 1412ER

Reef fish

Harvest regulations, 330R

Greater amberjack commercial trip limit 2013, 64ER

WILDLIFE AND FISHERIES (Continued)
Recreational reef fish seasons 2013-2014, 65ER
Remote setting program, 289ER
Resident game hunting season, 413N
Restricted amphibians and reptiles, 419N
Sharks and sawfishes, harvest regulations, 1062R
Shrimp season closure
Fall inshore
December 18, 2012, 64ER
December 20, 2012, 64ER
Spring inshore
April 9, 2013
Shrimp season opening
State outside waters, 1262ER
Traversing Louisiana territorial waters by Mississippi residents, 1598R
Trotline regulations, 1364N
Wild seafood certification program, 1062R
Yo-yo regulations, 1364N

WORKFORCE COMMISSION
Unemployment Insurance, Office of
Appealed claims for board of review, 420N
Benefits for unemployment insurance, 422N
Hearing rules, 922P
Public hearing, 922P
Public hearing—substantive changes to proposed rule appealed claims for board of review, 1215N
Unemployment insurance, 426N
Workers' Compensation, Office of
Electronic medical billing and payment companion guide, 331R
Medical guidelines, 1600N
Public hearing—substantive changes to proposed rule; benefits for unemployment insurance, 1217N
Workers' compensation medical reimbursement schedule, 686N, 1204N