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This public document was published at a total cost of $1800. Two hundred fifty copies of this public document were published in this monthly printing at a cost of $1800. The total cost of all printings of this document including reprints is $1800. 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.

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Executive Orders

EXECUTIVE ORDER BJ 13-20

Bond Allocation—Calcasieu Parish Public Trust Authority

WHEREAS, pursuant to the Tax Reform Act of 1986 and Act 51 of the 1986 Regular Session of the Louisiana Legislature, Executive Order No. 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 Calcasieu Parish Public Trust Authority has applied for an allocation of the 2013 Ceiling to be used in connection with the financing by the Mortgage Credit Certificate Program for the acquisition of certain mortgage notes secured by the mortgages on owner occupied residential, real, or immovable property owned by low and moderate income persons in the Imperial Calcasieu Parish area (Parishes of Calcasieu, Cameron, Allen, Beauregard and Jefferson Davis, Louisiana) originated by participating mortgage lenders, make deposits into certain funds as may be required for security in marketing the bonds; pay capitalized interest on the Bonds; pay the costs of issuance associated with the Bonds to be located in the Parishes of Calcasieu, Cameron, Beauregard, Allen, and Jeff Davis, 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
$20,000,000	Calcasieu Parish Public Trust Authority	Mortgage Credit Certificate Program

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 December 31, 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 13th day of December, 2013.

Bobby Jindal
Governor

ATTEST BY
THE GOVERNOR
Tom Schedler
Secretary of State
1401#087

EXECUTIVE ORDER BJ 13-21

Carry-Forward Bond Allocation 2013

WHEREAS, pursuant to the Tax Reform Act of 1986 and Act 51 of the 1986 Regular Session of the Louisiana Legislature (hereafter "Act"), Executive Order No. BJ 2008-47 was issued to establish a method for allocating bonds subject to private activity bond volume limits, including the method of allocating bonds subject to

(1) the private activity bond volume limits for the calendar year 2008 and subsequent calendar years;

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

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

WHEREAS, Section 4(H) of No. BJ 2008-47 provides that if the ceiling for a calendar year exceeds the aggregate amount of bonds subject to the private activity bond volume limit issued during the year by all issuers, by executive order, the Governor may allocate the excess amount to issuers or an issuer for use as a carry-forward for one or more carry-forward projects permitted under the Act;

WHEREAS, Executive Order No. BJ 2013-20, issued on December 13, 2013, allocated twenty million dollars ($20,000,000) from the 2013 ceiling to the Calcasieu Parish Public Trust Authority to be used by the Mortgage Credit Certificate Program for the acquisition of certain mortgage notes secured by the mortgages on owner occupied residential, real, or immovable property owned by low and moderate income persons in the Imperial Calcasieu Parish area (Parishes of Calcasieu, Cameron, Allen, Beauregard and Jefferson Davis, Louisiana) originated by participating mortgage lenders, make deposits into certain funds as may be required for security in marketing the bonds; pay capitalized interest on the Bonds; pay the costs of issuance associated with the Bonds to be located in the Parishes of Calcasieu, Cameron, Beauregard, Allen, and Jeff Davis, State of Louisiana and $20,000,000 was returned unused to the ceiling.

WHEREAS, The SBC has determined that twenty million dollars ($20,000,000) of the excess 2013 Ceiling is eligible as carry-forward and the Governor desires to allocate this amount as carry-forward for projects which are permitted and eligible under the Act;

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: Pursuant to and in accordance with the provisions of Section 146(f) of the Internal Revenue Code of 1986, as amended, and in accordance with the request for carry-forward filed by the designated issuer, excess private activity bond volume limit under the 2013 Ceiling is hereby allocated to the following issuer(s), for the following carry-forward project(s), and in the following amount(s):

Issuer	Carry-Forward Project	Carry-Forward Amount
Calcasieu Parish Public Trust Authority	Mortgage Credit Certificate Program	$20,000,000

SECTION 2: All references in this Order to the singular shall include the plural, and all plural references shall include the singular.

SECTION 3: 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 the State of Louisiana, at the Capitol, in the City of Baton Rouge, on this 30th day of December, 2013.

Bobby Jindal
Governor

ATTEST BY
THE GOVERNOR
Tom Schedler
Secretary of State
1401#088

Emergency Rules

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Office of the Secretary
and
Department of Children and Family Services
Office of the Secretary

Community and Family Support System
Flexible Family Fund
(LAC 48:I.Chapter 161)

The Department of Health and Hospitals, Office of the Secretary and the Department of Children and Family Services, Office of the Secretary amend §16103, §16105, §16107, §16109, §16111, §16113 and §16115 of Part I concerning the Community and Family Support System Flexible Family Fund as authorized by R.S. 28:821 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.

Act 378 of the 1989 Regular Session of the Louisiana Legislature and Act 1011 of the 1991 Regular Session of the Louisiana Legislature created and continued the Community and Family Support System (R.S. 28:821 et seq.). The original Rule was promulgated to implement the cash subsidy program to provide a cash stipend to families of eligible children with severe and profound disabilities to offset the cost of keeping their children at home. The Department of Health and Hospitals, Office of the Secretary and the Department of Children and Family Services, Office of the Secretary amended the provisions governing the Community and Family Support System Flexible Family Fund by introducing a universal screening protocol for all children with identified qualifying exceptionalities for severity of functional limitations and changed terminology for qualifying exceptionalities to reflect current usage. The Rule also changed the name of the program from cash subsidy to flexible family fund (*Louisiana Register*, Volume 37, Number 9).

As a result of a budgetary shortfall in state fiscal year 2013, the Department of Health and Hospitals promulgated an Emergency Rule which amended the provisions governing the Flexible Family Fund to enact financial eligibility criteria for children receiving a home and community-based services waiver (*Louisiana Register*, Volume 38, Number 9). This Emergency Rule is being promulgated to continue the provisions of the October 1, 2012 Emergency Rule. This action is being taken to avoid a budget deficit.

Effective February 1, 2014, the Department of Health and Hospitals, Office of the Secretary and the Department of Children and Family Services, Office of the Secretary amends the provisions governing the eligibility determination for the flexible family fund to enact financial eligibility criteria for children receiving a home and community-based services waiver.

Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 11. Community and Family Support System
Chapter 161. Community and Family Support System - Flexible Family Fund

§16103. Definitions

* * *

Family—the basic *family* unit consists of one or more adults and children, if any, related by blood, marriage, adoption, and residence in the same household.

Family Income—money or its equivalent in exchange for labor or services, from the sale of goods or property, or as profit from financial investments, benefits, entitlement, and any income that is not from working or from whatever source of gross income, which means all income from whatever source derived including (but not be limited to) the following:

1. interest;
2. rents;
3. royalties;
4. dividends;
5. alimony and separate maintenance payments;
6. annuities;
7. income from life insurance and endowment contracts;
8. pensions; and
9. income from an interest in an estate or trust.

* * *

Proof of Family Income—documentation of income, which for the flexible family fund, is a copy of the most recent tax return and all schedule attachments for each family member.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:821 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary and the Department of Children and Family Services, Office of the Secretary, LR 18:186 (February 1992), amended LR 23:862 (July 1997), LR 28:1019 (May 2002), LR 33:1135 (June 2007), LR 37:2584 (September 2011), LR 40:

§16105. Application Process

A. - B. …

C. For the application to be complete, the documentation listed in §16103 of this Rule, which identifies a qualifying exceptionality and proof of family income for families

whose children receive a home and community-based services waiver, must accompany the application for the flexible family fund, and the application must be signed by the responsible care giver and received by the appropriate agency through the mail.

D. Applications for the flexible family fund shall be screened at the point of initial application to determine whether the child has a qualifying exceptionality, to determine financial eligibility for families whose children receive waiver services, to determine that the child is appropriately served by the agency and to ensure that applications are routed to the appropriate agency. When family income exceeds 650 percent of the federal poverty level and the child is a home and community-based services waiver recipient, the child will be ineligible for participation in the flexible family fund.

E. - H. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:821 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary and the Department of Children and Family Services, Office of the Secretary, LR 18:186 (February 1992), amended LR 23:862 (July 1997), LR 28:1019 (May 2002), LR 33:1135 (June 2007), LR 37:2584 (September 2011), LR 40:

§16107. Determining Children Eligible for the Flexible Family Fund

A. - F. …

G. Children who receive a home and community-based services waiver and whose family income is at or less than 650 percent of the federal poverty level are eligible to participate in the flexible family fund.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:821 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary and the Department of Children and Family Services, Office of the Secretary, LR 18:186 (February 1992), amended LR 23:862 (July 1997), LR 28:1019 (May 2002), LR 33:1135 (June 2007), LR 37:2584 (September 2011), LR 40:

§16109. Children Ineligible for the Flexible Family Fund

A. - A.2. …

3. children in residence at the Louisiana School for the Deaf and the Louisiana School for the Visually Impaired; and

4. children receiving a home and community-based services waiver and whose family income exceeds 650 percent of the federal poverty level.

B. - C. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:821et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary and the Department of Children and Family Services, Office of the Secretary, LR 18:186 (February 1992), amended LR 23:862 (July 1997), LR 28:1019 (May 2002), LR 33:1135 (June 2007), LR 37:2584 (September 2011), LR 40:

§16111. Eligibility Determination

A. - D. …

E. There shall be financial eligibility criteria for the flexible family fund for recipients of a home and community-based services waiver.

1. DHH will determine if recipients of a home and community-based services waiver meet the financial eligibility requirements for the flexible family fund.

2. Recipients of a home and community-based services waiver whose family income exceeds 650 percent of the federal poverty level will be excluded from the flexible family fund.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:821 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary and the Department of Children and Family Services, Office of the Secretary, LR 18:186 (February 1992), amended LR 23:862 (July 1997), LR 28:1019 (May 2002), LR 33:1135 (June 2007), LR 37:2584 (September 2011), LR 40:

§16113. Payment Guidelines

A. - C. …

D. The family of recipients of a home and community-based services waiver is required to report to OCDD accurate and current family income. If a flexible family fund recipient becomes certified for a home and community-based services waiver, the family is required to report this change in status to OCDD and submit proof of family income. Documentation must be received by OCDD within 30 days of the change in income or home and community-based services waiver recipient status.

E. If it is discovered that the family of the recipient of a home and community-based services waiver sent in inaccurate family income eligibility documentation or that the family did not update OCDD with changes in income, and the recipient no longer meets the financial eligibility requirements as defined in §16111 of this Rule, OCDD may follow-up with recoupment of funds paid during the period of ineligibility. If it is discovered that the family of the flexible family fund recipient did not update OCDD of certification of home and community-based services and the recipient did not meet the family financial eligibility requirements §16111 of this Rule, OCDD may follow-up with recoupment of funds paid during the period of ineligibility.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:821 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary and the Department of Children and Family Services, Office of the Secretary, LR 18:186 (February 1992), amended LR 23:862 (July 1997), LR 28:1019 (May 2002), LR 33:1135 (June 2007), LR 37:2584 (September 2011), LR 40:

§16115. Terminations

A. - A.6. …

7. failure to comply with the provisions of the individual agreement or the flexible family fund, including the requirement to maintain quarterly contact with the agency administering the flexible family fund and the requirement to provide required documentation, including proof of income for families of children receiving a home and community-based services waiver;

8. child's exceptionality or degree of severity no longer meets eligibility criteria;

9. child attains age 18 years;

10. responsible care giver fails to maintain the child in an approved educational program; or

11. income for the family of the child receiving a home and community-based services waiver exceeds 650 percent of the federal poverty level.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:821 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary and the Department of Children and Family Services, Office of the Secretary, LR 18:186 (February 1992), amended LR 23:862 (July 1997), LR 28:1019 (May 2002), LR 33:1135 (June 2007), LR 37:2584 (September 2011), LR 40:

Interested persons may submit written comments to Mark A. Thomas, Office for Citizens with Developmental Disabilities, P.O. Box 3117, Baton Rouge, LA 70821-3117. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at OCDD state office and Human Services Authorities and Districts.

Kathy H. Kliebert
Secretary

1401#082

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Disproportionate Share Hospital Payments
Community Hospitals (LAC 50.V.2701)

The Department of Health and Hospitals, Bureau of Health Services Financing repeals LAC 50:V.2701 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 Act 13 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, Office of the Secretary, Bureau of Health Services Financing amended the provisions governing disproportionate share hospital (DSH) payments to revise the provisions governing non-rural community hospitals and federally mandated statutory hospitals to clarify that hospitals qualifying as a non-rural community hospital in state fiscal year 2007-08 may also qualify in the federally mandated statutory hospital category, and to revise the definition of a non-rural community hospital (*Louisiana Register*, Volume 34, Number 11).

Due to a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing DSH payments to non-rural community hospitals in order to eliminate the community hospital psychiatric DSH pool (*Louisiana Register*, Volume 39, Number 1). This Emergency Rule is being promulgated to continue the provisions of the February 1, 2013 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective January 30, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing disproportionate share hospital payments to non-rural community hospitals.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Medical Assistance Program—Hospital Services
Subpart 3. Disproportionate Share Hospital Payments
Chapter 27. Qualifying Hospitals
§2701. Non-Rural Community Hospitals

A. - J. 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 34:655 (April 2008), amended LR 34:2402 (November 2008), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

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
Secretary

1401#052

DECLARATION OF EMERGENCY

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
Money Follows the Person Rebalancing
Demonstration Extension (LAC 50:XXI.11107)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities amend LAC 50:XXI.11107 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 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).

The allocation of opportunities for the Money Follows the Person Rebalancing Demonstration Program was scheduled to end September 30, 2011. Section 2403 of the Affordable Care Act of 2010 authorized an extension of the Money Follows the Person Rebalancing Demonstration Program until September 30, 2016. The department promulgated an Emergency Rule which amended the provisions of the children's choice waiver in order to allow allocation of waiver opportunities until September 30, 2016 (*Louisiana Register*, Volume 37, Number 9). This Emergency Rule is being promulgated to continue the provisions of the September 20, 2011 Emergency Rule. This action is being taken to secure enhanced federal funding.

Effective January 24, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities amend the provisions governing the allocation of opportunities in the children's choice waiver.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community-Based Services Waivers
Subpart 9. Children's Choice
Chapter 111. General Provisions§11107. Allocation of Waiver Opportunities

A. - B. ...

1. The MFP rebalancing demonstration will stop allocation of opportunities on September 30, 2016.

a. In the event that an MFP rebalancing demonstration opportunity is vacated or closed before September 30, 2016, the opportunity will be returned to the MFP rebalancing demonstration pool and an offer will be made based upon the approved program guidelines.

b. In the event that an MFP rebalancing demonstration opportunity is vacated or closed after September 30, 2016, the opportunity will cease to exist.

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, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 35:1892 (September 2009), amended LR 40:

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
Secretary

1401#053

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office for Citizens with Developmental Disabilities

Home and Community-Based Services Waivers
Residential Options Waiver
(LAC 50:XXI.Chapters 161-169)

Editor's Note: This Emergency Rule was printed in error on page 3213-3229 of the December 20, 2013 *Louisiana Register*. The correct effective date for this Emergency Rule is January 12, 2014.

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities amend LAC 50:XXI.Chapters 161-169 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.

The Department of Health and Hospitals, Office for Citizens with Developmental Disabilities adopted provisions establishing the Residential Options Waiver (ROW), a home and community-based services (HCBS) waiver program, to promote independence for individuals with developmental disabilities by offering a wide array of services, supports and residential options that assist individuals to transition from institutional care (*Louisiana Register*, Volume 33, Number 11). The department promulgated an Emergency Rule which amended the November 20, 2007 Rule to revise the provisions governing the allocation of waiver opportunities and the delivery of services in order to provide greater clarity (*Louisiana Register*, Volume 36, Number 4). As a result of a budgetary shortfall in state fiscal year 2011, the department promulgated an Emergency Rule which amended the provisions governing the Residential Options Waiver to clarify the provisions governing the annual service budget for waiver participants and to reduce the reimbursement rates for waiver services (*Louisiana Register*, Volume 36, Number 8). The department promulgated an Emergency Rule which amended the provisions of the May 1, 2010 Emergency Rule to incorporate the provisions of the August 1, 2010 Emergency Rule (*Louisiana Register*, Volume 36, Number 8). The department promulgated an Emergency Rule which amended the provisions of the August 20, 2010 Emergency Rule governing the allocation of waiver opportunities in order to adopt criteria for crisis diversion, to revise the provisions governing the individuals who may be offered a waiver opportunity, and to clarify the provisions governing the Developmental Disabilities Request for Services Registry (*Louisiana Register*, Volume 37, Number 6). This Emergency Rule is being promulgated to continue the provisions of the May 20, 2011 Emergency Rule. This

action is being taken to comply with the provisions of the approved waiver application and to secure enhanced federal funding.

Effective January 12, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities amend the provisions governing the residential options waiver.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XXI. Home and Community- Based Services Waivers

Subpart 13. Residential Options Waiver

Chapter 161. General Provisions

§16101. Introduction

A. The residential options waiver (ROW), a 1915(c) home and community-based services (HCBS) waiver, is designed to enhance the long-term services and supports available to individuals with developmental disabilities. These individuals would otherwise require an intermediate care facility for persons with developmental disabilities (ICF/DD) level of care.

B. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2441 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16103. Program Description

A. The ROW is designed to utilize the principles of self determination and to supplement the family and/or community supports that are available to maintain the individual in the community. In keeping with the principles of self-determination, ROW includes a self-direction option which allows for greater flexibility in hiring, training and general service delivery issues. ROW services are meant to enhance, not replace existing informal networks.

B. ROW offers an alternative to institutional care that:

1. utilizes a wide array of services, supports and residential options which best meet the individual's needs and preferences;

2. meets the highest standards of quality and national best practices in the provision of services; and

3. ensures health and safety through a comprehensive system of participant safeguards.

4. Repealed.

C. All ROW services are accessed through the support coordination agency of the participant's choice.

1. The plan of care (POC) shall be developed using a person-centered process coordinated by the participant's support coordinator.

D. All services must be prior authorized and delivered in accordance with the approved POC.

E. The total expenditures available for each waiver participant is established through an assessment of individual support needs and will not exceed the approved ICF/DD ICAP rate established for that individual.

1. When the department determines that it is necessary to adjust the ICF/DD ICAP rate, each waiver participant's annual service budget shall be adjusted to ensure that the participant's total available expenditures do not exceed the approved ICAP rate.

F. No reimbursement for ROW services shall be made for a participant who is admitted to an inpatient setting.

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, Office for Citizens with Developmental Disabilities, LR 33:2441 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16105. Participant Qualifications

A. In order to qualify for services through the ROW, an individual must be offered a ROW opportunity and meet all of the following criteria:

1. have a developmental disability as specified in the Louisiana Developmental Disability Law and determined through the developmental disabilities system entry process;

2. meet the requirements for an ICF/DD level of care which requires active treatment for developmental disabilities under the supervision of a qualified developmental disabilities professional;

3. meet the financial eligibility requirements for the Louisiana Medicaid Program;

4. be a resident of Louisiana; and

5. be a citizen of the United States or a qualified alien.

B. Assurances are required that the health, safety and welfare of the individual can be maintained in the community with the provision of ROW services.

1. - 3.c. Repealed.

C. Justification must be documented in the OCDD approved POC that the ROW services are appropriate, cost effective and represent the least restrictive environment for the individual.

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, LR 33:2441 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and Office for Citizens with Developmental Disabilities, LR 40:

§16106. Money Follows the Person Rebalancing Demonstration

A. The money follows the person (MFP) rebalancing demonstration is a federal demonstration grant awarded by the Centers for Medicare and Medicaid Services to the Department of Health and Hospitals. The MFP demonstration is a transition program that targets individuals using qualified institutional services and moves them to home and community-based long-term care services.

1. For the purposes of these provisions, a qualified institution is a nursing facility, hospital, or Medicaid enrolled intermediate care facility for people with developmental disabilities (ICF/DD).

B. Participants must meet the following criteria for participation in the MFP rebalancing demonstration.

1. Participants with a developmental disability must:

a. occupy a licensed, approved Medicaid enrolled nursing facility, hospital or ICF/DD bed for at least three consecutive months; and

b. be Medicaid eligible, eligible for state developmental disability services, and meet an ICF/DD level of care.

2. The participant or his/her responsible representative must provide informed consent for both transition and participation in the demonstration.

C. Participants in the demonstration are not required to have a protected date on the developmental disabilities request for services registry.

D. All other ROW provisions apply to the money follows the person rebalancing demonstration.

E. MFP participants cannot participate in ROW shared living services which serve more than four persons in a single residence.

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 Office for Citizens with Developmental Disabilities, LR 40:

§16107. Programmatic Allocation of Waiver Opportunities

A. The developmental disabilities request for services registry (RFSR), hereafter referred to as "the registry," shall be used to evaluate individuals for ROW opportunities and to fill waiver opportunities for persons with developmental disabilities, except for those specific opportunities to be provided to persons who are described in Paragraph B.1-5 of this Section, who are not on the registry.

1. The next individual on the registry shall be notified in writing that a waiver opportunity is available and that he/she is next in line to be evaluated for a possible waiver assignment. The individual shall then choose a support coordination agency that will assist in the gathering of the documents needed for both the financial eligibility and medical certification process for the level of care determination.

a. - e. Repealed.

2. If the individual is determined to be ineligible, either financially or medically, that individual shall be notified in writing. The next individual on the registry shall be notified, as stated in Paragraph B.1 of this Section, and the process continues until an eligible individual is assigned the waiver opportunity.

3. A waiver opportunity shall be assigned to an individual when eligibility is established and the individual is certified. By accepting a ROW opportunity, this person's name will be removed from the registry.

B. ROW opportunities will be offered to the following individuals:

1. persons who meet the ICF/DD level of care and are being serviced through the OCDD host home contracts;

2. persons who meet the ICF/DD level of care and who need HCBS due to a health and/or safety crisis situation (crisis diversion):

a. requests for crisis diversion shall be made through OCDD. To be considered for a crisis diversion opportunity, the individual must need long-term supports, not temporary or short-term supports;

b. determination of priority for a crisis diversion ROW opportunity will be considered by OCDD for the individual who is eligible for services and meets one of the following criteria:

i. homeless;

ii. at imminent risk of losing current residential placement;

iii. referred by the judicial system;

iv. referred by child, adult, or elderly protective authorities;

v. without a caregiver and cannot adequately care for self;

vi. with a caregiver who can no longer provide care; or

vii. whose needs cannot be met within a community living situation;

3. children who:

a. are from birth to age 18;

b. reside in a nursing facility;

c. meet the high-need requirements for a nursing facility level of care, as well as the ROW level of care requirements;

d. participate in the MFP rebalancing demonstration; and

e. have parents or legal guardians who wish to transition them to a home and community-based residential services waiver;

4. persons who reside in a Medicaid-enrolled ICF/DD and wish to transition to a home and community-based residential services waiver through a voluntary ICF/DD bed conversion process;

5. persons who wish to transition from a supports and services center into a ROW opportunity;

6. adults in nursing facilities (NFs) who wish to transition to home and community-based residential services and who meet the level of care (LOC) that qualifies them for ROW eligibility based on their RFSR protected date on a first come, first served basis; and

7. persons residing in ICFs/DD who wish to transition to a home and community-based residential services setting and are eligible based on their RFSR protected date on a first come, first served basis.

C. The Office for Citizens with Developmental Disabilities has the responsibility to monitor the utilization of ROW opportunities. At the discretion of OCDD, specifically allocated waiver opportunities may be reallocated to better meet the needs of citizens with developmental disabilities in the state of Louisiana.

C.1. - E. 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 for Citizens with Developmental Disabilities, LR 33:2441 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16109. Admission Denial or Discharge Criteria

A. Admission to the ROW Program shall be denied 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 an ICF/DD level of care.

3. The individual does not meet developmental disability system eligibility.

4. The individual is incarcerated or under the jurisdiction of penal authorities, courts or state juvenile authorities.

5. The individual resides in another state.

6. The health and welfare of the individual cannot be assured through the provision of ROW services.

7. The individual fails to cooperate in the eligibility determination process or in the development of the POC.

8. Repealed.

B. Participants shall be discharged from the ROW Program if any of the following conditions are determined:

1. loss of Medicaid financial eligibility as determined by the Medicaid Program;

2. loss of eligibility for an ICF/DD level of care;

3. loss of developmental disability system eligibility;

4. incarceration or placement under the jurisdiction of penal authorities, courts or state juvenile authorities;

5. change of residence to another state;

6. admission to an ICF/DD or nursing facility with the intent to stay and not to return to waiver services;

7. the health and welfare of the participant cannot be assured through the provision of ROW services in accordance with the participant's approved POC;

8. the participant fails to cooperate in the eligibility renewal process or the implementation of the approved POC, or the responsibilities of the ROW participant; or

9. continuity of stay for consideration of Medicaid eligibility under the special income criteria is interrupted as a result of the participant not receiving ROW services during a period of 30 consecutive days;

a. continuity of stay is not considered to be interrupted if the participant is admitted to a hospital, nursing facility or ICF/DD;

i. the participant shall be discharged from the ROW if the treating physician documents that the institutional stay will exceed 90 days;

10. continuity of services is interrupted as a result of the participant not receiving ROW services during a period of 30 consecutive days.

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, LR 33:2443 (November 2007) , amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

Chapter 163. Covered Services

§16301. Assistive Technology and Specialized Medical Equipment and Supplies

A. Assistive technology and specialized medical equipment and supplies (AT/SMES) are equipment, devices, controls, appliances, supplies and services which enable the participant to:

1. have life support;

2. address physical conditions;

3. increase ability to perform activities of daily living;

4. increase, maintain or improve ability to function more independently in the home and/or community; and

5. increase ability to perceive, control or communicate.

B. AT/SMES services provided through the ROW include the following services:

1. evaluation of participant needs;

2. customization of the equipment or device;

3. coordination of necessary therapies, interventions or services;

4. training or technical assistance on the use and maintenance of the equipment or device for the participant or, where appropriate, his/her family members, legal guardian or responsible representative;

5. training or technical assistance, when appropriate, for professionals, other service providers, employers, or other individuals who are substantially involved in the participant's major life functions;

6. all service contracts and warranties included in the purchase of the item by the manufacturer; and

7. equipment or device repair and replacement of batteries and other items that contribute to ongoing maintenance of the equipment or device.

a. Separate payment will be made for repairs after expiration of the warranty only when it is determined to be cost effective.

C. Approval of AT/SMES services through ROW is contingent upon the denial of a prior authorization request for the item as a Medicaid state plan service and demonstration of the direct medical, habilitative or remedial benefit of the item to the participant.

1. Items reimbursed in the ROW may be in addition to any medical equipment and supplies furnished under the Medicaid state plan.

1.a. - 7. Repealed.

D. ...

E. Service Exclusions

1. Assistive technology devices and specialized equipment and supplies that are of general utility or maintenance and have no direct medical or remedial benefit to the participant are excluded from coverage.

2. Any equipment, device, appliance or supply that is covered and has been approved under the Medicaid state plan, Medicare or any other third party insurance is excluded from coverage.

3. For adults over the age of 20 years, specialized chairs, whether mobile or travel, are not covered.

F. Provider Participation Requirements. Providers of AT/SMES services must meet the following participation requirements. The provider must:

1. be enrolled in the Medicaid Program as a assistive devices or durable medical equipment provider and must meet all applicable vendor standards and requirement for manufacturing, design and installation of technological equipment and supplies;

2. furnish written documentation of authorization to sell, install and/or repair technological equipment and supplies from the respective manufacturer of the designated equipment and supplies; and

3. provide documentation of individual employees' training and experience with the application, use, fitting and repair of the equipment or devices which they propose to sell or repair;

a. upon completion of the work and prior to payment, the provider shall give the participant a certificate of warranty for all labor and installation and all warranty certificates.

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, LR 33:2443 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16303. Community Living Supports

A. Community living supports (CLS) are services provided to assist participants to achieve and maintain the outcomes of increased independence, productivity and inclusion in the community by utilizing teaching and support strategies. CLS may be furnished through self-direction or through a licensed, enrolled agency.

B. Community living supports are related to acquiring, retaining and improving independence, autonomy and adaptive skills. CLS may include the following services:

1. direct support services or self-help skills training for the performance of all the activities of daily living and self-care;

2. socialization skills training;

a. Repealed.

3. cognitive, communication tasks, and adaptive skills training; and

a. Repealed.

4. development of appropriate, positive behaviors.

a. - b. Repealed.

C. ...

D. Community living supports may be shared by up to three recipients who may or may not live together, and who have a common direct service provider. In order for CLS services to be shared, the following conditions must be met:

1. an agreement must be reached among all involved participants or their legal guardians regarding the provisions of shared CLS services;

2. the health and welfare of each participant must be assured though the provision of shared services;

3. services must be reflected in each participant's approved plan of care and based on an individual-by-individual determination; and

4. a shared rate must be billed.

E. - E.1. ...

2. Routine care and supervision that is normally provided by the participant's spouse or family, and services provided to a minor by the child's parent or step-parent, are not covered.

3. CLS services may not be furnished in a home that is not leased or owned by the participant or the participant's family.

4. Participants may not live in the same house as CLS staff.

5. Room and board or maintenance, upkeep and improvement of the individual's or family's residence is not covered.

6. Community living supports shall not be provided in a licensed respite care facility.

a. - d. Repealed.

7. Community living supports services are not available to individuals receiving the following services:

a. shared living;

b. home host; or

c. companion care.

8. Community living supports cannot be billed or provided for during the same hours on the same day that the participant is receiving the following services:

a. day habilitation;

b. prevocational;

c. supported employment;

d. respite-out of home services; or

e. transportation-community access.

F. - F.1. ...

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, LR 33:2443 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16305. Companion Care

A. Companion care services assist the recipient to achieve and/or maintain the outcomes of increased independence, productivity and inclusion in the community. These services are designed for individuals who live independently and can manage their own household with limited supports. The companion provides services in the participant's home and lives with the participant as a roommate. Companion care services may be furnished through self-direction or through a licensed provider agency as outlined in the participant's POC. This service includes:

1. providing assistance with all of the activities of daily living as indicated in the participant's POC; and

2. community integration and coordination of transportation services, including medical appointments.

3. Repealed.

B. Companion care services can be arranged by licensed providers who hire companions, or services can be self-directed by the participant. The companion is a principal care provider who is at least 18 years of age who lives with the participant as a roommate and provides services in the participant's home.

1. - 2. Repealed.

C. Provider Responsibilities

1. The provider organization shall develop a written agreement as part of the participant's POC which defines all of the shared responsibilities between the companion and the participant. The written agreement shall include, but is not limited to:

a. - c. …

2. Revisions to this agreement must be facilitated by the provider and approved by the support team. Revisions may occur at the request of the participant, the companion, the provider or other support team members.

3. The provider is responsible for performing the following functions which are included in the daily rate:

a. arranging the delivery of services and providing emergency services as needed;

b. making an initial home inspection to the participant's home, as well as periodic home visits as required by the department;

c. contacting the companion a minimum of once per week or as specified in the participant's POC; and

d. providing 24-hour oversight and supervision of the companion care services, including back-up for the scheduled and unscheduled absences of the companion.

4. The provider shall facilitate a signed written agreement between the companion and the participant.

a. - b. Repealed.

D. Companion Responsibilities

1. The companion is responsible for:

a. participating in and abiding by the POC;

b. …

c. purchasing his/her own food and personal care items.

E. Service Limits

1. The provider agency must provide relief staff for scheduled and unscheduled absences, available for up to 360 hours (15 days) as authorized by the POC. Relief staff for scheduled and unscheduled absences is included in the provider agency's rate.

F. Service Exclusions

1. Companion care is not available to individuals receiving the following services:

a. respite care service—out-of-home;

b. shared living;

c. community living supports; or

d. host home.

2. - 2.d. Repealed.

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 for Citizens with Developmental Disabilities, LR 33:2444 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16307. Day Habilitation Services

A. Day habilitation services are aimed at developing activities and/or skills acquisition to support or further community integration opportunities outside of an individual's home. These activities shall promote independence, autonomy and assist the participant with developing a full life in his community. The primary focus of day habilitation services is acquisition of new skills or maintenance of existing skills based on individualized preferences and goals.

1. The skill acquisition and maintenance activities should include formal strategies for teaching the individualized skills and include the intended outcome for the participant.

2. …

3. As an individual develops new skills, training should progress along a continuum of habilitation services offered toward greater independence and self-reliance.

B. Day habilitation services shall:

1. focus on enabling participants to attain maximum skills;

2. be coordinated with any physical, occupational or speech therapies included in the participant's POC;

3. - 4. …

a. services are based on a one-half day unit of service and on time spent at the service site by the participant;

b. the one-half day unit of service requires a minimum of 2.5 hours;

c. two one-half day units may be billed if the participant spends a minimum of 5 hours at the service site;

d. any time less than 2.5 hours of services is not billable or payable; and

e. no rounding up of hours is allowed.

C. The provider is responsible for all transportation from the agency to all work sites related to the provision of service.

1. Transportation to and from the service site is offered and billable as a component of the day habilitation service; however, transportation is payable only when a day habilitation service is provided on the same day.

2. - 4.c. Repealed.

D. Participants may receive more than one type of vocational/habilitative service per day as long as the service and billing criteria are followed and as long as requirements for the minimum time spent on site are adhered to.

E. Service Exclusions

1. Time spent traveling to and from the day habilitation program site shall not be included in the calculation of the total number of day habilitation service hours provided per day.

a. Travel training for the purpose of teaching the participant to use transportation services may be included in determining the total number of service hours provided per day, but only for the period of time specified in the POC.

2. Transportation-community access will not be used to transport ROW participants to any day habilitation services.

3. Day habilitation services cannot be billed or provided during the same hours on the same day as any of the following services:

a. community living supports;

b. professional services, except those direct contacts needed to develop a behavioral management plan or any other type of specialized assessment/plan; or

c. respite care services—out-of-home.

F. Provider Qualifications. Providers must be licensed as an adult day care agency.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2445 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16309. Dental Services

A. Dental services are available to adult participants over the age of 21 as a component of the ROW. Covered dental services include:

1. diagnostic services;
2. preventative services;
3. restorative services;
4. endodontic services;
5. periodontal services;
6. removable prosthodontics services;
7. maxillofacial prosthetics services;
8. fixed prosthodontics services;
9. oral and maxillofacial surgery;

10. orthodontic services; and
11. adjunctive general services.

B. Service Exclusion. Participants must first access dental services covered under the Medicaid state plan before utilizing dental services through the residential options waiver.

C. Provider Qualifications. Providers must have a current, valid license to provide dental services from the Louisiana State Board of Examiners for Dentistry for the specific dental services in all specialty areas provided to the 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, LR 33:2445 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16311. Environmental Accessibility Adaptations

A. Environmental accessibility adaptations are physical adaptations to the participant's home or vehicle which must be specified in the POC as necessary to enable the participant to integrate more fully into the community and to ensure his/her health, welfare and safety.

1. Reimbursement shall not be paid until receipt of written documentation that the job has been completed to the satisfaction of the participant.

B. Environmental adaptation services to the home and vehicle include the following:

1. assessments to determine the types of modifications that are needed;
2. training the participant and appropriate direct care staff in the use and maintenance of devices, controls, appliances and related items;
3. repair of all equipment and/or devices, including replacement of batteries and other items that contribute to the ongoing maintenance of the adaptation(s); and
4. all service contracts and warranties which the manufacturer includes in the purchase of the item.

C. In order to accommodate the medical equipment and supplies necessary to assure the welfare of the participant, home accessibility adaptations may include the following:

1. installation of ramps and grab-bars;
2. widening of doorways;
3. modification of bathroom facilities; or
4. installation of specialized electric and plumbing systems.

D. Home accessibility adaptations may be applied to rental or leased property only under the following conditions:

1. the participant is renting or leasing the property; and
2. written approval is obtained from the landlord and OCDD.

E. - F.4.g. ...

5. Home modifications shall not be paid for in the following residential services:
   a. host home; or
   b. shared living settings which are provider owned or leased.

G. Vehicle adaptations are modifications to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate his/her special needs.

1. The modifications may include the installation of a lift or other adaptations to make the vehicle accessible to the participant or for him/her to drive.
2. Repealed.

H. Service Exclusions for Vehicle Adaptations

1. Payment will not be made to:
   a. adapt vehicles that are owned or leased by paid caregivers or providers of waiver services; or
   b. to purchase or lease a vehicle.

2. - 4. ...

I. Provider Responsibilities

1. The environmental accessibility adaptation(s) must be delivered, installed, operational and reimbursed in the POC year in which it was approved.
   a. - b. Repealed.
2. A written itemized detailed bid, including drawings with the dimensions of the existing and proposed floor plans relating to the modifications, must be obtained and submitted for prior authorization.
   a. Repealed.
3. Vehicle modifications must meet all applicable standards of manufacture, design and installation for all adaptations to the vehicle.
4. Upon completion of the work and prior to payment, the provider shall give the participant a certificate of warranty for all labor and installation and all warranty certificates from manufacturers.

J. Provider Qualifications. In order to participate in the Medicaid Program, providers must meet the following qualifications.

1. Providers of environmental accessibility adaptations for the home must be registered through the Louisiana State Licensing Board for Contractors as a home improvement contractor.
   a. In addition, these providers must:
      i. meet the applicable state and/or local requirements governing their licensure or certification; and
      ii. comply with the applicable state and local building or housing code standards governing home modifications.
   b. The individuals performing the actual service (building contractors, plumbers, electricians, carpenters, etc.) must also comply with the applicable state and/or local requirements governing individual licensure or certification.
2. Providers of environmental accessibility adaptations to vehicles must be licensed by the Louisiana Motor Vehicle Commission as a specialty vehicle dealer and accredited by the National Mobility Equipment Dealers Association under the structural vehicle modifier category.

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, LR 33:2446 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16313. Host Home

A. Host home services assist participants in meeting their basic adaptive living needs and offer direct support where required. Participants are afforded a welcoming, safe and

nurturing family atmosphere in a family home environment in which the participant may receive supports, services and training in accordance with the POC. Host home services take into account compatibility, including individual interests, age, needs for privacy, supervision and support needs. These services are provided in a private home by a contractor of the host home agency who lives in the home, and either rents or owns the residence. The contractor utilizes specific teaching strategies to encourage independence and autonomy when required as a part of the participant's POC.

1. Repealed.

B. Host home services include:

1. assistance with the activities of daily living sand adaptive living needs;

2. assistance to develop leisure interests and daily activities in the home setting;

3. assistance to develop relationships with other members of the household;

4. supports in accessing community services, activities and pursuing and developing recreational and social interests outside the home; and

5. teaching community living skills to achieve participant's goals concerning community and social life as well as to maintain contacts with biological families and natural supports.

C. Host home provider agencies oversee and monitor the host home contractor to ensure the availability, quality, and continuity of services as specified in the ROW manual. Host home provider agencies are responsible for the following functions:

1. arranging for a host home;

2. making an initial and periodic inspections of the host home; and

3. providing 24-hour oversight and supervision of host home services including providing emergency services and back-up for the scheduled and nonscheduled absences of the contractor.

a. Repealed.

D. Host home contractors are responsible for:

1. assisting with the development of the participant's POC and complying with the provisions of the plan;

2. maintaining and providing data to assist in the evaluation of the participant's personal goals;

3. maintaining adequate records to substantiate service delivery and producing such records upon request;

4. undergoing any specialized training deemed necessary by the provider agency, or required by the department, to provide supports in the host home setting; and

5. immediately reporting to the department and applicable authorities any major issues or concerns related to the participant's safety and well-being.

6. - 10. Repealed.

E. ...

F. Host home contractors serving adults are required to be available for daily supervision, support needs or emergencies as outlined in the adult participant's POC based on medical, health and behavioral needs, age, capabilities and any special needs.

F.1. - I.1. ...

2. Separate payment will not be made for the following residential service models if the participant is receiving host home services:

2.a. - 3. …

J. Provider Qualifications

1. All agencies must:

a. have experience in delivering therapeutic services to persons with developmental disabilities;

b. have staff who have experience working with persons with developmental disabilities;

c. screen, train, oversee and provide technical assistance to the host home contractors in accordance with OCDD requirements, including the coordination of an array of medical, behavioral and other professional services appropriate for persons with developmental disabilities; and

d. provide on-going assistance to the host home contractors so that all HCBS requirements are met.

2. Agencies serving children must be licensed by the Department of Children and Family Services as a class "A" child placing agency.

3. Agencies serving adults must be licensed by the Department of Health and Hospitals as a provider of substitute family care services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2447 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16315. Intensive Community Supports

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 for Citizens with Developmental Disabilities, LR 33:2448 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16317. Nursing Services

A. Nursing services are medically necessary services ordered by a physician and provided by a licensed registered nurse or a licensed practical nurse within the scope of the state's Nurse Practice Act. Nursing services provided in the ROW are an extension of nursing services provided through the Home Health Program covered under the Medicaid state plan.

1. The services require an individual nursing service plan and must be included in the plan of care.

2. The nurse must submit updates of any changes to the individual's needs and/or the physician's orders to the support coordinator every 60 days.

3. Repealed.

B. Nursing consulting services include assessments and health related training and education for participants and caregivers.

1. - 2. ...

3. The health related training and education service is the only nursing service which can be provided to more than one participant simultaneously. The cost of the service is allocated equally among all participants.

C. Service Requirement. Participants over the age of 21 years must first exhaust all available nursing visits provided under the Medicaid state plan prior to receiving services through the waiver program.

D. Provider Qualifications

1. In order to participate in the Medicaid Program, the provider agency must possess a current, valid license as a home health agency or, if under the ROW shared living conversion model, be an enrolled shared living services agency with a current, valid license as a supervised independent living agency.

E. Staffing Requirements

1. ...

2. The RN or the LPN must possess one year of service delivery experience to persons with developmental disabilities defined under the following criteria:

a. full-time experience gained in advanced and accredited training programs (i.e. masters or residency-level training programs), which includes treatment services for persons with developmental disabilities;

b. paid, full-time nursing experience in specialized service/treatment settings for persons with developmental disabilities (i.e. intermediate care facilities for persons with developmental disabilities);

c. paid, full-time nursing experience in multi-disciplinary programs for persons with developmental disabilities (i.e. mental health treatment programs for persons with dual diagnosis—mental illness and developmental disabilities); or

d. paid, full-time nursing experience in specialized educational, vocational and therapeutic programs or settings for persons with developmental disabilities (i.e. school special education program).

3. Two years of part-time experience with a minimum of 20 hours per week may be substituted for one year of full-time experience.

4. The following activities do not qualify for the required experience:

a. volunteer nursing experience; or

b. experience gained by caring for a relative or friend with developmental disabilities.

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, LR 33:2449 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16319. One Time Transitional Services

A. One time transitional services are one-time, set-up services to assist individuals in making the transition from an ICF/DD to their own home or apartment in the community of their choice.

1. - 1.d.iii. Repealed.

B. Allowable transitional expenses may include:

1. nonrefundable security deposits that do not include rental payments;

2. set up fees for utilities;

3. essential furnishings to establish basic living arrangements, including:

a. bedroom and living room furniture;

b. table and chairs;

c. window blinds; and

d. food preparation items and eating utensils;

4. set-up/deposit fee for telephone service;

5. moving expenses; and

6. health and safety assurances including:

a. pest eradication; or

b. one-time cleaning prior to occupancy.

C. Service Limits

1. One time transitional expenses are capped at $3,000 per person over a participant's lifetime.

D. Service Exclusions

1. One time transitional services may not be used to pay for:

a. housing, rent or refundable security deposits; or

b. furnishings or setting up living arrangements that are owned or leased by a waiver provider.

2. One time transitional services are not available to participants who are receiving host home services.

3. One time transitional services are not available to participants who are moving into a family member's home.

E. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2449 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16321. Personal Emergency Response System (PERS)

A. Personal emergency response system (PERS) is a system connected to the participant's telephone that incorporates an electronic device which enables the participant to secure help in an emergency. The device can be worn as a portable "help" button and when activated, a response center is contacted.

B. Participant Qualifications. PERS services are available to individuals who:

1. …

2. are unable to use other communication systems due to experiencing difficulty in summoning emergency assistance; or

3. …

C. PERS services includes rental of the electronic device, initial installation, training the participant to use the equipment, and monthly maintenance fees.

D. Service Exclusions

1. Separate payment will not be made for shared living services.

E. Provider Qualifications

1. The provider must be authorized by the manufacturer to install and maintain equipment for personal emergency response systems.

2. The provider shall be in compliance with all applicable federal, state, and local regulations governing the operation of personal emergency response systems including staffing requirements for the response center.

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, LR 33:2249 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services

Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16323. Prevocational Services

A. Prevocational services are activities designed to assist participants in acquiring and maintaining basic work-related skills necessary to acquire and retain meaningful employment. Services should include real and simulated employment tasks to assist in determining their vocational potential. Overall goals include regular community inclusion and development of work skills and habits to improve the participant's employability. Services must be reflective of the participant's POC and focused toward habilitation rather than teaching a specific job skill.

1. - 2.b. ...

B. In the event participants are compensated while receiving prevocational services, the compensation must be in accordance with the United States Fair Labor Standards Act of 1985.

1. If participants are paid in excess of 50 percent of the minimum wage, the provider must, at a minimum:

a. - c. ...

C. The provider is responsible for all transportation from the agency to all vocational sites related to provision of services.

1. Travel training may be included in determining the number of hours of services provided per day for the period of time specified in the participant's POC.

a. Repealed.

D. Service Limits

1. Services shall be limited to no more than eight hours per day, five days per week.

2. Services are based on a one-half day unit of service and time spent at the service site by the participant:

a. the one-half day unit of service requires a minimum of 2.5 hours at the service site by the participant;

b. two one-half day units may be billed in one day if the participant spends a minimum of 5 hours at the service site;

c. any time less than 2.5 hours of service is not billable or payable; and

d. no rounding up of hours is allowed.

3. Participants may receive more than one vocational/habilitative service per day as long as the billing criteria are followed for each service and the requirements for the minimum time spent on site are adhered to.

3.a. - 5.a. Repealed.

E. Service Exclusions

1. Prevocational Services are not available to participants who are eligible to participate in programs funded under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act.

2. Multiple vocational/habilitative services cannot be provided or billed for during the same hours on the same day as the following services:

a. community living supports;

b. professional services, except those direct contacts needed to develop a behavioral management plan or other type of specialized assessment/plan; or

c. respite care services—out-of-home.

3. Transportation to and from the service site is only payable when a vocational/habilitative service is provided on the same day.

4. Time spent in traveling to and from the prevocational program site shall not be included in the calculation of the total number of service hours provided per day.

a. During travel training, providers must not also bill for the transportation component as this is included in the rate for the number of service hours provided.

5. Transportation-community access shall not be used to transport ROW participants to any prevocational services.

F. Provider Qualifications. Providers must have a current, valid license as an adult day care center.

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, LR 33:2450 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16325. Professional Services

A. Professional services are direct services to participants, based on need, that may be utilized to increase the individual's independence, participation and productivity in the home, work and community. Service intensity, frequency and duration will be determined by individual need. Professional services must be delivered with the participant present and in accordance with approved POC.

1. - 8.a. Repealed.

B. Professional services include the services provided by the following licensed professionals:

1. occupational therapist;
2. physical therapist;
3. speech therapist;
4. registered dietician;
5. social worker; and
6. psychologist.

C. Professional services may be utilized to:

1. perform assessments and/or re-assessments specific to professional disciplines to accomplish the desired outcomes for the participant and to provide recommendations, treatment, and follow-up;

a. - b. Repealed.

2. provide training or therapy to a participant and/or natural and formal supports necessary to either develop critical skills that may be self-managed by the participant or maintained according to the participant's needs;

3. intervene in and stabilize a crisis situation (behavioral or medical) that could result in the loss of home and community-based services, including the development, implementation, monitoring, and modification of behavioral support plans;

a. Repealed.

4. provide consultative services and recommendations;

5. provide necessary information to the participant, family, caregivers, and/or team to assist in planning and implementing services or treatment;

6. provide caregiver counseling for the participant's natural, adoptive, foster, or host family members in order to develop and maintain healthy, stable relationships among all caregivers, including family members, to support meeting the needs of the participant;

a. emphasis is placed on the acquisition of coping skills by building upon family strengths; and

b. services are intended to maximize the emotional and social adjustment and well-being of the individual, family, and caregiver; and

7. provide nutritional services, including dietary evaluation and consultation with individuals or their care provider.

a. Services are intended to maximize the individual's nutritional health.

NOTE: Psychologists and social workers will provide supports and services consistent with person-centered practices and guidelines for support planning.

D. Service Exclusions

1. Professional services may only be furnished and reimbursed through ROW when the services are medically necessary, or have habilitative or remedial benefit to the participant.

a. Repealed.

2. Recipients who are participating in ROW and are up to the age of 21 must access these services through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

a. - d. Repealed.

E. Provider Qualifications

1. Enrollment of individual practitioners. Individual practitioners who enroll as providers of professional services must:

a. have a current, valid license from the appropriate governing board of Louisiana for that profession; and

b. possess one year of service delivery experience with persons with developmental disabilities;

c. in addition, the specific service delivered must be consistent with the scope of the license held by the professional.

2. Provider Agency Enrollment of Professional Services

a. The following provider agencies may enroll to provide professional services:

i. a Medicare certified free-standing rehabilitation center;

ii. a licensed home health agency;

iii. a supervised independent living agency licensed by the department to provide shared living services; or

iv. a substitute family care agency licensed by the department to provide host home services.

b. Enrolled provider agencies may provide professional services by one of the following methods:

i. employing the professionals; or

ii. contracting with the professionals.

c. Provider agencies are required to verify that all professionals employed by or contracted with their agency meet the same qualifications required for individual practitioners as stated in §16325.E.1.a-c.

3. All professionals delivering professional services must meet the required one year of service delivery experience as defined by the following:

a. full-time experience gained in advanced and accredited training programs (i.e. master's or residency level training programs), which includes treatment services for persons with developmental disabilities;

b. paid, full-time experience in specialized service/treatment settings for persons with developmental disabilities (i.e. ICFs/DD);

c. paid, full-time experience multi-disciplinary programs for persons with developmental disabilities (i.e. mental health treatment programs for persons with dual diagnosis—mental illness and developmental disability); or

d. paid, full-time experience in specialized educational, vocational, and therapeutic programs or settings for persons with developmental disabilities (i.e. school special education program).

e. Two years of part-time experience with a minimum of 20 hours per week of the qualifying work experience activities may be substituted for one year of full-time experience.

4. The following activities do not qualify for the professional's required service delivery experience:

a. volunteer experience; or

b. experience gained by caring for a relative or friend with developmental disabilities.

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, LR 33:2450 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16327. Respite Care Services-Out of Home

A. Respite care services-out of home are supports and services provided for the relief of those unpaid caregivers who normally provide care to participants who are unable to care for themselves. These services are furnished on a short-term basis in a licensed respite care center.

1. A licensed respite care facility shall insure that community activities are available to the participant in accordance with the approved POC, including transportation to and from these activities.

a. …

2. While receiving respite care services, the participant's routine is maintained in order to attend school, school activities, or other community activities that he/she would typically participate in if not in the center-based respite facility.

B. Service Limits

1. Respite care services are limited to 720 hours per participant per POC year.

2. Requests for an extension of the service limit are subject to the department's established approval process and require proper justification and documentation.

C. Service Exclusions

1. …

2. Respite care services-out of home may not be billed for participants receiving the following services:

a. shared living;

b. companion care; or

c. host home.

d. Repealed.

D. Provider Qualifications. The provider must possess a current, valid license as a respite care center issued by the department.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2451 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16329. Shared Living Services

A. Shared living services assist the participant in acquiring, retaining and improving the self-care, adaptive and leisure skills needed to reside successfully in a shared home setting within the community. Services are chosen by the participant and developed in accordance with his/her goals and wishes with regard to compatibility, interests, age and privacy in the shared living setting.

1. A shared living services provider delivers supports which include:

a. 24-hour staff availability;

b. assistance with activities of daily living included in the participant's POC;

c. a daily schedule;

d. health and welfare needs;

e. transportation;

f. any non-residential ROW services delivered by the Shared Living services provider; and

g. other responsibilities as required in each participant's POC.

2. - 3. Repealed.

B. An ICF/DD may elect to permanently relinquish its ICF/DD license and all of its Medicaid facility need review approved beds from the total number of certificate of need (CON) beds for that home and convert it into a shared living waiver home or in combination with other ROW residential options as deemed appropriate in the approved conversion agreement.

1. In order to convert, provider request must be approved by the department and by OCDD.

2. ICF/DD residents who choose transition to a shared living waiver home must also agree to conversion of their residence.

3. If choosing ROW services, persons may select any ROW services and provider(s) based upon freedom of choice.

C. Shared Living Options

1. Shared Living Conversion Option. The shared living conversion option is only allowed for providers of homes which were previously licensed and Medicaid certified as an ICF/DD for up to a maximum of eight licensed and Medicaid-funded beds on October 1, 2009.

a. The number of participants for the shared living conversion option shall not exceed the licensed and Medicaid-funded bed capacity of the ICF/DD on October 1, 2009, or up to six individuals, whichever is less.

b. The ICF/DD used for the shared living conversion option must meet the department's operational, programming and quality assurances of health and safety for all participants.

c. The provider of shared living services is responsible for the overall assurances of health and safety for all participants.

d. The provider of shared living conversion option may provide nursing services and professional services to participants utilizing this residential services option.

2. Shared Living Non-Conversion (New) Option. The shared living non-conversion option is allowed only for new or existing ICF/DD providers to establish a shared living waiver home for up to a maximum of three individuals.

a. The shared living waiver home must be located separate and apart from any ICF/DD.

b. The shared living waiver home must be either a home owned or leased by the waiver participants or a home owned or leased and operated by a licensed shared living provider.

c. The shared living waiver home must meet department's operational, programming and quality assurances for home and community-based services.

d. The shared living provider is responsible for the overall assurances of health and safety for all participants.

D. Service Exclusions

1. ...

2. Payments shall not be made for environmental accessibility adaptations when the provider owns or leases the residence.

3. Participants may receive one-time transitional services only if the participant owns or leases the home and the service provider is not the owner or landlord of the home.

a. - d. Repealed.

4. MFP participants cannot participate in ROW shared living services which serve more than four persons in a single residence.

5. Transportation-community access services cannot be billed or provided for participants receiving shared living services, as this is a component of shared living services.

6. The following services are not available to participants receiving shared living services:

a. community living supports;

b. respite care services;

c. companion care;

d. host home; or

e. personal emergency response system.

E. Provider Qualifications. Providers must be approved by the department and have a current, valid license as a supervised independent living agency.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2452 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16331. Specialized Medical Equipment and Supplies

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 for Citizens with Developmental Disabilities, LR 33:2452 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16333. Support Coordination

A. Support coordination services are provided to all ROW 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 case management services.

1. Support coordinators shall be responsible for ongoing monitoring of the provision of services included in the participant's approved POC.

2. Support coordinators shall also participate in the evaluation and re-evaluation of the participant's POC.

B. Support coordinators are responsible for providing assistance to participants who choose the 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.

C. Provider Qualifications. Providers must have a current, valid license as a case management agency 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.

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, LR 33:2453 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16335. Supported Employment

A. Supported employment provides assistance in an integrated work setting to assist in the achievement and attainment of work related skills and includes on-going support to maintain employment.

1. - 3. Repealed.

B. Supported employment services include:

1. …

2. services that assist a participant to develop and operate a micro-enterprise;

a. This service consists of:

i. assisting the participant to identify potential business opportunities;

ii. …

iii. identification of the supports that are necessary in order for the participant to operate the business; and

iv. …

3. enclave services which is an employment situation in competitive employment in which a group of eight or fewer workers with disabilities are working at a particular work setting. The workers with disabilities may be disbursed throughout the company and among workers without disabilities or congregated as a group in one part of the business;

4. mobile work crews which is a group of eight or fewer workers with disabilities who perform work in a variety of locations under the supervision of a permanent employment specialist (job coach/supervisor); and

5. all transportation from the agency to all work sites related to provision of the service. The provider is responsible for furnishing the transportation.

C. Service Limits

1. The required minimum number of service hours per day per participant is as follows for:

a. individual placement services, the minimum is one hour;

b. services that assist a participant to develop and operate a micro-enterprise, the minimum is one hour;

c. an enclave, the minimum is 2.5 hours; and

d. a mobile work crew, the minimum is 2.5 hours.

2. Two half-day units may be billed if the participant spends a minimum of five hours at the service site.

3. Participants may receive more than one vocational or habilitative service per day as long as the service and billing requirements for each service are met.

4. Transportation to and from the service site is offered and billable as a component of the support employment service; however, transportation is payable only when a supported employment service is provided on the same day.

D. Service Exclusions

1. ...

2. Any time less than one hour for individual placement and micro-enterprise is not billable or payable.

3. - 3.c. ...

4. Any time less than 2.5 hours for enclaves and mobile crews is not billable or payable.

5. ...

a. Travel training for the purpose of teaching the recipient how to use transportation services may be included in determining the total service numbers hours provided per day, but only for the period of time specified in the POC.

6. - 6.c. ...

7. Services are not available to individuals who are eligible to participate in programs funded under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act.

8. No rounding up of hours is allowed.

E. Provider Qualifications. In order to enroll in the Medicaid Program, providers must have a compliance certificate from the Louisiana Rehabilitation Services as a community rehabilitation program or a current, valid license as an adult day care center.

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, LR 33:2453 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16337. Transportation-Community Access

A. Transportation-community access services enable participants to gain access to waiver and other community services, activities and resources. These services are necessary to increase independence, productivity, community inclusion and to support self-directed employees benefits as outlined in the participant's POC. Transportation-community access services shall be offered as documented in the participant's approved POC.

1. The participant must be present to receive this service.

2. Whenever possible, the participant must utilize the following resources for transportation:

a. - b. ...

B. Service Limits

1. Community access trips are limited to three per day and must be arranged for geographic efficiency.

2. Greater than three trips per day require approval from the department or its designee.

a. Repealed.

C. Service Exclusions

1. Transportation services offered through ROW shall not replace the medical transportation services covered under the Medicaid state plan or transportation services provided as a means to get to and from school.

2. Separate payment will not be made for transportation-community access and the following services:

a. shared living services; or

b. community living services.

3. Transportation-community access will not be used to transport participants to day habilitation, pre-vocational, or supported employment services.

D. Provider Qualifications. Friends and family members who furnish transportation-community access services to waiver participants must be enrolled as Medicaid friends and family transportation providers.

1. In order to receive reimbursement for transporting Medicaid recipients to waiver services, family and friends must maintain:

a. the state minimum automobile liability insurance coverage;

b. a current state inspection sticker; and

c. a current valid driver's license.

2. No special inspection by the Medicaid agency will be conducted.

a. - b. Repealed.

3. Documentation of compliance with the three listed requirements for this class of provider must be submitted when enrollment in the Medicaid agency is sought. Acceptable documentation shall be the signed statement of the individual enrolling for payment that all three requirements are met.

a. The statement must also have the signature of two witnesses.

4. Family and friends transportation providers are limited to transporting up to three specific waiver participants.

E. Vehicle Requirements. All vehicles utilized by for profit and non-profit transportation services providers for transporting waiver recipients must comply with all of the applicable state laws and regulations and are subject to inspection by the department or its designee.

E.1. - 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, Office for Citizens with Developmental Disabilities, LR 33:2454 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

Chapter 165. Self-Direction Initiative

§16501. Self-Direction Service Option

A. The self-direction initiative is a voluntary, self-determination option which allows the waiver participant to coordinate the delivery of designated ROW services through an individual direct support professional rather than through a licensed, enrolled provider agency. Selection of this option requires that the recipient utilize a payment mechanism approved by the department to manage the required fiscal functions that are usually handled by a provider agency.

B. Recipient Responsibilities. Waiver participants choosing the self-direction service option must understand the rights, risks and responsibilities of managing their own care and individual budget. If the participant is unable to make decisions independently, he must have an authorized representative who understands the rights, risks and responsibilities of managing his care and supports within his individual budget. Responsibilities of the participant or authorized representative include:

1. - 2. …

a. Participants must adhere to the health and welfare safeguards identified by the support team, including:

i. …

ii. compliance with the requirement that employees under this option must have criminal background checks prior to working with waiver participants;

3. …

a. This annual budget is determined by the recommended service hours listed in the participant's POC to meet his needs.

b. The participant's individual budget includes a potential amount of dollars within which the participant, or his authorized representative, exercises decision-making responsibility concerning the selection of services and service providers.

C. Termination of Self-Direction Service Option. Termination of participation in the self-direction service option requires a revision of the POC, 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 choose at any time to withdraw from the self-direction service option and return to the traditional provider agency management of services.

2. Involuntary Termination. The department may terminate the self-direction service option for a participant and require him 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 option;

b. the participant is no longer able to direct his own care and there is no responsible 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 the period of a year, the participant or authorized representative:

i. …

ii. fails to follow the personal purchasing plan and the POC;

C.2.d.iii. - D. …

E. Relief coverage for scheduled or unscheduled absences, which are not classified as respite care services, can be covered by other participant-directed providers and the terms can be part of the agreement between the participant and the primary companion care 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 for Citizens with Developmental Disabilities, LR 33:2455 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

Chapter 167. Provider Participation

§16701. General Provisions

A. …

1. meet all of the requirements for licensure and the standards for participation in the Medicaid Program as a home and community-based services provider in accordance with state laws and the rules promulgated by the department;

2. comply with the regulations and requirements specified in LAC 50:XXI, Subparts 1 and 13 and the ROW provider manual;

3. comply with all of the state laws and regulations for conducting business in Louisiana, and when applicable, with the state requirements for designation as a non-profit organization; and

4. comply with all of the training requirements for providers of waiver services.

B. Providers must maintain adequate documentation to support service delivery and compliance with the approved POC and provide said documentation upon the department's request.

C. In order for a provider to bill for services, the waiver participant and the direct service worker or professional services practitioner rendering service must be present at the time the service is rendered.

1. Exception. The following services may be provided when the participant is not present:

a. - c. ...

2. All services must be documented in service notes which describe the services rendered and progress towards the participant's personal outcomes and his/her POC.

D. If transportation is provided as part of a waiver service, the provider must comply with all of the state laws and regulations applicable to vehicles and drivers.

E. All services rendered shall be prior approved and in accordance with the POC.

F. Providers, including direct care staff, cannot live in the same residence as the participant, except host home contractors and companion care workers.

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, LR 33:2455 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16703. Staffing Restrictions and Requirements

A. Payments shall not be made to persons who are legally responsible for the care of the waiver participants which include:

1. parents of minor children;

2. spouses for each other;

3. legal guardians for adults or children with developmental disabilities; or

4. parents for their adult child with developmental disabilities, regardless of the legal status of the adult child.

B. In order to receive payment, relatives must meet the criteria for the provision of the service and the same provider qualifications specified for the service as other providers not related to the participant.

1. Relatives must also comply with the following requirements:

a. become an employee of the participant's chosen waiver provider agency;

b. become a Medicaid enrolled provider agency; or

c. if the self-direction option is selected, relatives must:

i. become an employee of the self-direction participant; and

ii. have a Medicaid provider agreement executed by the fiscal agent as authorized by the Medicaid agency.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

Chapter 169. Reimbursement

§16901. Reimbursement Methodology

A. Reimbursement for the following services shall be a prospective flat rate for each approved unit of service provided to the waiver participant. One quarter hour (15 minutes) is the standard unit of service, which covers both the service provision and administrative costs for these services:

1. - 3.e.…

f. registered dietician;

4. support coordination; or

5. supported employment:

a. individual placement; and

b. micro-enterprise.

6. Repealed.

B. The following services are reimbursed at the cost of the adaptation device, equipment or supply item:

1. environmental accessibility adaptations; and

a. upon completion of the environmental accessibility adaptations and prior to submission of a claim for reimbursement, the provider shall give the participant a certificate of warranty for all labor and installation work and supply the participant with all manufacturers' warranty certificates;

2. assistive technology/specialized medical equipment and supplies.

3. Repealed.

C. The following services are reimbursed at a per diem rate:

1. …

2. companion cares; and

3. shared living services.

a. Per diem rates are established based on the number of individuals sharing the living service module for both shared living non-conversion and shared living conversion services.

D. The following services are reimbursed at a per one-half-day unit of service based on a minimum of 2.5 hours spent on-site by the participant:

1. day habilitation;
2. pre-vocational; and
3. supported employment:
   a. mobile crew; and
   b. enclave.

E. ...

F. Nursing services are reimbursed at either an hourly or per visit rate for the allowable procedure codes.

G. ...

H. Transition expenses from an ICF/DD or nursing facility to a community living setting are reimbursed at the cost of the service(s) up to a lifetime maximum rate of $3,000.

I. - J. ...

K. Effective for dates of service on or after August 1, 2010, the reimbursement for residential options waiver services shall be reduced by 2 percent of the rates in effect on July 31, 2010.

1. The following services shall be excluded from the rate reduction:
   a. personal emergency response services;
   b. environmental accessibility adaption services;
   c. specialized medical equipment and supplies; and
   d. support coordination services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2456 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

§16903. Direct Support Staff Wages

A. In order to maximize staffing stability and minimize turnover among direct support staff, providers of the following services furnished under the residential options waiver are required to pay direct support workers an hourly wage that is at least 29 percent ($1.50) more than the federal minimum wage in effect as of July 23, 2007 or the current federal minimum wage, whichever is higher:

1. community living supports;
2. respite services-out of home;
3. shared living;
4. day habilitation;
5. prevocational services; and
6. supported employment.
7. 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 for Citizens with Developmental Disabilities, LR 33:2456 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:

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
Secretary

1401#006

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services
Non-Rural, Non-State Hospitals
Reimbursement Rate Reduction
(LAC 50:V.953, 955 and 967)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.953, 955, and 967 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 Act 13 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 (SFY) 2011, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates for inpatient hospital services rendered by non-rural, non-state hospitals (*Louisiana Register*, Volume 37, Number 7).

In anticipation of a budgetary shortfall in state fiscal year 2013 as a result of the reduction in the state's disaster recovery federal medical assistance percentage (FMAP) rate, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals (*Louisiana Register*, Volume 38, Number 8).

Due to a continuing budgetary shortfall in SFY 2013, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient hospital services to further reduce the reimbursement rates paid to non-rural, non-state hospitals (*Louisiana Register*, Volume 39, Number 1). This Emergency Rule is being promulgated to continue the provisions of the February 1, 2013 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) inpatient hospital services and children's specialty hospital services under the state plan are available at least to the extent that they are available to the general population in the state.

Effective January 30, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals.

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

§953. Acute Care Hospitals

A. - R. ...

S. Effective for dates of service on or after February 1, 2013, the inpatient per diem rate paid to acute care hospitals shall be reduced by 1 percent of the per diem rate on file as of January 31, 2013.

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 34:876 (May 2008), amended LR 34:877 (May 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1895 (September 2009), LR: 35:1896 (September 2009), repromulgated LR 35:2182 (October 2009), amended LR 36:1552(July 2010), LR 36:2561 (November, 2010), LR 37:2161 (July 2011), LR 40:

§955. Long Term Hospitals

A. - I. ...

J. Effective for dates of service on or after February 1, 2013, the inpatient per diem rate paid to long term hospitals shall be reduced by 1 percent of the per diem rate on file as of January 31, 2013.

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: 34:876 (May 2008),amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1895 (September 2009), LR 35:1896 (September 2009), repromulgated LR 35:2183 (October 2009), amended LR 36:1554 (July 2010), LR 36:2562 (November, 2010), LR 37:2162 (July 2011), LR 40:

§967. Children's Specialty Hospitals

A. - J. …

K. Effective for dates of service on or after February 1, 2013, the per diem rates as calculated per §967.A-C above shall be reduced by 1 percent. Final payment shall be the lesser of allowable inpatient acute care and psychiatric costs as determined by the cost report or the Medicaid discharges or days as specified per §967.A-C for the period, multiplied by 84.67 percent of the target rate per discharge or per diem limitation as specified per §967.A-C for the 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, amended LR 36:2562 (November, 2010), LR 37:2162 (July 2011), LR 40:

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
Secretary

1401#054

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services
Small Rural Hospitals
Low Income and Needy Care Collaboration
(LAC 50:V.1125)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.1125 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.

In compliance with Act 327 of the 2007 Regular Session of the Louisiana Legislature, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amended the reimbursement methodology governing state fiscal year 2009 Medicaid payments to small rural hospitals for inpatient acute care services and psychiatric services (*Louisiana Register*, Volume 35, Number 5). The Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient hospital services to provide for a supplemental Medicaid payment to small rural hospitals that enter into an agreement with a state or local governmental entity for the purpose of providing healthcare 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 October 20, 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 in the Hospital Services Program.

Effective February 12, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for inpatient hospital services rendered by small rural hospitals.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 11. Rural, Non-State Hospitals
Subchapter B. Reimbursement Methodology
§1125. Small Rural Hospitals

A. - D. ...

E. Low Income and Needy Care Collaboration. Effective for dates of service on or after October 20, 2011, quarterly supplemental payments shall be issued to qualifying non-state acute care hospitals for inpatient services rendered during the quarter. Maximum aggregate payments to all qualifying hospitals in this group shall not exceed the available upper payment limit per state fiscal year.

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

a. A *non-state hospital* is defined as a hospital which is owned or operated by a private entity.

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

2. Each qualifying hospital shall receive quarterly supplemental payments for the inpatient services rendered during the quarter. Quarterly payment distribution shall be limited to one-fourth of the lesser of:

a. the difference between each qualifying hospital's inpatient Medicaid billed charges and Medicaid payments the hospital receives for covered inpatient 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; or

b. for hospitals participating in the Medicaid Disproportionate Share Hospital (DSH) Program, the difference between the hospital's specific DSH limit and the hospital's DSH payments for the applicable payment 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, Office of the Secretary, Bureau of Health Services Financing, LR 35:955 (May 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:1240 (May 2012), LR 40:

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
Secretary

1401#055

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Medicaid Eligibility
Former Foster Care Adolescents
LAC 50:III.2308)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:III.2308 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 352 of the 2008 Regular Session of the Louisiana Legislature authorized the Department of Health and Hospitals to adopt provisions pursuant to the Chafee option which provide regular Medicaid coverage or an alternative benefits package to independent youth aging out of foster care. In compliance with Act 352, the department adopted provisions pursuant to the Chafee Option to establish a new Medicaid eligibility group to provide Medicaid coverage to youth between the ages of 18 and 21 who are transitioning out of foster care (*Louisiana Register*, Volume 35, Number 11).

The Patient Protection and Affordable Care Act of 2010 and Education Reconciliation Act of 2010 (collectively referred to as the Affordable Care Act) require Medicaid to expand coverage to foster care adolescents ages 18 to 26 who are transitioning out of foster care. In compliance with the Affordable Care Act, the department promulgated an Emergency Rule which adopted provisions to establish a new Medicaid eligibility group to provide Medicaid coverage to former foster care adolescents from age 18 to 26 who are transitioning out of foster care (*Louisiana Register*, Volume 40, Number 1).

The department now proposes to amend the provisions of the December 31, 2013 Emergency Rule to clarify the provisions and to correct the Section number in order to ensure that these provisions are promulgated appropriately in the *Louisiana Administrative Code*. This action is being taken to avoid federal sanctions and to promote the health and well-being of individuals in foster care by maintaining their access to health care services after they age out of the foster care system.

Effective January 20, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the December 31, 2013 Emergency Rule governing the new Medicaid eligibility group for former foster care adolescents.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part III. Eligibility
Subpart 3. Eligibility Groups and Factors
Chapter 23. Eligibility Groups and Medicaid Programs
§2308. Former Foster Care Adolescents

A. Pursuant to the Patient Protection and Affordable Care Act of 2010 (collectively referred to as the Affordable Care Act), the Department of Health and Hospitals hereby implements a Medicaid eligibility group, effective December 31, 2013, to provide health care coverage to youth who are transitioning out of foster care to self-sufficiency upon reaching age 18 or at a higher age selected by the department. This eligibility group will be called former foster care adolescents.

B. Eligibility Requirements. Youth who age out of foster care and meet all of the following requirements may receive Medicaid health care coverage under this new eligibility group.

1. The youth must be from age 18 up to age 26.
2. The youth must have been in foster care and in state custody, either in Louisiana or another state, and receiving Medicaid upon turning age 18 or upon aging out of foster care at a higher age selected by the department.
3. The youth must live in Louisiana.

C. Income, resources and insurance status are not considered when determining eligibility.

D. Individuals determined eligible in this group shall receive coverage of medically necessary health care services provided under the Medicaid state plan.

1. The assistance unit shall consist of the youth only.

E. Eligibility for the program will continue until the youth reaches age 26 unless the youth:

1. moves out of state;
2. requests closure of the case;
3. is incarcerated; or
4. dies.

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 40:

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
Secretary

1401#051

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Medicaid Eligibility—Former Foster Care Adolescents
(LAC 50:III.2309)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:III.2309 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 352 of the 2008 Regular Session of the Louisiana Legislature authorized the Department of Health and Hospitals to adopt provisions pursuant to the Chafee option which provide regular Medicaid coverage or an alternative benefits package to independent youth aging out of foster care. In compliance with Act 352, the department adopted provisions pursuant to the Chafee option to establish a new Medicaid eligibility group to provide Medicaid coverage to youth between the ages of 18 and 21 who are transitioning out of foster care (*Louisiana Register*, Volume 35, Number 11).

The Patient Protection and Affordable Care Act of 2010 and Education Reconciliation Act of 2010 (collectively referred to as the Affordable Care Act) require Medicaid to expand coverage to independent foster care adolescents ages 18 to 26 who are transitioning out of foster care. In compliance with the Affordable Care Act, the department has now determined that it is necessary to adopt provisions to establish a new Medicaid eligibility group to provide Medicaid coverage to former foster care adolescents ages of 18 to 26 who are transitioning out of foster care.

This action is being taken to avoid federal sanctions and to promote the health and well-being of individuals in foster care by maintaining their access to health care services after they have aged out of the foster care system. It is estimated that implementation of this Emergency Rule will increase expenditures in the Medicaid Program by approximately $131,778 for state fiscal year 2014.

Effective December 31, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing adopts to establish a new Medicaid eligibility group for former foster care adolescents.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part III. Eligibility
Subpart 3. Eligibility Groups and Factors
Chapter 23. Eligibility Groups and Medicaid Programs
§2309. Former Foster Care Adolescents

A. Pursuant to the Patient Protection and Affordable Care Act of 2010 (collectively referred to as the Affordable Care Act), the Department of Health and Hospitals hereby

implements a Medicaid eligibility group, effective December 31, 2013, to provide health care coverage to youth who are transitioning out of foster care to self-sufficiency upon reaching age 18. This eligibility group will be called former foster care adolescents.

B. Eligibility Requirements. Youth who are aging out of foster care on or after December 31, 2013, and meet all of the following requirements may receive Medicaid health care coverage under this new eligibility group.

1. The youth must be from age 18 up to age 26.
2. The youth must have been in foster care and in state custody, either in Louisiana or another state, and receiving Medicaid upon aging out of foster care.
3. The youth must live in Louisiana.

C. Income, resources and insurance status are not considered when determining eligibility.

D. Individuals determined eligible in this group shall receive coverage of medically necessary health care services provided under the Medicaid state plan.

1. The assistance unit shall consist of the youth only.

E. Eligibility for the program will continue until the youth reaches age 26 unless the youth:

1. moves out of state;
2. requests closure of the case;
3. is incarcerated; or
4. dies.

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 40:

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
Secretary

1401#003

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Medicaid Eligibility—Income Disregards for Children
(LAC 50:III.10305)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:III.10305 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule promulgating the Medicaid Eligibility Manual in its entirety by reference, including section Z-200 which addresses income disregards for children under age 19 (*Louisiana Register*, Volume 22, Number 5). The May 20, 1996 Rule was repromulgated on July 20, 1996 to make corrections to the price of the manual (*Louisiana Register*, Volume 22, Number 7). The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing eligibility income disregards to establish an income disregard that shall allow for eligibility for home and community-based services as though the individual was a resident of a nursing facility or an intermediate care facility for persons with intellectual disabilities for home and community-based services (*Louisiana Register*, Volume 38, Number 9).

The Patient Protection and Affordable Care Act of 2010 and Education Reconciliation Act of 2010 (collectively referred to as the Affordable Care Act) require all poverty level children between the ages 0-18 to have the same minimum income limit to be eligible. The May 20, 1996 and July 20, 1996 Rules includes different limits disregards for children ages 0 to 5 and 6 to 18. In compliance with the Affordable Care Act, the department has now determined it is necessary to amend the provisions governing income disregards to establish equal income limits for children under age 19.

This action is being taken to avoid federal sanctions. It is estimated that implementation of this Emergency Rule will not have programmatic costs for state fiscal year 2013-2014.

Effective December 31, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing Medicaid financial eligibility.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part III. Eligibility
Subpart 5. Financial Eligibility
Chapter 103. Income
§10305. Income Disregards

A. - B.5. ...

C. Effective December 31, 2013, the income of children ages 6 to 19 from 100 percent up to 142 percent of the federal poverty level shall be disregarded.

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 34:1629 (August 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1898 (September 2009), LR 40:

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
Secretary

1401#002

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Medicaid Eligibility
Income Disregards for Pregnant Minors
(LAC 50:III.10305)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:III.10305 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 a final Rule which repealed the provisions of the June 20, 2003 Rule governing income disregards for low income pregnant women in order to adopt more restrictive eligibility standards (*Louisiana Register*, Volume 39, Number 12). As a result of the Medicaid eligibility changes for January 2014, these income disregard provisions were determined to no longer be applicable to the financial eligibility determination for Medicaid coverage of low income pregnant women in the LaMOMS Program.

The Patient Protection and Affordable Care Act of 2010 and Education Reconciliation Act of 2010 (collectively referred to as the Affordable Care Act) require all poverty level children between the ages 0-18 to have the same minimum income limit to be eligible. The May 20, 1996 and July 20, 1996 Rules includes different income disregards for children ages 0 to 5 and 6 to 18. In compliance with the Affordable Care Act, the department promulgated an Emergency Rule which amended the provisions governing income disregards to establish an equal income disregard for children under age 19 (*Louisiana Register*, Volume 40, Number 1).

In compliance with the Patient Protection and Affordable Care Act of 2010, the department has now determined that it is necessary to amend the provisions governing the Medicaid eligibility group for pregnant unmarried minors (PUMs) by disregarding the income of parents when determining eligibility for pregnant women up to age 18. This action is being taken to avoid federal sanctions and to promote the health and well-being of pregnant minors by maintaining their access to health care services. It is estimated that implementation of this Emergency Rule will have no fiscal impact to the Medicaid Program in state fiscal year 2014.

Effective December 31, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing Medicaid financial eligibility.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part III. Eligibility
Subpart 5. Financial Eligibility
Chapter 103. Income
§10305. Income Disregards

A. - B.5. …

C. Reserved.

D. Effective December 31, 2013, the income of parents or siblings of pregnant unmarried minors (PUMs) or pregnant minor unmarried mothers (MUMs) will not be included when determining Medicaid eligibility for a PUM or pregnant MUM.

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 34:1629 (August 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1898 (September 2009), LR 40:

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
Secretary

1401#005

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Medicaid Eligibility
Medically Needy Program
Behavioral Health Services
(LAC 50:III.2313)

The Department of Health and Hospitals, Bureau of Health Services Financing hereby repeals and replaces all of the rules governing the Medically Needy Program, and adopts LAC 50:III.2313 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 promulgated a Rule in order to reinstate the Title XIX Medically Needy Program (MNP) and to establish coverage restrictions (*Louisiana Register*, Volume 24, Number 5). All Behavioral

health services are restricted from coverage under the Medically Needy Program.

In February 2012, the department adopted provisions in the Medicaid Program to restructure the existing behavioral health services delivery system into a comprehensive service delivery model called the Louisiana Behavioral Health Partnership (LBHP). Certain recipients enrolled in the Medically Needy Program, whose Medicaid eligibility is based solely on the provisions of §1915(i) of title XIX of the Social Security Act, are eligible to only receive behavioral health services. These recipients have difficulties accessing behavioral health services through the LBHP due to the service restrictions currently in place in the Medically Needy Program.

Therefore, the department promulgated an Emergency Rule which revised the provisions governing the Medically Needy Program in order to include behavioral health coverage for MNP recipients that qualify for the program under the provisions of §1915(i) of Title XIX of the Social Security Act. This Emergency Rule also repealed and replaced all of the Rules governing the Medically Needy Program in order to repromulgate these provisions in a clear and concise manner for inclusion in the *Louisiana Administrative Code* in a codified format (*Louisiana Register*, Volume 38, Number 12).

The department promulgated an Emergency Rule which amended the provisions governing the Medically Needy Program to further clarify the provisions governing covered services (*Louisiana Register*, Volume 39, Number 4). The department now proposes to amend the April 20, 2013 Emergency Rule to further clarify the provisions governing covered services.

This action is being taken to promote the health and welfare of MNP recipients who are in need of behavioral health services, and to assure their continued access to these services.

Effective January 20, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions of the April 20, 2013 Emergency Rule governing the Medically Needy Program.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part III. Eligibility
Subpart 3. Eligibility Groups and Factors
Chapter 23. Eligibility Groups and Medicaid Programs

§2313. Medically Needy Program

A. The Medically Needy Program (MNP) provides Medicaid coverage when an individual's or family's income and/or resources are sufficient to meet basic needs in a categorical assistance program, but not sufficient to meet medical needs according to the MNP standards.

1. The income standard used in the MNP is the federal medically needy income eligibility standard (MNIES).

2. Resources are not applicable to child- (C-) related MNP cases.

3. MNP eligibility cannot be considered prior to establishing income ineligibility in a categorically related assistance group.

B. MNP Eligibility Groups

1. Regular Medically Needy

a. Children and parents who meet all of the low-income families with children (LIFC) related categorical requirements and whose income is at or below the MNIES are eligible to receive Regular MNP benefits. Regular medically needy coverage is only applicable to individuals included in the C-related category of assistance.

b. Individuals in the aged (A-), blind (B-), or disability (D-) related categorical assistance groups cannot receive regular MNP.

c. The certification period for regular MNP cannot exceed six months.

2. Spend-Down Medically Needy

a. Spend-down MNP is considered after establishing financial ineligibility in regular MNP or other categorically related Medicaid programs and excess income remains. Allowable medical bills/expenses incurred by the income unit are used to reduce (spend-down) the income to the allowable MNP limits.

b. The following individuals may be considered for spend-down MNP:

i. individuals or families who meet all of the LIFC related categorical requirements;

ii. non-institutionalized individuals (A-, B-, or D-related categories); and

iii. institutionalized individuals or couples (A-, B-, or D-related categories) with Medicare co-insurance whose income has been spent down to the MNIES.

c. The certification period for spend-down MNP begins no earlier than the spend-down date and shall not exceed three months.

3. Long Term Care (LTC) Spend-Down MNP

a. Individuals or couples residing in Medicaid LTC facilities, not on Medicare-coinsurance with resources within the limits, but whose income exceeds the special income limits (three times the current federal benefit rate), are eligible for LTC spend-down MNP.

4. C-Related Caretaker Relative MNP

a. A qualified relative may be included in a C-related MNP certification as a caretaker relative. There must be at least one minor child applying for or enrolled in Medicaid. A caretaker relative for MNP purposes is an adult who:

i. is in the LIFC income unit with a minor child;

ii. is a qualified relative of a child who is eligible for Supplemental Security Income (SSI), Prohibited AFDC Provisions (PAP), or Child Health and Maternity Program (CHAMP); and

iii. is not eligible for inclusion in the Medicaid certification of a sibling(s) because of income.

b. An essential person may be included with a qualified relative in an MNP caretaker relative certification, but there can be no essential person if there is no qualified relative certified in C-related MNP.

i. Stepparents or individuals who do not meet the above LIFC essential person criteria must qualify for Medicaid as individuals under the A, B, or D categorical assistance groups.

5. Louisiana Behavioral Health Partnership (LBHP) 1915(i) MNP

a. The LBHP Medically Needy Program is considered only for the individuals who meet the level of

need requirements of §1915 of title XIX of the Social Security Act, and who have been determined to be ineligible for other full Medicaid programs, including the regular MNP and spend-down MNP.

b. LBHP 1915(i) MNP recipients are only eligible to receive behavioral health services through the LBHP. They do not qualify for other Medicaid covered services.

c. The certification period for LBHP 1915(i) Regular MNP recipients cannot exceed six months. For the LBHP 1915(i) spend-down MNP, the certification period begins no earlier than the spend-down date and shall not exceed three months.

C. The following services are covered in the Medically Needy Program for non-1915(i) recipients:

1. inpatient and outpatient hospital services;
2. intermediate care facilities for persons with intellectual disabilities (ICF/ID) services;
3. intermediate care and skilled nursing facility (ICF and SNF) services;
4. physician services, including medical/surgical services by a dentist;
5. nurse midwife services;
6. certified registered nurse anesthetist (CRNA) and anesthesiologist services;
7. laboratory and x-ray services;
8. prescription drugs;
9. early and periodic screening, diagnosis and treatment (EPSDT) services;
10. rural health clinic services;
11. hemodialysis clinic services;
12. ambulatory surgical center services;
13. prenatal clinic services;
14. federally qualified health center services;
15. family planning services;
16. durable medical equipment;
17. rehabilitation services (physical therapy, occupational therapy, speech therapy);
18. nurse practitioner services;
19. medical transportation services (emergency and non-emergency);
20. home health services for individuals needing skilled nursing services;
21. chiropractic services;
22. optometry services;
23. podiatry services;
24. radiation therapy; and
25. behavioral health services.

D. The following behavioral health services are covered for LBHP 1915(i) MNP recipients:

1. inpatient and outpatient hospital services;
2. emergency medical services;
3. physician/psychiatrist services;
4. treatment by a licensed mental health professional;
5. community psychiatric support and treatment;
6. psychosocial rehabilitation;
7. crisis intervention;
8. case conference [1915(b) services];
9. treatment planning [1915(b) services]; and
10. prescription drugs.

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 40:

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
Secretary

1401#050

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Medicaid Eligibility—Modified Adjusted Gross Income
(LAC 50:III.2327, 2529, 10307, 10705, and 20103)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:III.10705, §20103, and adopts §2327, §2529 and §10307 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule promulgating the Medicaid Eligibility Manual in its entirety by reference (*Louisiana Register*, Volume 22, Number 5). The May 20, 1996 Rule was repromulgated on July 20, 1996 to make corrections to the price of the manual (*Louisiana Register*, Volume 22, Number 7). The department promulgated a Rule which established the Louisiana the State Children's Health Insurance Program (LaCHIP) which expanded coverage to uninsured children under Medicaid (*Louisiana Register*, Volume 24, Number 10). The department promulgated a Rule to amend the provisions of the May 20, 1996 and July 20, 1996 Rules governing countable resources for low income families with children to exempt certain resources (*Louisiana Register*, Volume 24, Number 10).

The department amended the provisions of the October 20, 1998 Rule governing LaCHIP to increase family income limits (*Louisiana Register*, Volume 25, Number 9). The department amended the provisions of the May 20, 1996 and July 20, 1996 Rules governing countable income and resources to exclude gifts from charitable organizations to children under age 18 with life-threatening conditions (*Louisiana Register*, Volume 25, Number 9). The department amended the September 20, 1999 Rule to implement the third phase of LACHIP by increasing the family income limit (*Louisiana Register*, Volume 26, Number 12).

The department promulgated two Rules which amended the provisions of the May 20, 1996 and July 20, 1996 Rules

which expanded coverage and amended eligibility income levels for coverage for low income pregnant women (*Louisiana Register*, Volume 29, Number 6). The department promulgated a Rule to amend the May 20, 1996 and July 20, 1996 Rules to include the unborn child in establishing household size for Medicaid eligibility determinations (*Louisiana Register*, Volume 29, Number 6). The department promulgated a Rule to amend the May 20, 1996 and July 20, 1996 Rules to disregard the cash surrender value of insurance policies (*Louisiana Register*, Volume 29, Number 8). The department promulgated a Rule to amend the May 20, 1996 and July 20, 1996 Rules to increase the amount of the burial fund exclusion (*Louisiana Register*, Volume 29, Number 8).

The department amended the May 20, 1996 and July 20, 1996 Rules to revise Medicaid policy in regard to the treatment of certain loans, mortgages, promissory notes, and property agreements (*Louisiana Register*, Volume 31, Number 8). The department amended the August 20, 2005 Rule governing the transfer of resources to further define and clarify the provisions governing the treatment of loans, mortgages, promissory notes, and other property agreements during the eligibility determination process (*Louisiana Register*, Volume 32, Number 3).

The department promulgated a Rule which implemented phase five of the Louisiana Children's Health Insurance Program (LaCHIP) as a stand-alone program under Title XXI provisions to provide health insurance coverage to children with family income from 200 percent up to 250 percent of the federal poverty level (*Louisiana Register*, Volume 34, Number 4). The department promulgated a Rule which implemented a stand-alone State Children's Health Insurance Program (SCHIP) to provide prenatal care services to low-income, non-citizen women (*Louisiana Register*, Volume 35, Number 1).

The department promulgated a Rule to adopt provisions governing financial eligibility to establish a resource disregard for individuals who are insured under a long-term care insurance policy that meets the requirements of a "qualified state long-term care insurance partnership" policy (*Louisiana Register*, Volume 35, Number 9). The department amended the September 20, 2009 Rule to disregard certain assets in the eligibility determination process for the Medicare Savings Programs as mandated by federal regulations in the Medicare Improvement for Patients and Providers Act of 2008 (*Louisiana Register*, Volume 36, Number 12).

The section 1004(a)(2) of the Patient Protection and Affordable Care Act (ACA) of 2010 and section 36B (d)(2)(B) of the *Internal Revenue Code* mandate that Medicaid eligibility use the Modified Adjusted Gross Income (MAGI) methodology for eligibility determinations for certain eligibility groups. In compliance with the ACA and *Internal Revenue Code* the department now proposes to amend the provisions governing Medicaid eligibility to adopt the MAGI eligibility methodology. The department also adopts provisions which allow qualified hospitals to make determinations of presumptive eligibility for individuals who are not currently enrolled in Medicaid.

This action is being taken to avoid federal sanctions. It is expected that implementation of this Emergency Rule will not have programmatic costs for state fiscal year 2013-2014.

Effective December 31, 2013, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the Medicaid eligibility to adopt the modified adjusted gross income (MAGI) methodology.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part III. Eligibility

Subpart 3. Eligibility Groups and Factors

Chapter 23. Eligibility Groups and Medicaid Programs

§2327. Modified Adjusted Gross Income (MAGI) Groups

A. For eligibility determinations effective December 31, 2013 eligibility shall be determined by modified adjusted gross income (MAGI) methodology in accordance with section 1004(a)(2) of the Patient Protection and Affordable Care Act (ACA) of 2010 and section 36B (d)(2)(B) of the *Internal Revenue Code*, for the following groups:

1. parents and caretakers relatives group which includes adult individuals formerly considered for low income families with children as parents or caretaker relatives;
2. pregnant women;
3. child related groups; and
4. other adult related groups including breast and cervical cancer, tuberculosis (TB) and family planning.

B. A MAGI determination will be necessary for each individual in the home for whom coverage is being requested. The MAGI household resembles the tax household.

1. MAGI Household. The individual's relationship to the tax filer and every other household member must be established for budgeting purposes. The MAGI household is constructed based on whether an individual is a:
   a. tax filer;
   b. tax dependent; or
   c. non-filer (neither tax filer or tax dependent).
2. For the tax filer the MAGI household includes the tax filer and all claimed tax dependents.
   a. Whether claimed or not, the tax filer's spouse, who lives in the home, must be included.
   b. If a child files taxes and is counted as a tax dependent on his/her parent's tax return, the child is classified as a tax dependent not a tax filer.
3. When taxes are filed for the tax dependent the MAGI household consists of the tax filer and all other tax dependents unless one of the following exceptions is met:
   a. being claimed as a tax dependent by a tax filer other than a parent or spouse (for example, a grandchild, niece, or tax filer's parent);
   b. children living with two parents who do not expect to file a joint tax return (including step-parents); or
   c. children claimed as a tax dependent by a non-custodial parent.
4. For individuals who do not file taxes nor expect to be claimed as a tax dependent (non-filer), the MAGI household consists of the following when they all live together:
   a. for an adult:
      i. the individual's spouse; and
      ii. the individual's natural, adopted, and step-children under age 19; and

b. for a minor:

i. the individual's natural, adoptive, or step-parents; and

ii. the individual's natural, adopted, and step-siblings under age 19.

C. Parents and Caretaker Group

1. A caretaker relative is a relative of a dependent child by blood, adoption, or marriage with whom the child is living, and who assumes primary responsibility for the child's care. A caretaker relative must be one of the following:

a. parent;

b. grandparent;

c. sibling;

d. brother-in-law;

e. sister-in-law;

f. step-parent;

g. step-sibling;

h. aunt;

i. uncle;

j. first cousin;

k. niece; or

l. nephew.

2. The spouse of such parents or caretaker relatives may be considered a caretaker relative even after the marriage is terminated by death or divorce.

3. The assistance/benefit unit consists of the parent and/or caretaker relative and the spouse of the parent and/or caretaker relative, if living together, of child(ren) under age 18, or is age 18 and a full-time student in high school or vocational/technical training. Children are considered deprived if income eligibility is met for the parents and caretaker relatives group. Children shall be certified in the appropriate children's category.

D. Pregnant Women Group

1. Eligibility for the pregnant women group may begin:

a. at any time during a pregnancy; and

b. as early as three months prior to the month of application.

2. Eligibility cannot begin before the first month of pregnancy. The pregnant women group certification may extend through the calendar month in which the 60-day postpartum period ends.

3. An applicant/enrollee whose pregnancy terminated in the month of application or in one of the three months prior without a surviving child shall be considered a pregnant woman for the purpose of determining eligibility in the pregnant women group.

4. Certification shall be from the earliest possible month of eligibility (up to 3 months prior to application) through the month in which the 60-day postpartum period ends.

5. Retroactive eligibility shall be explored regardless of current eligibility status.

a. If the applicant/enrollee is eligible for any of the three prior months, she remains eligible throughout the pregnancy and 60-day postpartum period. When determining retroactive eligibility actual income received in the month of determination shall be used.

b. If application is made after the month the postpartum period ends, the period of eligibility will be retroactive but shall not start more than three months prior to the month of application. The start date of retroactive eligibility is determined by counting back three months prior to the date of application. The start date will be the first day of that month.

6. Eligibility may not extend past the month in which the postpartum period ends.

7. The applicant/enrollee must be income eligible during the initial month of eligibility only. Changes in income after the initial month will not affect eligibility.

E. Child Related Groups

1. Children Under Age 19—CHAMP. CHAMP children are under age 19 and meet income and non-financial eligibility criteria. ACA expands mandatory coverage to all children under age 19 with household income at or below 133 percent federal poverty level (FPL). Such children are considered CHAMP children.

2. Children Under Age 19—LaCHIP. A child covered under the Louisiana State Children's Health Insurance Program (LaCHIP) shall:

a. be under age 19;

b. not be eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spend-down liability);

c. not be eligible for Medicaid under the policies in the state's Medicaid plan in effect on April 15, 1997;

d. not have health insurance; and

e. have MAGI-based income at or below 212 percent (217 percent FPL with 5 percent disregard) of the federal poverty level.

3. Children Under Age 19—LaCHIP Affordable Plan. A child covered under the Louisiana State Children's Health Insurance Program (LaCHIP) Affordable Plan shall:

a. be under age 19;

b. not be income eligible for regular LaCHIP;

c. have MAGI-based income that does not exceed 250 percent FPL;

d. not have other insurance or access to the state employees health plan;

e. have been determined eligible for child health assistance under the State Child Health Insurance Plan; and

f. be a child whose custodial parent has not voluntarily dropped the child(ren) from employer sponsored insurance within last three. months without good cause. Good cause exceptions to the three month period for dropping employer sponsored insurance are:

i. lost insurance due to divorce or death of parent;

ii. lifetime maximum reached;

iii. COBRA coverage ends (up to 18 months);

iv. insurance ended due to lay-off or business closure;

v. changed jobs and new employer does not offer dependent coverage;

vi. employer no longer provides dependent coverage;

vii. monthly family premium exceeds 9.5 percent of household income; or

viii. monthly premium for coverage of the child exceeds 5 percent of household income.

4. Children Under Age 19—Phase IV LaCHIP (SCHIP). The State Child Health Insurance Program

(SCHIP) provides prenatal care services, from conception to birth, for low income uninsured mothers who are not otherwise eligible for other Medicaid programs, including CHAMP pregnant women benefits. This program, Phase IV LaCHIP, also covers non-citizen women who are not qualified for other Medicaid programs due to citizenship status only.

F. Regular and Spend Down Medically Needy MAGI. Regular and spend down medically needy shall use the MAGI determination methodology.

G. Foster Care Children. Foster care children are applicants/enrollees under 26 years of age, who were in foster care under the responsibility of the state at the time of their eighteenth birthday, and are not eligible or enrolled in another mandatory coverage category.

1. Foster care children may also be applicants/enrollees who:

a. have lost eligibility due to moving out of state, but re-established Louisiana residency prior to reaching age 26; or

b. currently reside in Louisiana, but were in foster care in another state's custody upon reaching age 18.

2. Foster care children must:

a. be at least age 18, but under age 26;

b. currently lives in Louisiana;

c. have been a child in foster care in any state's custody upon reaching age 18; and

d. not be eligible for coverage in another mandatory group.

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 40:

Chapter 25. Eligibility Factors

§2529. Hospital Presumptive Eligibility

A. Effective December 31, 2013 any hospital designated by Louisiana Medicaid as a hospital presumptive eligibility qualified provider (HPEQP) may obtain information and determine hospital presumptive eligibility (HPE) for individuals who are not currently enrolled in Medicaid and who are in need of medical services covered under the state plan.

1. Coverage groups eligible to be considered for hospital presumptive eligibility include:

a. parents and other caretaker relatives;

b. pregnant women;

c. children under age 19;

d. former foster care children;

e. family planning; and

f. certain individuals needing treatment for breast or cervical cancer.

B. Qualified Hospitals. Qualified hospitals shall be designated by the department as entities qualified to make presumptive Medicaid eligibility determinations based on preliminary, self-attested information obtained from individuals seeking medical assistance.

1. A qualified hospital shall:

a. be enrolled as a Louisiana Medicaid provider under the Medicaid state plan or a Medicaid 1115 demonstration;

b. not be suspended or excluded from participating in the Medicaid Program;

c. have submitted a statement of interest in making presumptive eligibility determinations to the department; and

d. agree to make presumptive eligibility determinations consistent with the state policies and procedures.

C. The qualified hospital shall educate the individuals on the need to complete an application for full Medicaid and shall assist individuals with:

1. completing and submitting the full Medicaid application; and

2. understanding any document requirements as part of the full Medicaid application process.

D. Eligibility Determinations

1. Household composition and countable income for HPE coverage groups are based on modified adjusted gross income (MAGI) methodology.

2. The presumptive eligibility period shall begin on the date the presumptive eligibility determination is made by the qualified provider.

3. The end of the presumptive eligibility period is the earlier of:

a. the date the eligibility determination for regular Medicaid is made, if an application for regular Medicaid is filed by the last day of the month following the month in which the determination for presumptive eligibility is made; or

b. the last day of the month following the month in which the determination of presumptive eligibility is made, if no application for regular Medicaid is filed by that date.

4. Those determined eligible for presumptive eligibility shall be limited to no more than one period of eligibility in a 12-month period, starting with the effective date of the initial presumptive eligibility 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 40:

Subpart 5. Financial Eligibility

Chapter 103. Income

§10307. Modified Adjusted Gross Income—(MAGI) Groups

A. MAGI-Related Types of Income

1. Alimony shall be counted as unearned income payments made directly to the household from non-household members.

2. Alien sponsor's income shall be counted against the flat grant needs of the alien's household. If the income of the sponsor is equal to or greater than the flat grant amount for the number of people in the alien parent's family, the alien parent(s) is not eligible for inclusion in his children's Medicaid certification.

3. Business income or loss shall be countable net profit or loss from partnerships, corporations, etc.

4. Capital gain or loss shall be countable income.

5. A child's earned income is counted, except for the tax filer's budget when earnings are below the tax filing threshold.

6. Annual income received under an implied, verbal, or written contract in less than 12 months shall be averaged over the 12 month period it is intended to cover unless the income is received on an hourly or piecework basis.

7. Disability insurance benefits shall count as unearned income. If federal and/or state taxes are deducted, disability insurance benefits shall count as earned income.

8. Dividends shall count as unearned income. Dividends shall be averaged for the period they are intended to cover.

9. Interest, including tax-exempt interest, shall count as unearned income. Interest shall be averaged for the period it is intended to cover.

10. Irregular and unpredictable income shall count as income in the month of receipt. Annual income received under an implied, verbal, or written contract in less than 12 months shall be averaged over the 12 month period it is intended to cover unless the income is received on an hourly or piecework basis.

11. Income received from employment through the Job Training Partnership Act of 1982 (JTPA) program shall be counted as earned income. JTPA income received for training through JTPA program shall be counted as unearned income.

12. A non-recurring cash payment (lump sum) shall count as income only in the calendar month of receipt. This includes insurance settlements, back pay, state tax refunds, inheritance, IRA or other retirement distributions, and retroactive benefit payments.

13. Regular recurring income from oil and land leases shall be counted over the period it is intended to cover and counted as unearned income. Payments received in the first year of an oil lease, which are above the regular recurring rental and payments received when an oil lease is written for only one year, are treated as non-recurring lump sum payments.

14. Pensions and annuities shall count as unearned income.

15. Income is potentially available when the applicant/enrollee has a legal interest in a liquidated sum and has the legal ability to make this sum available for the support and maintenance of the assistance unit. Potential income shall be counted when it is actually available as well as when it is potentially available but the applicant/enrollee chooses not to receive the income. If the agency representative is unable to determine the amount of benefits available, the application shall be rejected for failure to establish need.

16. Railroad retirement shall count as unearned income the amount of the entitlement including the amount deducted from the check for the Medicare premiums, less any amount that is being recouped for a prior overpayment.

17. Ownership of rental property is considered a self-employment enterprise. Income received from rental property may be earned or unearned. To be counted as earned income, the applicant/enrollee must perform some work related activity. If the applicant/enrollee does not perform work related activity, the money received shall be counted as unearned income. Only allowable expenses associated with producing the income may be deducted. If the income is earned, any other earned income deductions are allowed.

18. The gross amount of retirement benefits, including military retirement benefits, counts as unearned income.

19. Royalties shall count as unearned income. Royalties shall be prorated for the period they are intended to cover.

20. Scholarships, awards, or fellowship grants shall count as unearned income if used for living expenses such as room and board.

21. Seasonal earnings shall count as earned income in the month received. If contractual, such as a bus driver or teacher, the income shall be prorated over the period it is intended to cover. If earnings are self-employment seasonal income, they shall be treated as self-employment income as below in Paragraph 23.

22. Self-employment income is counted as earned income. Self-employment income is income received from an applicant/enrollee's own business, trade, or profession if no federal or state withholding tax or Social Security tax is deducted from his job payment. This may include earnings as a result of participation in Delta Service Corps and farm income.

a. Allowable expenses are those allowed when filing taxes on a schedule C or farm income schedule F.

23. Social Security retirement, survivors and disability insurance benefits (RSDI) shall count as unearned income. The amount counted shall be that of the entitlement including the amount deducted from the check for the Medicare premium, less any amount that is being recouped for a prior overpayment.

24. Income from taxable refunds, credits, or offsets of state and local income taxes if claimed on Form 1040 shall count as unearned income.

25. Income from income trust withdrawals, dividends, or interest which are or could be received by the applicant/enrollee shall count as unearned income.

26. Tutorship funds are any money released by the court to the applicant/enrollee and shall be counted as unearned income.

27. Unemployment compensation benefits (UCB) shall be counted as unearned income in the month of receipt.

28. Taxable gross wages, salaries, tips, and commissions, including paid sick and vacation leave, shall count as earned income. Included as earned income are:

a. vendor payments made by the employer instead of all or part of the salary;

b. the cash value of an in-kind item received from an employer instead of all or part of the salary; and

c. foreign earnings.

29. The following types of income shall not be counted for MAGI budgeting:

a. adoption assistance;

b. agent orange settlement payments;

c. American Indian and Native American claims and lands and income distributed from such ownership;

d. Census Bureau earnings;

e. child support payments received for anyone in the home;

f. contributions from tax-exempt organizations;

g. disaster payments;

h. Domestic Volunteer Service Act;

i. earned income credits;

j. educational loans;

k. energy assistance;

l. foster care payments;

m. Housing and Urban Development (HUD) block grant funds, payments, or subsides;

n. in-kind support and maintenance;

o. loans;

p. income from nutritional programs;

q. income from radiation exposure;

r. relocation assistance;

s. scholarships, awards or fellowship grants used for education purposes and not for living expenses;

t. Supplemental Security income (SSI);

u. vendor payments;

v. veterans' benefits;

w. Women, Infants and Children Program (WIC) benefits;

x. work-study program income;

y. worker's compensation benefits; and

z. cash contributions. Money which is contributed by the absent parent of a child in the assistance unit is considered child support and not counted. Small, non-recurring monetary gifts (e.g., Christmas, birthday, or graduation gifts) are not counted. Cash contributions include any money other than loans received by or for a member of the income unit if:

i. the use is left to the discretion of the member of the income unit; or

ii. the contribution is provided for the specific purpose of meeting the maintenance needs of a member of the assistance unit.

B. Financial eligibility for the MAGI groups shall be made using income received in the calendar month prior to the month of application or renewal as an indicator of anticipated income. The taxable gross income of each member of the MAGI household shall be used. Income eligibility of the household shall be based on anticipated income and circumstances unless it is discovered that there are factors that will affect income currently or in future months.

1. Income eligibility is determined by prospective income budgeting or actual income budgeting.

a. Prospective income budgeting involves looking at past income to determine anticipated future income. Income earned in the calendar month prior to the month of application or renewal which the applicant/enrollee earned shall be used to determine expected income in the current and future months.

b. Actual income budgeting involves looking at income actually received within a specific month to determine income eligibility for that month. Actual income shall be used for all retroactive coverage. Actual income or the best estimate of anticipated actual income shall be used if:

i. the income terminates during the month;

ii. the income begins during the month; or

iii. the income is interrupted during the month.

2. Income of a Tax Dependent. The earned income of a tax dependent including a child shall be counted when calculating the financial eligibility of a tax filer when the earned income meets the tax filing threshold. The unearned income of a tax dependent, including a child, shall be used when calculating MAGI based financial eligibility regardless of tax filing status (e.g., RSDI).

a. Cash contributions to a dependent shall be counted towards the dependent.

3. Allowable Tax Deductions for MAGI. The following deductions from an individual's income shall be used to determine the individual's adjusted gross income:

a. educator expenses;

b. certain business expenses of reservists, performing artists and fee basis government offices;

c. health savings account deductions;

d. moving expenses;

e. the deductible part of self-employment tax;

f. self-employed SEP, SIMPLE and qualified plans;

g. self-employed health insurance deduction;

h. the penalty on early withdrawal of savings;

i. alimony paid outside the home;

j. IRA deductions;

k. student loan interest deduction;

l. tuition and fees; and

m. domestic production activities deductions.

4. A 5 percent disregard shall be allowed on MAGI budgets when it is the difference between eligibility or ineligibility for the individual in a child related program.

5. The net countable income for the individual's household shall be compared to the applicable income standard for the household size to determine eligibility.

a. If the countable income is below the income standard for the applicable MAGI group, the individual is income eligible.

b. If the countable income is above the income standard for the applicable MAGI group, the individual is income ineligible.

C. Federal Poverty Income Guidelines (FPIG). Eligibility shall be based upon the following guidelines using the federal poverty income guidelines and adjusted to account for the 5 percent disregard:

1. parents/caretakers—income is less or equal to 24 percent FPIG;

2. pregnant women—income is less or equal to 138 percent FPIG;

3. CHAMP (children 0-18)—income is less or equal to 147 percent FPIG;

4. LaChip—income is less or equal to 217 percent FPIG;

5. LaChip IV (unborn option)—income is less or equal to 214 percent FPIG; and

6. LaCHIP Affordable Plan—income does not exceed 255 percent FPIG.

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 40:

Chapter 107. Resources

§10705. Resource Disregards

A. - C.2. …

D. Modified Adjusted Gross Income (MAGI) Groups. Resources will be disregarded for those groups using the MAGI determinations methodology.

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 35:1899 (September 2009), amended LR 36:2867 (December 2010), amended by the

Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

Subpart 11. State Children's Health Insurance Program

Chapter 201. Louisiana Children's Health Insurance Program (LaCHIP) - Phases 1-3

§20103. Eligibility Criteria

A. - A.1. ...

2. are from families with income at or below 217 percent of the federal poverty level; and

A.3. - D.1.f. ...

E. Effective December 31, 2013 eligibility for LaCHIP shall be determined by modified adjusted gross income (MAGI) methodology in accordance with section 1004(a)(2) of the Patient Protection and Affordable Care Act (ACA) of 2010 and section 36B (d)(2)(B) of the *Internal Revenue Code*.

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

HISTORICAL NOTE: Repromulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:659 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

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
Secretary

1401#001

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services
Non-Rural, Non-State Hospitals and
Children's Specialty Hospitals
Reimbursement Rate Reduction
(LAC 50:V.5313, 5317, 5513,
5517, 5713, 5719, 6115 and 6119)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.5313, §5317, §5513, §5517, §5713, §5719, §6115 and §6119 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 Act 13 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 outpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals and children's specialty hospitals (*Louisiana Register*, Volume 37, Number 11).

In anticipation of a budgetary shortfall in state fiscal year 2013 as a result of the reduction in the state's disaster recovery federal medical assistance percentage (FMAP) rate, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals and children's specialty hospitals (*Louisiana Register*, Volume 38, Number 8).

Due to a continuing budgetary shortfall, the department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient hospital services to further reduce the reimbursement rates paid to non-rural, non-state hospitals (*Louisiana Register*, Volume 39, Number 1). This Emergency Rule is being promulgated to continue the provisions of the February 1, 2013 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Taking the proposed rate reductions 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) outpatient hospital services and children's specialty hospital services under the state plan are available at least to the extent that they are available to the general population in the state.

Effective January 30, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology for outpatient hospital services to reduce the reimbursement rates.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part V. Hospitals

Subpart 5. Outpatient Hospitals

Chapter 53. Outpatient Surgery

Subchapter B. Reimbursement Methodology

§5313. Non-Rural, Non-State Hospitals

A. - G. ...

H. Effective for dates of service on or after February 1, 2013, the reimbursement rates paid to non-rural, non-state hospitals for outpatient surgery shall be reduced by 1 percent of the fee schedule on file as of January 31, 2013.

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 Service Financing, LR 35:1900 (September 2009), amended LR 36:1250 (June 2010), LR 36:2041 (September 2010), LR 37:3266 (November 2011), LR 40:

§5317. Children's Specialty Hospitals

A. - E. ...

F. Effective for dates of service on or after February 1, 2013, the reimbursement rates paid to children's specialty hospitals for outpatient surgery shall be reduced by 1 percent of the fee schedule on file as of January 31, 2013.

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 36:2042 (September 2010), amended LR 37:3266 (November 2011), LR 40:

Chapter 55. Clinic Services

Subchapter B. Reimbursement Methodology

§5513. Non-Rural, Non-State Hospitals

A. - G. …

H. Effective for dates of service on or after February 1, 2013, the reimbursement rates paid to non-rural, non-state hospitals for outpatient clinic services shall be reduced by 1 percent of the fee schedule on file as of January 31, 2013.

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 Service Financing, LR 35:1900 (September 2009), amended LR 36:1250 (June 2010), LR 36:2042 (September 2010), LR 37:3266 (November 2011), LR 40:

§5517. Children's Specialty Hospitals

A. - E. …

F. Effective for dates of service on or after February 1, 2013, the reimbursement rates paid to children's specialty hospitals for outpatient hospital clinic services shall be reduced by 1 percent of the fee schedule on file as of January 31, 2013.

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 36:2042 (September 2010), amended LR 37:3266 (November 2011), LR 40:

Chapter 57. Laboratory Services

Subchapter B. Reimbursement Methodology

§5713. Non-Rural, Non-State Hospitals

A. - G. …

H. Effective for dates of service on or after February 1, 2013, the reimbursement rates paid to non-rural, non-state hospitals for outpatient laboratory services shall be reduced by 1 percent of the fee schedule on file as of January 31, 2013.

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 Service Financing, LR 35:1900 (September 2009), amended LR 36:1250 (June 2010), LR 36:2042 (September 2010), LR 37:3266 (November 2011), LR 40:

§5719. Children's Specialty Hospitals

A. - E. …

F. Effective for dates of service on or after February 1, 2013, the reimbursement rates paid to children's specialty hospitals for outpatient clinical diagnostic laboratory services shall be reduced by 1 percent of the fee schedule on file as of January 31, 2013.

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 36:2043 (September 2010), amended LR 37:3267 (November 2011), LR 40:

Chapter 61. Other Outpatient Hospital Services

Subchapter B. Reimbursement Methodology

§6115. Non-Rural, Non-State Hospitals

A. - G. …

H. Effective for dates of service on or after February 1, 2013, the reimbursement rates paid to non-rural, non-state hospitals for outpatient hospital services other than clinical diagnostic laboratory services, outpatient surgeries, rehabilitation services and outpatient hospital facility fees shall be reduced by 1 percent of the rates in effect on January 31, 2013. Final reimbursement shall be at 66.46 percent of allowable cost through the cost settlement process.

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 Service Financing, LR 35:1900 (September 2009), amended LR 36:1250 (June 2010), LR 36:2043 (September 2010), LR 37:3267 (November 2011), LR 40:

§6119. Children's Specialty Hospitals

A. - E. …

F. Effective for dates of service on or after February 1, 2013, the reimbursement fees paid to children's specialty hospitals for outpatient hospital services other than rehabilitation services and outpatient hospital facility fees shall be reduced by 1 percent of the rates in effect on January 31, 2013. Final reimbursement shall be 82.13 percent of allowable cost as calculated through the cost report settlement process.

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 36:2044 (September 2010), amended LR 37:3267 (November 2011), LR 40:

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
Secretary

1401#056

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Outpatient Hospital Services
Public-Private Partnerships
South Louisiana Area (LAC 50:V.6703)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:V.6703 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). The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient services provided by non-state owned major teaching hospitals participating in public-private partnerships which assume the provision of services that were previously delivered and terminated or reduced by a state owned and operated facility (*Louisiana Register*, Volume 39, Number 4). The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for outpatient services provided by non-state owned hospitals participating in public-private partnerships to establish payments for hospitals located in the Lafayette and New Orleans areas (*Louisiana Register*, Volume 39, Number 7).

The department promulgated an Emergency Rule which amended the provisions of the June 24, 2013 Emergency Rule to remove the New Orleans area hospital which was erroneously included in these provisions (*Louisiana Register*, Volume 39, Number 10). This Emergency Rule is being promulgated to continue the provisions of the October 20, 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 February 18, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the reimbursement methodology 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

§6703. Reimbursement Methodology

A. - B.5. Reserved.

C. Baton Rouge Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals shall enter into a cooperative endeavor agreement with a non-state owned and operated hospital to increase its provision of outpatient Medicaid hospital services by providing services that were previously delivered and terminated by the state-owned and operated facility in Baton Rouge.

2. A quarterly supplemental payment may be made to this qualifying hospital for outpatient services based on dates of service on or after April 15, 2013. Payments may be made quarterly based on the annual upper payment limit calculation per state fiscal year. Maximum payments shall not exceed the upper payment limit per 42 CFR 447.321.

D. Lafayette Area Cooperative Endeavor Agreement

1. The Department of Health and Hospitals shall enter into a cooperative endeavor agreement with a non-state owned and operated hospital to increase its provision of outpatient Medicaid hospital services by assuming the management and operation of services at a facility in Lafayette where such services were previously provided by a state owned and operated facility.

2. Effective for dates of service on or after June 24, 2013, a quarterly supplemental payment may be made to this qualifying hospital for outpatient services. Payments may be made quarterly based on the annual upper payment limit calculation per state fiscal year. Maximum payments shall not exceed the upper payment limit per 42 CFR 447.321.

E. - E.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 40:

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
Secretary

1401#057

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Pregnant Women Extended Services
Dental Services
Program Termination
(LAC 50:XV.Chapter 161)

The Department of Health and Hospitals, Bureau of Health Services Financing repeals LAC 50:XV.Chapter 161 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 Act 13 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 dental services to reduce the reimbursement rates for services rendered to Medicaid-eligible pregnant women (*Louisiana Register*, Volume 37, 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 dental services rendered to Medicaid eligible pregnant women 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 an Emergency Rule which repealed the provisions governing dental services rendered to Medicaid eligible pregnant women in order to terminate these services (*Louisiana Register*, Volume 39, Number 1). Dental services provided in the Pregnant Women Extended Services Program were an optional covered service under the Medicaid state plan. This Emergency Rule is being promulgated to continue the provisions of the February 1, 2013 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective January 30, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing repeals the provisions governing dental services rendered to Medicaid-eligible pregnant women in order to terminate the program.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 13. Pregnant Women Extended Services
Chapter 161. Dental Services

§16101. Recipient Qualifications

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 30:434 (March 2004), amended LR 30:2834 (December 2004), repealed LR 40:

§16103. Provider Responsibilities

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 30:434 (March 2004), repealed LR 40:

§16105. Covered Services

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 30:434 (March 2004), amended LR 34:442 (March 2008), LR 34:1419 (July 2008), amended by the Department of Health and Hospitals, Bureau or Health Services Financing, LR 35:1902 (September 2009), repealed LR 40:

§16107. Reimbursement

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 30:434 (March 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1902 (September 2009), LR 36:2044 (September 2010), LR 37:3270 (November 2011), repealed LR 40:

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
Secretary

1401#058

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 February 18, 2014 the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions 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 40:

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 40:

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
Secretary

1401#059

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 February 18, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions 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), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

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
Secretary

1401#060

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 February 18, 2014, 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 40:

§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 40:

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
Secretary

1401#061

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Rehabilitation Clinics
Termination of Coverage for Recipients 21 and Older
(LAC 50:XI.103 and 301)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XIII.103 and §301 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 Act 13 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, Office of the Secretary, Bureau of Health Services Financing repromulgated the provisions governing the covered services

and reimbursement paid to rehabilitation clinics in a codified format for inclusion in the *Louisiana Administrative Code* (*Louisiana Register*, Volume 30, Number 5).

Due to 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 rehabilitation clinics in order to terminate the coverage and Medicaid reimbursement of services rendered to recipients 21 years of age and older (*Louisiana Register*, Volume 39, Number 1). This Emergency Rule is being promulgated to continue the provisions of the February 1, 2013 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective January 30, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing rehabilitation clinic services rendered to recipients 21 years of age and older in order to terminate coverage of these services.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XI. Clinic Services
Subpart 1. Rehabilitation Clinics
Chapter 1. General Provisions
§103. Services

A. …

B. Effective for dates of service on or after February 1, 2013, the department terminates the coverage of all rehabilitation services to recipients 21 years of age and older.

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 Human Resources, Office of Family Security, LR 9:13 (January 1983), repromulgated for inclusion in LAC, LR 30:1021 (May 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

Chapter 3. Reimbursement
§301. Rehabilitation (Ages 3 and Older)

A. - B. …

C. Effective for dates of service on or after February 1, 2013, reimbursement shall not be made for services rendered to recipients 21 years of age and older.

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 22:109 (February 1996), amended LR 23:731 (June 1997), repromulgated for inclusion in LAC, LR 30:1021 (May 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

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
Secretary

1401#062

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

State Children's Health Insurance Program
Coverage of Prenatal Care Services
(LAC 50:III.20301 and 20303)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:III.20301 and 20303 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to title XXI of the Social Security Act. This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services promulgated a Rule which adopted provisions to expand coverage to children under title XXI of the Social Security Act by implementing a stand-alone State Children's Health Insurance Program (SCHIP) to provide coverage of prenatal care services to low-income, non-citizen women and to clarify the service limits and prior authorization criteria for SCHIP prenatal care services *(Louisiana Register*, Volume 35, Number 1).

The Department of Health and Hospitals, Bureau of Health Services Financing has now determined it is necessary to amend the provisions of the January 20, 2009 Rule in order to include Medicaid coverage for unborn children of all citizen and non-citizen pregnant women with income between 133 percent and 209 percent of the federal poverty level (FPL). This action is being taken to increase recipient access to prenatal care services that will promote better health outcomes for babies. It is estimated that the implementation of this Emergency Rule will increase expenditures in the SCHIP Program by approximately $11,549,566 for fiscal year 2014.

Effective December 31, 2013 the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing the State Children's Health Insurance Program coverage of prenatal care services.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part III. Eligibility
Subpart 11. State Children's Health Insurance Program
Chapter 203. Prenatal Care Services
§20301. General Provisions

A. …

B. Effective December 31, 2013, coverage of SCHIP prenatal care services shall be expanded to include citizen pregnant women with income between 138 percent and 214 percent of the FPL.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XXI 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 35:72 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

§20303. Eligibility Criteria

A. - B. …

C. Recipients must have family income at or below 200 percent of the FPL.

1. Effective December 31, 2013 recipients must have family income at or below 214 percent of the FPL.

D. - E. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XXI 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 35:72 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

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
Secretary

1401#004

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Targeted Case Management
HIV Coverage Termination
(LAC 50:XV.10505, 10701 and Chapter 119)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XV.10505, §10701 and repeals Chapter 119 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 Act 13 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 and the Office of Public Health (OPH) amended the provisions governing the reimbursement of targeted case management (TCM) services rendered by the Office of Public Health in the Nurse Family Partnership Program in order to establish Medicaid payment of uncompensated care costs for services rendered by OPH to Medicaid eligible recipients (*Louisiana Register*, Volume 39, Number 1).

Due to 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 targeted case management in order to terminate the coverage and Medicaid reimbursement of TCM services rendered to HIV disabled individuals (*Louisiana Register*, Volume 39, Number 1). This Emergency Rule is being promulgated to continue the provisions of the February 1, 2013 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective January 30, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing targeted case management in order to terminate the coverage of services rendered to HIV disabled individuals.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 7. Targeted Case Management

Chapter 105. Provider Participation

§10505. Staff Education and Experience

A. - D.2. …

E. Case Manager Trainee

1. The case management agency must obtain prior approval from the bureau before a case management trainee can be hired. The maximum allowable caseload for a case manager trainee is 20 recipients. The case management trainee position may be utilized to provide services to the following target populations:

a. …

b. new opportunities waiver;

c. elderly and disabled adult waiver;

d. targeted EPSDT; and

e. children's choice waiver.

f. Repealed.

2. - 2.e. …

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1038 (May 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1608 (September 2006), amended LR 34:663 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

Chapter 107. Reimbursement

§10701. Reimbursement

A. - H.3.a. …

I. Effective for dates of service on or after February 1, 2013, reimbursement shall not be made for case management services rendered to HIV disabled individuals.

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), LR 31:2032 (August 2005), LR 35:73 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1903 (September 2009), LR 36:1783 (August 2010), LR 40:

Chapter 119. HIV Disabled

§11901. Introduction

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 30:1043 (May 2004), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

§11903. Recipient Requirements

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 30:1043 (May 2004), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

§11905. Provider Requirements

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 30:1043 (May 2004), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

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
Secretary

1401#063

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Services Financing

Targeted Case Management
Nurse Family Partnership
Program Termination
(LAC 50:XV.10505, 10701 and Chapter 111)

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:XV.10505, §10701 and repeals Chapter 111 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 Act 13 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 and the Office of Public Health (OPH) amended the provisions governing the reimbursement of targeted case management (TCM) services rendered by the Office of Public Health in the Nurse Family Partnership Program in order to establish Medicaid payment of uncompensated care costs for services rendered by OPH to Medicaid eligible recipients (*Louisiana Register*, Volume 39, Number 1).

Due to 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 targeted case management in order to terminate the Nurse Family Partnership Program and Medicaid reimbursement of TCM services to first-time mothers (*Louisiana Register*, Volume 39, Number 1). This Emergency Rule is being promulgated to continue the provisions of the February 1, 2013 Emergency Rule. This action is being taken to avoid a budget deficit in the medical assistance programs.

Effective January 30, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing targeted case management in order to terminate the Nurse Family Partnership Program.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 7. Targeted Case Management

Chapter 105. Provider Participation

§10505. Staff Education and Experience

A. …

B. Case Managers. All case managers must meet one of the following minimum education and experience qualifications:

1. - 3.a. …

b. Repealed.

4. …

C. Case Management Supervisors. All case management supervisors must meet one of the following education and experience requirements:

C.1. - E.2.e. …

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1038 (May 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1608 (September 2006), amended LR 34:663 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

Chapter 107. Reimbursement

§10701. Reimbursement

A. - I. …

J. Effective for dates of service on or after February 1, 2013, the department shall terminate the Nurse Family

Partnership Program and Medicaid reimbursement of targeted case management services to first-time mothers.

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), 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 40:

Chapter 111. Nurse Family Partnership Program

§11101. Introduction

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 Community Supports and Services, LR 30:1041 (May 2004), amended LR 31:2028 (August 2005), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:1036 (June 2008), LR 36:1783 (August 2010), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

§11103. Recipient Qualifications

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 Community Supports and Services, LR 30:1041 (May 2004), amended LR 31:2028 (August 2005), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:1037 (June 2008), LR 36:1783 (August 2010), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

§11105. Staff Qualifications

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 26:2796 (December 2000), repromulgated for inclusion in LAC, LR 30:1042 (May 2004), amended LR 31:2028 (August 2005), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

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
Secretary

1401#064

DECLARATION OF EMERGENCY

Department of Health and Hospitals
Office for Citizens with Developmental Disabilities

Infant Intervention Services—System of Payment
(LAC 48:IX.334)

The Department of Health and Hospitals, Office for Citizens with Developmental Disabilities (OCDD) adopts LAC Title 48:IX.334 as directed by House Bill 1 of the 2013 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.

Act 417 of the 2013 Regular Session of the Louisiana Legislature provides for authority for the department to establish a statewide system of payments; to make provisions relative to payment for services; to allow for uses of funds for provision of certain services; and provides for authority to establish a schedule of fees for services provided to certain recipients in EarlySteps, Louisiana's Early Intervention Program for Infants and Toddlers with Disabilities and their Families.

Due to a budgetary shortfall in state fiscal year 2014, the Department of Health and Hospitals promulgated an Emergency Rule which amended the provisions governing the payment for some EarlySteps services (*Louisiana Register*, Volume 39, Number 9). This Emergency Rule is being promulgated to continue the provisions of the October 1, 2013 Emergency Rule. It is estimated that implementation of this Emergency Rule will increase revenue by approximately $1,200,000 for state fiscal year 2013-2014. This action is being taken to avoid a budget deficit in the Office for Citizens with Developmental Disabilities.

Effective February 1, 2014, the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities establishes a system of payments for some services provided through the EarlySteps Program.

Title 48

PUBLIC HEALTH—GENERAL

Part IX. Developmental Disabilities Services

Chapter 3. Infant Intervention Services

§334. System of payments

A. The department shall have the authority to establish a statewide system of payments in accordance with 34 CFR Part 303.

B. In implementing the system of payments:

1. the department establishes a schedule of monthly cost participation for early intervention services per qualifying family. Cost participation shall be based on a sliding scale;

2. application of the family's cost share using the sliding scale will include the family's adjusted gross income, family size, financial hardship, extraordinary expenses associated with the eligible child, and Medicaid eligibility;

a. extraordinary expenses may include but are not limited to unreimbursed medical expenses, equipment, home modifications, or other costs associated with the child with a disability;

b. extraordinary expenses must have been incurred during the calendar year that the family's cost share for individualized family services plan (IFSP) services is applied;

c. the family will be required to produce invoices, receipts, or other documents which establish the costs and payment for these expenses;

d. the family may request a reassessment of their costs based on extraordinary expenses at any time if there are significant changes affecting the determination of the cost participation amount. The request will be in writing and submitted to the service coordinator;

e. the request for reassessment will be considered by the designated EarlySteps office for a determination of the family's request. The family and the service coordinator will receive the department's written response;

3. the sliding scale shall utilize the most recent federal poverty guidelines issued in the *Federal Register* by the United States Department of Health and Human Services as the basis for determining the income threshold based on family size for eligibility for cost participation;

4. the department shall not assess any fee or other charge through the cost participation schedule upon a family which has an annual income of less than 300 percent of the federal poverty level;

5. the department shall not assess fees or other charges through the cost participation schedule which totals more than three percent of the monthly income level for a family of four, according to the federal poverty guideline schedule which will be updated annually;

6. once the family's income has been verified with the required documentation and the IFSP services have been determined by the IFSP team, the following will occur:

a. the system point of entry office will issue the cost participation statement to notify the family of their assessed costs which will be reviewed with the family and a copy provided;

b. following the submission of service claims by the child's provider, the central finance office (CFO) will mail a monthly explanation of payment statement (EOP) to the family for payment. The EOP will include a notice of the family's right for reconsideration of their financial status and their right to apply for exemption from cost participation due to financial hardship;

c. families will remit reimbursement to the CFO at the address provided in the EOP;

7. when a family is not complying with the cost participation requirements and procedures for suspending services, the following will occur related to the status of the child's services:

a. a notice will be issued to the family, to the service coordinator and to the designated EarlySteps office;

b. the CFO will notify the department when the family is in arrears for a duration of three months at which time the service coordinator will discuss the family's options with the family and assist the department with its determination of the status of the child's IFSP services;

c. if the family provides its consent, a copy of the notice that the family is in arrears with payment for three months will be sent to the representative and senator in whose district the family resides;

d. the department will make a written determination regarding the status of the child's IFSP services following review of information provided by the service coordinator and the family. Families will be offered the option to continue to receive services available at no cost if they choose according to the no-cost provisions which follow;

e. the department shall not limit early intervention services for a child in any month if the cost for the services in that month exceeds the maximum contribution from the child's family.

C. Parents who have public insurance (Medicaid) and elect not to assign such right of recovery or indemnification to the department or choose not to release financial information will be assessed the cost for each early intervention service listed on the IFSP according to the most current service rate schedule and the cost participation schedule.

D. No-Cost Provision. The following services that a child is otherwise entitled to receive will have no costs assessed to the parents:

1. child find activities;

2. evaluation and assessment for eligibility and ifsp planning;

3. service coordination, administrative and coordinative activities related to the development review, and evaluation of the IFSP; and

4. Implementation of procedural safeguards and other components of the statewide system related to §464 of Act 417.

E. The department will provide written, prior notification to families for use of Medicaid according to the requirements of 34 CFR 303.414. This notice includes a statement that there are no costs charged by the department for use of the eligible child's Medicaid. The notification also includes a statement of the process for resolutions of disputes regarding decisions related to use of Medicaid, failure to pay for services and/or the state's determination of a family's ability to pay.

F. Dispute Resolution Process

1. The procedures used by the department to resolve such disputes will not delay or deny the parents' rights or the child's ability to access timely services.

2. The dispute resolution process can be initiated by the parent according to OCDD's policy for handling system complaints when the parent wishes to contest the imposition of a fee or the department's determination of the parents' ability to pay.

G. Parental Consent. The department will obtain parental consent prior to the use of the child's Medicaid according to the following.

1. EarlySteps will obtain written consent for the use of the child's Medicaid using its established consent for services form.

2. Parental consent will be obtained prior to the initial provision of an early intervention service in the IFSP.

3. Parental consent will be obtained when an increase in frequency, length, duration, or intensity of a service is determined in the child's IFSP.

4. If the parent does not provide consent for the use of the child's Medicaid, the department will make available only those early intervention services on the IFSP for which the parent has provided consent.

5. Parents may withdraw consent for use of their child's Medicaid at any time.

H. Determination of Family Cost. Families are liable for the costs of services that their child receives while enrolled in EarlySteps as follows.

1. The aggregate contributions made by the parent shall not exceed the aggregate cost of the early intervention services received by the child and family (factoring in any amount received from other sources for payment for that service).

2. At least annually, or at any time the department determines that a reassessment of the parent's financial circumstances is warranted, the department shall conduct such reassessment of financial status.

3. The parent has the right to request a reassessment at any time if there are significant changes affecting the determination of the cost participation amount.

4. Families who have the ability to pay and choose not to pay may be determined as ineligible to continue to receive services until payment is made.

5. The inability of the family of the eligible infant or toddler will not result in a delay or denial of services if the family does not meet the cost participation income requirements or for services for which there are no costs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:821 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 40:

Interested persons may submit written comments to Mark A. Thomas, Office for Citizens with Developmental Disabilities, P.O. Box 3117, Baton Rouge, LA 70821-3117. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at OCDD state office and human services authorities/districts.

Kathy H. Kliebert
Secretary

1401#081

DECLARATION OF EMERGENCY

Department of Public Safety and Correction
Office of Motor Vehicles

Public Tag Agents (LAC 55:III.1575)

In accordance with the provisions of R.S. 47:532.1, relative to the authority of the Office of Motor Vehicles regarding Public Tag Agents, and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Office of Motor Vehicles finds that an imminent peril to the public safety and welfare, requires adoption of a Rule upon shorter notice than that provided in R.S. 49:953(A), as provided in R.S. 49:953(B)(1)(a), as the vendor for the Office of Motor Vehicles is preparing to rollout the new credential issuance turnkey solution for driver's licenses, identification cards, and handicap hang tag identifications on January 17, 2014, and as several public tag agent have already contacted the agency's vendor to acquire the new camera stations so they can begin credential issuance as soon as the rollout is completed in December 2013 or January 2014, and as the proposed permanent Rule for additional qualifications for public tag agent to be eligible to do credential issuance cannot be adopted until February 20, 2014 at the earliest, it is necessary to adopt this Emergency Rule to have these additional requirements in place until the corresponding permanent rules can be adopted. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and is adopted on the date signed by the Undersecretary for the department, and shall take effect January 13, 2014, and be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

Title 55
PUBLIC SAFETY
Part III. Motor Vehicles
Chapter 15. Services Provided by Persons and Business Entities
Subchapter B. Public Tag Agents
§1575. Driver's License Issuance

A. A public tag agent may contract with the department to administer the necessary tests and issue or renew identification cards, handicap hang tag identification cards, and driver's licenses. The written knowledge test and the driving or skills test shall be administered in accordance with the provisions of LAC 55:III.Chapter 1, Subchapter C.

B. The public tag agent's third party examiner shall utilize only department approved visual screening equipment. In lieu thereof, each examiner may opt to utilize the standard Snellen wall-chart for visual acuity. The visual acuity testing shall be administered in manner approved by the department

C. A public tag agent shall develop controls to secure the materials and equipment necessary to issue driver's licenses. Such controls shall be submitted in writing to the

department. A public tag agent shall not issue any driver's licenses until the controls required by this Section have been approved by the department in writing. Once approved, the controls shall be implemented as written. Any changes to the control approved by the department shall be approved in writing prior to implementation.

D. The department shall designate the types of driver's license and identification card transactions a public tag agent may perform, such as renewals and duplicates. Such designation shall be at the sole discretion of the department. identification cards include the photographic identification issued with a handicap hangtag.

E. Qualifications for Issuance of Driver's Licenses and Identification Cards. In addition to the qualification requirements contained in statute and this Chapter, a public tag agent shall meet these additional requirements in order to be approved to perform driver's license and identification card transaction designated by the department;

1. Insurance. The insurance policy shall provide coverage and a defense for the state of Louisiana and the Department of Public Safety and Corrections, as well as the employees of the state and the department.

a. A policy for professional liability/errors and omissions with minimum coverage of $1,000,000.

b. A policy for general liability with minimum coverage of $1,000,000.

2. A security system installed by a company licensed and approved by the Office of State Fire Marshal. This system shall be monitored 24 hours a day by a monitoring company.

3. A video surveillance system which at a minimum monitors all entrances, the driver's license camera station, and the secure supply room. Such system shall be installed by a company licensed and approved by the Office of State Fire Marshal. The video images shall be retained by the system for a minimum of 30 days with the ability to save the video indefinitely if so requested by the department.

F. Camera Station

1. The public tag agent shall purchase the camera station from the current vendor providing the credential issuance solution for the department. The public tag agent shall receive prior approval from the department before purchasing the camera station.

2. A public tag agent may only dispose of a camera station in a manner approved by the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:532.1.

HISTORICAL NOTE; Promulgated by the Department of Public Safety and Corrections, Office of Motor Vehicles, LR 27:1927 (November 2001), amended LR 40:

Jill P. Boudreaux
Undersecretary

1401#079

DECLARATION OF EMERGENCY

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Shrimp Season Closures

In accordance with the emergency provisions of R.S. 49:953 of the Administrative Procedure Act which allows the Wildlife and Fisheries Commission to use emergency procedures to set shrimp seasons and R.S. 56:497 which allows the Wildlife and Fisheries Commission to delegate to the secretary of the department the powers, duties and authority to set shrimp seasons, and in accordance with a Declaration of Emergency adopted by the Wildlife and Fisheries Commission on August 1, 2013 which authorized the secretary of the Department of Wildlife and Fisheries to close the fall shrimp season when biological and technical data indicate the need to do so or if enforcement problems develop; and in accordance with a Declaration of Emergency adopted by the Wildlife and Fisheries Commission on December 5, 2013 which authorizes the secretary of the Department of Wildlife and Fisheries to close all or parts of state outside waters where significant numbers of small, sublegal size white shrimp are found in biological samples conducted by the department; and to reopen any area closed to shrimping when the closure is no longer necessary and following notification to the chairman of the Wildlife and Fisheries Commission; the secretary of the Department of Wildlife and Fisheries does hereby declare:

The 2013 fall inshore shrimp season will close on January 13, 2014 at official sunset in that portion of state inside waters east of the Mississippi River from the Louisiana/Mississippi state line southward to the eastern shore of South Pass of the Mississippi River except for the open waters of Breton and Chandeleur Sounds as described in R.S. 56:495.1(A)2.

Also, that portion of state outside waters extending a distance of 3 nautical miles seaward of the inside/outside shrimp line as described in R.S. 56:495(A) from the northwest shore of Caillou Boca at -90 degrees 50 minutes 27 seconds west longitude westward to the Atchafalaya river ship channel at Eugene Island as delineated by the channel red buoy line, shall close to shrimping effective at official sunset, January 13, 2014.

R.S. 56:498 provides that the possession count on saltwater white shrimp for each cargo lot shall average no more than 100 (whole specimens) count per pound except during the time period from October 15 through the third Monday in December. Recent biological sampling conducted by the Department of Wildlife and Fisheries has indicated that average white shrimp size within the waters to be closed is smaller than the minimum possession count and this action is being taken to protect these small white shrimp and provide opportunity to grow to larger and more valuable sizes.

Robert J. Barham
Secretary

1401#046

Rules

RULE

Department of Children and Family Services
Economic Stability Section

Child Care Quality Rating System (LAC 67:III.5124)

In accordance with the provisions of the Administrative Procedure Act R.S. 49:953(A), the Department of Children and Family Services (DCFS) has adopted LAC 67:III, Subpart 12, Child Care Assistance Program, Chapter 51, Child Care Assistance Program, Subchapter C, Child Care Quality Rating System, Section 5124, Child Care Quality Rating System Administration. Adoption is pursuant to the authority granted to the department by the Child Care and Development Fund (CCDF) in 45 CFR 98.11.

Section 5124, Child Care Quality Rating System Administration, has been adopted to define the governmental agency contracted to administer the child care quality rating system.

The department considers these amendments necessary to adopt rules governing administration of the child care quality rating system.

Title 67
SOCIAL SERVICES
Part III. Economic Stability and Self-Sufficiency
Subpart 12. Child Care Assistance Program
Chapter 51. Child Care Assistance Program
Subchapter C. Child Care Quality Rating System
§5124. Child Care Quality Rating System Administration

A. The Department of Children and Family Services shall enter into contract with the Louisiana Department of Education to administer the Child Care Quality Rating System which will assess, improve, and communicate the level of quality in early care and education settings.

AUTHORITY NOTE: Promulgated in accordance with 45 CFR Part 98 and R.S. 36:474.

HISTORICAL NOTE: Promulgated by the Department of Children and Family Services, Economic Stability Section, LR 40:49 (January 2014).

Suzy Sonnier
Secretary

1401#029

RULE

Department of Economic Development
Office of Business Development

Research and Development Tax Credit Program
(LAC 13:I.Chapter 29)

Under the authority of R.S. 47:6015 and R.S. 36:104, and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Economic Development has amended LAC 13:I.2901 et seq., relative to the administration of the research and development tax credit program.

The purpose of this regulation is to explain the procedure employed for the administration of the research and development tax credit program under R.S. 47:6015 as enacted by Act 257 of the 2013 Regular Session of the Legislature. The regulation discusses definitions for the terms professional services firms and custom manufacturing and custom fabricating, discusses what documentation is required for submission to LED for credits, and LED examination criteria.

Title 13
ECONOMIC DEVELOPMENT
Part I. Financial Incentive Programs
Chapter 29. Research and Development Tax Credit
§2901. Purpose and Application

A. The purpose of this Chapter is to implement the Research and Development Tax Credit Program as established by R.S. 47:6015.

B. This Chapter shall be administered to achieve the following purposes:

1. encourage the development, growth, and expansion of the private sector within the state; and

2. encourage new and continuing efforts to conduct research and development activities within this state.

C. This Chapter shall apply to any person claiming a credit under this program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:6015.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development Services, Business Resources Division, LR 30:977 (May 2004), amended by the Office of Business Development, LR 36:1768 (August 2010), amended by the Office of the Secretary, LR 38:350 (February 2012), amended by the Office of Business Development, LR 40:49 (January 2014).

§2903. Definitions

A. Terms not otherwise defined in this Chapter shall have the same meaning given to them in R.S. 51:2353 unless the context clearly requires otherwise.

B. In this Chapter, the following terms shall have the meaning provided in this Section, unless the context clearly requires otherwise.

Affiliate—a company that shares more than 50 percent common ownership or other means of control with respect to another company.

Base Amount—70 percent of the average annual qualified research expenditures within Louisiana during the three preceding taxable years.

Business Component—any product, process, computer software, technique, formula, or invention which is to be held for sale, lease, license, or used in a trade or business of the taxpayer.

Credit Certification—a certification by DED of the amount of the research and development tax credit earned by a person for a particular tax year.

Custom Fabricator or *Custom Manufacturer*—companies that assemble, fabricate, or manufacturer parts,

equipment, assemblies, vessels, software or other products ("specified item") in response to specific design criteria and delivery schedule provided by the customer/client.

a. The typical business model acquisition process utilized by custom fabricators and/or manufacturers is as follows:

i. the customer/client providing the custom fabricator and/or manufacturer with the detail specific design criteria for the specified item in a document generally referred to as a "request for proposal;"

ii. after review and analysis, the custom fabricator and/or manufacturer submits a "proposal" to the customer/client in which they commit to a specific price and delivery schedule to assemble, fabricate, or manufacturer the specified item requested by the customer/client in their request for proposal;

iii. if the proposal is acceptable, the customer/client will generally issue a "purchase order" commitment document to the custom fabricator and/or manufacturer agreeing to the terms of their proposal, and authorizing the custom fabricator or manufacturer to begin work per their proposal; and

iv. although the custom fabricator or manufacturer generally commits to a fixed price to produce the requested item, they have effectively negated most, if not all, material or unusual commercial transaction risks by their ability to analyze the required design criteria before committing to a specific price and delivery schedule within their proposal.

LED—Louisiana Department of Economic Development.

Person—any natural *person* or legal entity including an individual, corporation, partnership, or limited liability company.

Personal Services Firm—a firm who is primarily engaged in work which requires specialized education, knowledge, labor, judgment, is predominantly mental or intellectual in nature and which may require the holding of a professional license. These types of firms engage in activities which include, but are not limited to, architecture, engineering, legal services and accounting.

Qualified Research Expenses in the State—expenses that are *qualified research expenses* under 26 U.S.C §41(b) and meet the following requirements:

a. wages described in 26 U.S.C. §41(b)(2)(A)(i) shall be paid to individuals who are residents of Louisiana and perform their services in Louisiana;

b. supplies described in 26 U.S.C. §41(b)(2)(A)(ii) shall be consumed in Louisiana;

c. expenses for the right to use computers as described in 26 U.S.C. §41(b)(2)(A)(iii) shall be for the use of computers located in Louisiana; and

d. contract research expenses as described in 26 U.S.C. §41(b)(3) shall be for services performed in Louisiana;

e. 26 U.S.C. §41 also excludes expenditures associated with certain activities from the definition of qualified research. These activities include:

i. research conducted after the beginning of commercial production;

ii. activities related to the adaptation of an existing business component to a particular customer's requirements or needs;

iii. activities related to the reproduction, in whole or in part, of an existing business component from a physical examination of the business component, plans, blueprints, detailed specifications or publically available information with respect to such component;

iv. activities related to management functions or techniques, efficiency surveys, market research, testing or development, routine data collection or routine testing or inspections for quality controls;

v. research conducted using the social sciences including economics and business management, as well as behavioral sciences, arts and humanities; and

vi. research funded by a contract, grant, or otherwise by another person or governmental entity.

Research and Development Tax Credits—credits against Louisiana income or corporation franchise taxes that are earned by a person pursuant to the provisions of the Research and Development Tax Credit Program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:6015.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development Services, Business Resources Division, LR 30:977 (May 2004), amended by Office of the Secretary, LR 38:351 (February 2012), amended by the Office of Business Development, LR 40:49 (January 2014).

§2904. Type, Amount and Duration of Credit

A. Type. Any taxpayer meeting the following criteria shall be allowed a refundable tax credit to be applied against income and corporation franchise taxes due:

1. employs 50 or more persons (including affiliates) and claims for the taxable year a federal income tax credit under 26 U.S.C. §41(a) for increasing research activities;

2. employs less than 50 persons (including affiliates), and incurs qualified research expenses for the taxable year, as defined in 26 U.S.C. §41(b); and

3. receives a small business innovation research grant, as defined in R.S. 47:6015(D).

B. Amount. The amount of the credit authorized shall be equal to:

1. 8 percent of the difference between the Louisiana qualified research expenses for the taxable year minus the base amount, if the applicant is an entity that employs 100 or more persons (including affiliates); or

2. 20 percent of the difference, between the Louisiana qualified research expenses for the taxable year minus the base amount, if the applicant is an entity that employs 50 to 99 persons (including affiliates); or

3. 40 percent of the state's apportioned share of the taxpayer's qualified research expenses conducted in the state if the applicant is an entity that employs fewer than 50 persons (including affiliates); or

4. 40 percent of the small business innovation research grant award received during the tax year.

C. Duration. No credit shall be allowed for research expenditures incurred or small business innovation research grant funds received after December 31, 2019.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:6015.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development, LR 36:1768 (August 2010), amended by Office of the Secretary, LR 38:351 (February 2012), amended by the Office of Business Development, LR 40:50 (January 2014).

§2905. Certification of Amount of Credit

A. Prior to claiming a research and development tax credit on any tax return or selling any research and development tax credit, a person must apply for and obtain a credit certification from LED.

B. The application for a credit certification shall be submitted on a form provided by the LED and shall include, but not be limited to the following information:

1. an application fee of $250, payable to Louisiana Department of Economic Development;

2. appropriate supporting documentation:

a. for taxpayers employing 50 or more residents, a federal income tax return and evidence of the amount of federal research credit for the same taxable year;

b. for taxpayers employing up to 50 residents:

i. either:

(a). a federal income tax return and evidence of the amount of federal research credit for the same taxable year; or

(b). a report by a certified public accountant ("CPA") authorized to practice in Louisiana which comports with the agreed-upon accounting procedures established by LED; and

ii. evidence of the amount of qualified research expenses for the same taxable year;

c. for taxpayers claiming credits based upon the federal small business innovation research grant, evidence of the amount of such grant;

d. the LED may also require documentation, including but not limited to the following, as proof of an expenditure prior to certification:

i. wages:

(a). copy of W-2 for each employee who participates in qualifying research and development activities;

(b). percentage of each employee's salary that is dedicated to qualifying research and development activities; and

(c). Louisiana Workforce Commission quarterly report of wages paid for the company for the third and fourth quarter of the tax year in question;

ii. supplies:

(a). invoices with date of purchase included;

iii. contracted research:

(a). invoices with applicable dates or periods of work; and

(b). contracts for the research to be performed;

e. in order for any research and development project to qualify, the requesting company must identify:

i. the business component that was developed or improved;

ii the uncertainty that existed in the capability, method or design related to such business component;

iii. how the research was technological in nature; and

iv. the process of experimentation undertaken;

3. the total amount of qualified research expenses and the qualified research expenses in this state;

4. the total number of Louisiana residents employed by the taxpayer and the number of those Louisiana residents directly engaged in research and development;

5. the average wages of the Louisiana resident employees not directly engaged in research and development and the average wages of the Louisiana resident employees directly engaged in research and development;

6. the average value of benefits received by all Louisiana resident employees;

7. the cost of health insurance coverage offered to all Louisiana resident employees;

8. any other information required by LED.

C. LED shall review the application and issue a credit certification in the amount determined to be eligible and provide a copy to the Department of Revenue. The credit certification and the amount of such certification shall be considered preliminary and shall be subject in all respects to audit by the Louisiana Department of Revenue.

D. In order for credits to be awarded, a taxpayer must claim the expenditures within one year after December 31 of the year in which the expenditure was incurred. For example, company "A" buys a piece of equipment that would qualify for the research and development tax credit on May 15, 2011. In order for company "A" to receive a credit on that expenditure, the application for credit on that expense must be received by December 31, 2012.

E. Each year LED shall perform a detailed examination of at least 10 percent of all applications received prior to the issuance of credits on such applications.

1. LED shall select applications for examination based on one or more of the following:

a. a random sampling;

b. applicant's business sector; and

c. other selection criteria as determined by LED.

2. Upon notice that their application has been selected for examination, the applicant shall provide all supporting documentation requested by LED to show the amount of qualified expenses for such taxable year.

3. The applicant bears the burden of proving that its activities meet the definition of qualified research under 26 U.S.C. §41(d).

4. LED still retains the right to examine a taxpayer's application after the issuance of credits and any credits disallowed following such examination shall be subject to recovery, recapture or offset.

F. If LED reviews a submission and determines that an applicant is not eligible for tax credits for a tax year, the company shall have six months from the date of disallowance to resubmit additional documentation for reconsideration. LED will not consider any additional documentation after this six month period.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:6015.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development Services, Business Resources Division, LR 30:977 (May 2004), amended by the Office of Business Development, LR 36:1768 (August 2010), LR 40:51 (January 2014).

§2911. Recapture of Credits

A. An application for credit certification shall constitute:

1. a consent by the taxpayer that credits granted under this Section, but later disallowed in whole or in part, may be recovered by the secretary of the Department of Revenue from the taxpayer applicant through any collection remedy authorized by the provisions of R.S. 47:6015(G); and

2. a consent by the taxpayer that the Department of Revenue may disclose to LED, any tax information of the taxpayer related to the earning of, or use of research and development tax credits by the taxpayer or any other information required by LED for the effective administration of this program, provided that such tax information, shall remain confidential in the possession of LED.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:6015.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development Services, Business Resources Division, LR 30:978 (May 2004), amended by Office of the Secretary, LR 38:352 (February 2012), amended by the Office of Business Development, LR 40:52 (January 2014).

§2913. Ineligible Businesses

A. For tax years beginning on or after January 1, 2013, the following types of businesses will be ineligible to participate in the program, unless specifically invited by the secretary of LED to:

1. professional services firms that do not have a pending or issued United States patent related to the qualified research expenditures claimed; and

2. businesses primarily engaged in custom manufacturing and custom fabricating that do not have a pending or issued United States patent related to the qualified research expenditures claimed.

B. Only expenditures directly related to the business component for which a professional services firm or business primarily engaged in custom manufacturing or custom fabricating has a pending or issued patent will be eligible for research and development credits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:6015.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development Services, Business Resources Division, LR 39: (October 2013), amended by the Office of Business Development, LR 40:52 (January 2014).

§2915. Agreed Upon Accounting Procedures

A. The CPA shall attest under the agreed-upon accounting procedures that the company's activities for each new or improved business component are those that would qualify for research and development credits under the *Internal Revenue Code*.

B. The CPA, CPA firm or an affiliate of the CPA or CPA firm shall not attest to the research and development agreed-upon accounting procedures if:

1. the CPA, CPA firm or affiliate of the CPA or CPA firm performed any other services outside the agreed-upon-procedures related to the underlying application for the same tax year. These activities would include all attest and non-attestation services including, but not limited to identification and quantification analysis, quantified benefits projection, application preparation, etc.; or

2. the CPA, CPA firm or an affiliate of the CPA or CPA firm has any financial interest in the issuance of credits on a company's application.

C. The agreed upon-accounting procedures shall be available to the public as follows:

1. posted on www.louisianaeconomicdevelopment.com;

2. available for viewing during regular business hours at LED offices; and

3. available upon written request from the program administer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:6015.

HISTORICAL NOTE: Promulgated by the Department of Economic Development, Office of Business Development Services, Business Resources Division, LR 39: (October 2013), amended by the Office of Business Development, LR 40:52 (January 2014).

Anne G. Villa
Undersecretary

1401#033

RULE

Student Financial Assistance Commission
Office of Student Financial Assistance

Chaffe Educational and Training Voucher
Program Eligibility (LAC 28:IV.1805)

The Louisiana Student Financial Assistance Commission (LASFAC) has amended the rules of the scholarship/grant programs (R.S. 17:3021-3025, R.S. 3041.10-3041.15, R.S. 17:3042.1.1-3042.8, R.S. 17:3048.1, and R.S. 56:797(D)(2)). (5614148R)

Title 28
EDUCATION
Part IV. Student Financial Assistance—Higher Education Scholarship and Grant Programs
Chapter 18. Chafee Educational and Training Voucher Program

§1805. Eligibility

A. To establish eligibility, a student must:

1. be ages 16 to 21, except that a student who was participating in the Chafee ETV Program at age 21 may continue to receive ETVs until he attains the age of 23; and

2. be in the foster care system, or aged out of the foster care system, or was under legal guardianship, or was in the foster care system or under legal guardianship and was adopted after age 16; and

3. be enrolled in postsecondary education; and

4. annually complete the free application for federal student aid.

B. - B.2. …

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

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 36:2548 (November 2010), amended LR 40:52 (January 2014).

George Badge Eldredge
General Counsel

1401#007

RULE

Student Financial Assistance Commission
Office of Student Financial Assistance

Scholarship/Grant Programs—2013 Legislation
(LAC 28:IV.301, 703, 1701, and 1703)

The Louisiana Student Financial Assistance Commission (LASFAC) has amended its scholarship/grant rules (R.S. 17:3021-3025, R.S. 3041.10-3041.15, R.S. 17:3042.1, R.S. 17:3048.1, R.S. 17:3048.5 and R.S. 17:3048.6). (5613147R)

Title 28
EDUCATION
Part IV. Student Financial Assistance—Higher Education Scholarship and Grant Programs
Chapter 3. Definitions
§301. Definitions

A. Words and terms not otherwise defined in this Chapter shall have the meanings ascribed to such words and terms in this Section. Where the masculine is used in these rules, it includes the feminine, and vice versa; where the singular is used, it includes the plural, and vice versa.

* * *

Dual Enrollment Course—a course for which both high school and college credit may be granted.

Gifted Course—a course developed and provided to fulfill an Individualized Education Program for a student who has been deemed to be gifted pursuant to R.S. 17:1941 et seq. as implemented in state Board of Elementary and Secondary Education policy.

TOPS Cumulative High School Grade Point Average—

a. effective for high school graduates beginning with academic year (high school) 2002-2003, the grade point average calculated by LOSFA including only the grades achieved in those courses that were used to satisfy core curriculum requirements. In the event a student has received credit for more than 16.5 hours of courses that are included in the core curriculum, the *TOPS cumulative high school grade point average* shall be calculated by using the course in each core curriculum category for which the student received the highest grade. For example, if a student has taken more than one advanced mathematics course, the cumulative grade point average shall be determined by using only the course in which the student has received the highest grade;

b. effective for high school graduates beginning with academic year (high school) 2002-2003, the grade point average for students qualifying for a performance award using a minimum ACT score of 24 and a minimum grade point average of 3.00 must include at least 10 units of honors curriculum courses (see §703.A.5.f.ii);

c. effective for high school graduates beginning with academic year (high school) 2007-2008, the grade point average shall be calculated on 17.5 hours of units of courses that are used to satisfy the core curriculum;

d. effective for high school graduates beginning with academic year (high school) 2013-2014, the grade point average shall be calculated on 19.0 hours of units of courses that are used to satisfy the core curriculum;

e. effective for high school graduates through academic year (high school) 2016-2017, for those high schools that utilize other than a 4.00 scale, all grade values shall be converted to a 4.00 scale utilizing the following formula:

$$\frac{\textit{Quality Points Awarded for the Course}}{\textit{Maximum Points Possible for the Course}} = \frac{\textit{X (Converted Quality Points)}}{\textit{4.00 (Maximum Scale)}}$$

For example, if a school awards a maximum of 5 points for honors courses, the school must use the following formula to convert an honors course grade of "C":

$$\frac{3.00}{5.00} = \frac{X}{4.00}$$

By cross multiplying,

$$5X = 12;\ X = 2.40$$

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

f. effective for high school graduates beginning with academic year (high school) 2017-2018, the TOPS cumulative grade point average will be calculated by dividing the total number of quality points earned on the courses used to complete the TOPS core curriculum by the total units earned to complete the TOPS core curriculum.

Quality points equal the credit for the course multiplied by the value assigned to the letter grade.

The quality points for courses used to complete the TOPS core curriculum, except for Advanced Placement, International Baccalaureate, Gifted and dual enrollment courses, shall be converted to a 4.00 scale utilizing the following formula:

$$\frac{\textit{Quality Points Awarded for the Course}}{\textit{Maximum Points Possible for the Course}} = \frac{\textit{X (Converted Quality Points)}}{\textit{4.00 (Maximum Scale)}}$$

The quality points for Advanced Placement, International Baccalaureate, Gifted and Dual Enrollment courses approved by the Board of Regents and the State Board of Elementary and Secondary Education used to complete the TOPS core curriculum shall be converted to a 5.00 scale utilizing the following formula:

$$\frac{\textit{Quality Points Awarded for the Course}}{\textit{Maximum Points Possible for the Course}} = \frac{\textit{X (Converted Quality Points)}}{\textit{5.00 (Maximum Scale)}}$$

Examples

1. If a school awards a maximum of 5 points for honors courses, use the following formula to convert an honors course grade of "B" to the 4.00 scale:

$$\frac{4.00}{5.00} = \frac{X}{4.00}$$

By cross multiplying,

$$5X = 16;\ X = 3.20$$

2. If a school awards a maximum of 6 points for Advanced Placement courses, use the following formula to convert an Advanced Placement course grade of "C" to the 5.00 scale:

$$\frac{3.00}{6.00} = \frac{X}{5.00}$$

By cross multiplying,

$$6X = 15;\ X = 2.50$$

3. If a school awards a maximum of 4 points for Gifted courses, use the following formula to convert an Gifted course grade of "A" to the 5.00 scale:

$$\frac{4.00}{4.00} = \frac{X}{5.00}$$

By cross multiplying,

$$4X = 20;\ X = 5.00$$

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3025, R.S. 17:3042.1 and R.S. 17:3048.1.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:632 (April 1998), amended LR 24:1898 (October 1998), LR 24:2237 (December 1998), LR 25:256 (February 1999), LR 25:654 (April 1999), LR 25:1458 and 1460 (August 1999), LR 25:1794 (October 1999), LR 26:65 (January 2000), LR 26:688 (April 2000), LR 26:1262 (June 2000), LR 26:1601 (August 2000), LR 26:1993, 1999 (September 2000), LR 26:2268 (October 2000), LR 26:2752 (December 2000), LR 27:36 (January 2001), LR 27:284 (March 2001), LR 27:1219 (August 2001), LR 27:1840 (November 2001), LR 27:1875 (November 2001), LR 28:45 (January 2002), LR 28:446 (March 2002), LR 28:772 (April 2002), LR 28:2330, 2331 (November 2002), LR 29:555 (April 2003), LR 29:879 (June 2003), LR 30:1159 (June 2004), LR 30:2015 (September 2004), LR 31:36 (January 2005), LR 31:3112 (December 2005), LR 33:86 (January 2007), LR 33:439 (March 2007), LR 33:1339 (July 2007), LR 33:2612 (December 2007), LR 34:234 (February 2008), LR 34:1388 (July 2008), LR 34:1884 (September 2008), LR 35:228 (February 2009), LR 35:1489 (August 2009), LR 35:1490 (August 2009), LR 36:311 (February 2010), LR 36:490 (March 2010), LR 36:2854 (December 2010), LR 37:1561 (June 2011), LR 37:1562 (June 2011), LR 38:1953 (August 2012), LR 38:3156 (December 2012), LR 39:308 (February 2013), LR 40:53 (January 2014).

Chapter 7. Taylor Opportunity Program for Students (TOPS) Opportunity, Performance, and Honors Awards

§703. Establishing Eligibility

A. - A.5.a.i.(e). …

* * *

(f). beginning with the graduates of academic year (high school) 2013-14 through 2016-2017, at the time of high school graduation, an applicant must have successfully completed 19 units of high school course work that constitutes a core curriculum and is documented on the student's official transcript as approved by the Louisiana Department of Education as follows.

Units	Course
1	English I
1	English II
1	English III
1	English IV
1	Algebra I (1 unit) or Applied Algebra 1A and 1B (2 units)
1	Algebra II
2	Geometry, Calculus, Pre-Calculus, Algebra III, Probability and Statistics, Discrete Mathematics, Applied Mathematics III, Advanced Math – Pre-Calculus, Advanced Math – Functions and Statistics, Integrated Mathematics III
1	Biology
1	Chemistry
2	Earth Science, Environmental Science, Physical Science, Biology II, Chemistry II, Physics, Physics II, or Physics for Technology or Agriscience I and II (both for 1 unit)
1	American History
2	World History, Western Civilization, World Geography or History of Religion
1	Civics and Free Enterprise (1 unit combined) or Civics (1 unit)
1	Fine Arts Survey; (or substitute one unit of a performance course in music, dance, or theater; or substitute one unit of a visual art course; or substitute one unit of a studio art course)
2	Foreign Language, both units in the same language

(g). beginning with the graduates of academic year (high school) 2017-2018, at the time of high school graduation, an applicant must have successfully completed 19 units of high school course work that constitutes a core curriculum and is documented on the student's official transcript as approved by the Louisiana Department of Education as follows.

Units	Course
	English - 4 Units
1	English I
1	English II
1	English III, AP English Language Arts and Composition, or IB English III (Language A or Literature and Performance)
1	English IV, AP English Literature and Composition, or IB English IV (Language A or Literature and Performance)
	Math - 4 Units
1	Algebra I
1	Geometry
1	Algebra II
1	One unit from: Algebra III; Advanced Math- Functions and Statistics, Advanced Math- Pre-Calculus, Pre-Calculus, or Math Methods I IB (Mathematical Studies SL); Calculus, AP Calculus AB, or Math Methods II IB (Mathematics SL); AP Calculus BC; Probability and Statistics or AP Statistics; IB Further Mathematics HL; IB Mathematics HL
	Science - 4 Units
1	Biology I
1	Chemistry I
2	Two units from: Earth Science; Environmental Science; Physical Science; Agriscience I and Agriscience II (one unit combined); Chemistry II or AP Chemistry or IB Chemistry II; AP Environmental Science or IB Environmental Systems; Physics I, AP Physics B, or IB Physics I; AP Physics C: Electricity and Magnetism, AP Physics C: Mechanics, or IB Physics II; AP Physics I and AP Physics II; Biology II or AP Biology or IB Biology II
	Social Studies - 4 Units
1	U.S. History or AP U.S. History or IB U.S. History
1/2	Government, AP US Government and Politics: Comparative, or AP US Government and Politics: United States
1/2	Economics, AP Macroeconomics, or AP Microeconomics
2	Two units from: Western Civilization, European History or AP European History; World Geography, AP Human Geography, or IB Geography; World History, AP World History, or World History IB; History of Religion; IB Economics
	Foreign Language - 2 Units
2	Foreign Language, both units in the same language, which may include: AP Chinese Language and Culture, AP French Language and Culture, AP German Language and Culture, AP Italian Language and Culture, AP Japanese Language and Culture, AP Latin, AP Spanish Language and Culture, French IV IB, French V IB, Spanish IV IB, and Spanish V IB

Units	Course
Art - 1 Unit	
1	One unit of Art from: Performance course in Music, Dance, or Theatre; Fine Arts Survey; Arts I, II, III, and IV; Talented Art I, II, III, and IV; Talented Music I, II, III, and IV; Talented Theater Arts I, II, III, and IV; Speech III and IV (one unit combined); AP Art History; AP Studio Art: 2-D Design; AP Studio Art: 3-D Design; AP Studio Art: Drawing; AP Music Theory; Film Study I IB; Film Study II IB; Music I IB; Music II IB; Art Design III IB; Art Design IV IB; or Theatre I IB
NOTE: AP = Advanced Placement IB = International Baccalaureate	

ii.(a). …

* * *

(b). For students graduating in academic year (high school) 2006-2007 through the 2008-2009 academic year (high school), for purposes of satisfying the requirements of §703.A.5.a.i above, or §803.A.6.a, the following courses shall be considered equivalent to the identified core courses and may be substituted to satisfy corresponding core courses.

Core Curriculum Course	Equivalent (Substitute) Course
Physical Science	Integrated Science
Algebra I	Algebra I, Parts 1 and 2, Integrated Mathematics I
Applied Algebra IA and IB	Applied Mathematics I and II
Algebra I, Algebra II and Geometry	Integrated Mathematics I, II and III
Algebra II	Integrated Mathematics II
Geometry	Integrated Mathematics III
Geometry, Trigonometry, Calculus, or Comparable Advanced Mathematics	Pre-Calculus, Algebra III, Probability and Statistics, Discrete Mathematics, Applied Mathematics III*, Advanced Mathematics I[beginning with the 2008-2009 academic year (high school) this course is renamed Advanced Math – Pre-Calculus], Advanced Mathematics II [beginning with the 2008-2009 academic year (high school) this course is renamed Advanced Math –Functions and Statistics]
Chemistry	Chemistry Com
Fine Arts Survey	Speech III and Speech IV (both units)
Western Civilization	European History
World Geography	AP Human Geography
Civics	AP American Government
*Applied Mathematics III was formerly referred to as Applied Geometry	

(c). For students graduating in academic year (high school) 2009-2010, for purposes of satisfying the requirements of §703.A.5.a.i above, or §803.A.6.a, the following courses shall be considered equivalent to the identified core courses and may be substituted to satisfy corresponding core courses.

Core Curriculum Course	Equivalent (Substitute) Course
Physical Science	Integrated Science
Algebra I	Algebra I, Parts 1 and 2, Integrated Mathematics I, Applied Algebra I
Applied Algebra IA and IB	Applied Mathematics I and II
Algebra I, Algebra II and Geometry	Integrated Mathematics I, II and III
Algebra II	Integrated Mathematics II
Geometry	Integrated Mathematics III, Applied Geometry
Geometry, Trigonometry, Calculus, or Comparable Advanced Mathematics	Pre-Calculus, Algebra III, Probability and Statistics, Discrete Mathematics, Applied Mathematics III*, Advanced Math - Pre-Calculus**, Advanced Math - Functions and Statistics***
Chemistry	Chemistry Com
Fine Arts Survey	Speech III and Speech IV (both units)
Western Civilization	European History
World Geography	AP Human Geography
Civics	AP American Government
*Applied Mathematics III was formerly referred to as Applied Geometry **Advanced Math—Pre-Calculus was formerly referred to as Advanced Mathematics II ***Advanced Math—Functions and Statistics was formerly referred to as Advanced Mathematics II	

(d). For students graduating in academic year (high school) 2010-2011 through academic year (high school) 2016-17, for purposes of satisfying the requirements of §703.A.5.a.i above, or §803.A.6.a, the following courses shall be considered equivalent to the identified core courses and may be substituted to satisfy corresponding core courses.

Core Curriculum Course	Equivalent (Substitute) Course
Physical Science	Integrated Science
Algebra I	Algebra I, Parts 1 and 2, Integrated Mathematics I, Applied Algebra I
Applied Algebra IA and IB	Applied Mathematics I and II
Algebra I, Algebra II and Geometry	Integrated Mathematics I, II and III
Algebra II	Integrated Mathematics II
Geometry	Integrated Mathematics III, Applied Geometry
Geometry, Trigonometry, Calculus, or Comparable Advanced Mathematics	Pre-Calculus, Algebra III, Probability and Statistics, Discrete Mathematics, Applied Mathematics III*, Advanced Math - Pre-Calculus**, Advanced Math - Functions and Statistics***
Chemistry	Chemistry Com
Earth Science, Environmental Science, Physical Science, Biology II, Chemistry II, Physics, Physics II, or Physics for Technology or Agriscience I and II (both for 1 unit;	Anatomy and Physiology
Fine Arts Survey	Speech III and Speech IV (both units)
Western Civilization	European History
World Geography	AP Human Geography
Civics	AP American Government
*Applied Mathematics III was formerly referred to as Applied Geometry **Advanced Math—Pre-Calculus was formerly referred to as Advanced Mathematics II ***Advanced Math—Functions and Statistics was formerly referred to as Advanced Mathematics II	

(e). For students graduating in academic year (high school) 2017-2018 and after, for purposes of satisfying

the requirements of §703.A.5.a.i above, or §803.A.6.a, the following courses shall be considered equivalent to the identified core courses and may be substituted to satisfy corresponding core courses.

Core Curriculum Course(s)	Equivalent (Substitute) Course
Algebra I, Geometry and Algebra II	Integrated Mathematics I, II and III
1/2 unit: Government, AP US Government and Politics: Comparative, or AP US Government and Politics: United States AND 1/2 unit: Economics, AP Macroeconomics, or AP Microeconomics	Civics (one unit)
Any listed core course or its equivalent.	Any core curriculum course taken by a student who has been deemed to be gifted pursuant to R.S. 17:1941 et. seq. as implemented in State Board of Elementary and Secondary Education policy and in fulfillment of the student's Individualized Education Program shall be considered a gifted course and shall fulfill the core curriculum requirement in its given subject area.

A.5.a.iii.(a). - J.4.b.ii. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3025, R.S. 17:3042.1, and R.S. 17:3048.1.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:636 (April 1998), amended LR 24:1902 (October 1998), LR 24:2237 (December 1998), LR 25:257 (February 1999), LR 25:655 (April 1999), LR 25:1794 (October 1999), LR 26:64, 67 (January 2000), LR 26:689 (April 2000), LR 26:1262 (June 2000), LR 26:1602 (August 2000), LR 26:1996, 1999, 2001 (September 2000), LR 26:2268 (October 2000), LR 26:2753 (December 2000), LR 27:36 (January 2001), LR 27:702 (May 2001), LR 27:1219, 1219 (August 2001), repromulgated LR 27:1850 (November 2001), amended LR 28:772 (April 2002), LR 28:2330, 2332 (November 2002), LR 29:125 (February 2003), LR 29:2372 (November 2003), LR 30:1162 (June 2004), LR 30:1471 (July 2004), LR 30:2019 (September 2004), LR 31:37 (January 2005), LR 31:2213 (September 2005), LR 31:3112 (December 2005), LR 32:2239 (December 2006), LR 33:435 (March 2007), LR 33:2357 (November 2007), LR 33:2612 (December 2007), LR 34:1389 (July 2008), LR 35:228 (February 2009), LR 36:312 (February 2010), LR 36:490 (March 2010), LR 36:2269 (October 2010), LR 36:2855 (December 2010), LR 37:2987 (October 2011), LR 38:354 (February 2012), LR 38:3158 (December 2012), LR 39:481 (March 2013), LR 40:54 (January 2014).

Chapter 17. Responsibilities of High Schools, School Boards, Special School Governing Boards, the Louisiana Department of Education and LASFAC on Behalf of Eligible Non-Louisiana High Schools

§1701. Eligibility of Graduates Based upon the High School Attended

A. - A.3.d. …

4. Out-of-State High Schools

a. All other public or non-public high schools located in one of the United States or territories of the United States, other than Louisiana:

i. which have been approved by the state or territory's chief school officer as listed in the Louisiana Department of Education Bulletin 1462, or by the public body which is that state's or territory's equivalent of the Louisiana Board of Elementary and Secondary Education (BESE); or

ii. which high school has been approved by the Southern Association of Colleges and Schools' Commission on Secondary and Middle Schools and can demonstrate that it meets the standards adopted by BESE for approval of nonpublic schools of Louisiana as set forth in §1701.A.2, above; or

iii. for students graduating during the 2002-2003 school year and thereafter, which high school has been approved by a regional accrediting organization recognized by the United States Department of Education and can demonstrate that it meets the standards adopted by BESE for approval of nonpublic schools of Louisiana as set forth in §1701.A.2, above; and

iv. for students graduating during the 2009-2010 school year and thereafter with an international baccalaureate diploma, which high school has been approved by the International Baccalaureate Organization to issue such a diploma.

b. graduates of out-of-state high schools are eligible to participate in the Rockefeller State Wildlife Scholarship and the Leveraging Educational Assistance Partnership Program;

c. graduates of out-of-state high schools who are Louisiana residents or the dependents of a Louisiana resident serving on active duty with the armed forces or who have a parent who is a Louisiana resident are eligible to participate in TOPS.

d. A school will be deemed to be approved by the appropriate state agency if that state agency certifies:

i. that the high school in question received funding from the state to cover all or a portion of the costs of instruction; and

ii. that the high school in question adopted and does adhere to state and federal non-discrimination policies and statutes.

5. *Out-of-Country High Schools*—

a. all other public or non-public high schools located outside the United States or the territories of the United States that meet the standards adopted by BESE for approval of nonpublic schools in Louisiana and which are accredited by an accrediting organization recognized by the United States Department of Education; and

b. those high schools located in foreign countries which have been authorized or approved by a department in the executive branch of the United States government to teach the dependents of members of the U.S. Armed Forces stationed abroad; and

c. for students graduating during the 2009-2010 school year and thereafter with an international baccalaureate diploma, those high schools located outside the United States and its territories that have been approved by the International Baccalaureate Organization to issue such a diploma.

B. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3036, R.S. 17:3042.1, R.S. 17:3048.1, and R.S. 17:3050.1-3050.4.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:642 (April 1998), amended LR 24:1911 (October 1998), LR 25:849 (May 1999), LR 26:67 (January 2000), LR 26:1997 (September 2000), repromulgated LR 27:1862 (November 2001), amended LR 30:784 (April 2004), LR 30:1165 (June 2004), LR 34:242 (February 2008), LR 40:56 (January 2014).

§1703. High School's Certification of Student Achievement

A. - B.2.a. …

b. Commencing with the 2003 academic year (high school), certification shall contain, but is not limited to, the following reportable data elements:

i. student's name and Social Security number;

ii. month and year of high school graduation;

iii. the course code for each course completed;

iv. the grade for each course completed;

v. designation of each advanced placement, international baccalaureate, gifted and dual enrollment course;

vi. the grading scale for each course reported;

vii. list the high school attended for each course reported; and

viii. through the graduating class of the academic year (high school) 2002-2003, number of core units earned and the number of core units unavailable to the student at the school attended. After the graduating class of the academic year (high school) 2002-2003, core unit requirements may not be waived.

B.3. - D.3. …

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

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:643 (April 1998), amended LR 24:1912 (October 1998), LR 25:258 (February 1999), LR 26:1998 (September 2000), LR 26:2269 (October 2000), repromulgated LR 27:1863 (November 2001), amended LR 29:880 (June 2003), LR 30:1165 (June 2004), LR 40:57 (January 2014).

George Badge Eldredge
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1401#008

RULE

Office of the Governor
Board of Pardons

Board of Pardons—Mission Statement (LAC 22:V.101)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950), the Board of Pardons hereby amends its rules of LAC 22:V.101. This Rule change repeals the board's mission statement. As the mission statement of the board is not in response to enactment of legislation and is not a rule or regulation, but rather provides focus and structure for the strategic plan and development of the board. The mission statement will require periodic revision in response to evidence based upon research and trends in the criminal justice field. The Board of Pardons shares its vision and mission to stakeholders and the general public on its website at http://www.doc.la.gov.

Title 22
CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT
Part V. Board of Pardons

Chapter 1. Administration

§101. Mission Statement

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:572.1 and 15:572.4.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Board of Pardons, LR 24:1132 (June 1998), amended LR 30:2842 (December 2004), amended by the amended by the Office of the Governor, Board of Pardons, LR 39:2252 (August 2013), repealed LR 40:57 (January 2014).

Sheryl M. Ranatza
Chairman

1401#013

RULE

Office of the Governor
Board of Pardons

Parole—Mission Statement, Meetings and Hearings of the Committee on Parole, Parole Decisions, and Time Served (LAC 22:XI.108, 511, 701, 705, 1115, and 1301)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950), the Board of Pardons/Committee on Parole hereby amends its rules of LAC 22:XI:108, 511, 701, 705, 1115 and 1301. These rule changes include technical revisions; §511 provides for a parole hearing in absentia for offenders housed in a medical treatment facility; §701 simplifies the description of the validated risk assessment instrument considered in parole decision making; §705 establishes the procedure for requesting reconsideration of a parole decision; and §1115 removes the requirement for monthly transmission of revocation dockets to Probation and Parole district offices as this information is now available in a case management database.

Title 22
CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT
Part XI. Committee on Parole

Chapter 1. Administration

§108. Mission Statement

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., and R.S. 15:540 et seq.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Board of Pardons, Committee on Parole, LR 39:2259 (August 2013), repealed by the Office of the Governor, Board of Pardons, LR 40:57 (January 2014).

Chapter 5. Meetings and Hearings of the Committee on Parole

§511. Public Hearings/Videoconferencing

A. The vice-chairman shall schedule public hearings. A copy of the schedule shall be available for public inspection at the committee office.

B.1. The panel may consider the following actions with the offender present:

a. parole;

b. revocation; and

c. recommendations for transitional work program.

2. The panel may consider the following actions without the offender present:

a. to consider rehearing requests;

b. cases where the offender is housed in a medical treatment facility or facility in other jurisdiction (such hearings conducted in absentia shall observe the same safeguards as hearings where the offender is present); and

c. to consider those matters referred by a member from single-member action (see §513, "Single Member Action"); the member who makes such a referral may not serve on the panel.

C. Generally, public hearings shall be conducted via videoconferencing, with the committee members participating from the committee's headquarters in Baton Rouge, and offenders appearing before the committee via videoconferencing at the designated prison facility.

1. In the event a medical parole is being considered and the offender is unable to appear via videoconferencing, the committee shall travel to the prison facility at which the offender is housed to conduct the hearing (§511.B.2.a. if offender being considered for medical parole is housed in a medical treatment facility).

2. In the case of videoconferencing, the family, friends, and attorney of the offender shall be at the location of the offender.

3. In the case of videoconferencing, the victim(s) may be at the location of the committee or may participate by telephone through the local district attorney's victim advocacy representative.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq. and RS. 15:540 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Board of Parole, LR 24:2299 (December 1998), amended LR 28:1597 (July 2002), amended by the Department of Public Safety and Corrections, Corrections Services, LR 36:2872 (December 2010), amended by the Office of the Governor, Board of Pardons, Committee on Parole, LR 39:2263 (August 2013), amended by the Office of the Governor, Board of Pardons, LR 40:57 (January 2014).

Chapter 7. Parole Decisions

§701. Policy Statement

A. - C.7. ...

8. Risk Assessment

a. All Offenders. The committee will consider the risk assessment score provided by the Department of Public Safety and Corrections. The score is determined by a validated risk assessment instrument that has been validated for the Louisiana offender population. The assessment identifies potential risk and identifies programmatic needs of offenders utilizing two sets of components, static and dynamic factors.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., and R.S. 15:540 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Board of Parole, LR 24:2300 (December 1998), amended by the Office of the Governor, Board of Pardons, Committee on Parole, LR 39:2265 (August 2013), amended by the Office of the Governor, Board of Pardons, LR 40:58 (January 2014).

§705. Application for Parole Rehearing or Request for Reconsideration of Decision

A. Rehearing. An offender must apply in writing for a parole rehearing. The written request must contain the following information (at a minimum):

1. - C.3. …

* * *

D. Reconsideration. An offender may request that the Committee reconsider its decision to deny parole as outlined herein. However, this process does not establish a formal appeal process as parole is an administrative discretionary decision that is not subject to appeal.

1. A parole panel may reconsider a decision of any parole panel at the request of the board chairman.

2. An offender whose parole is denied or rescinded, or whose parole supervision is revoked may request reconsideration by the committee.

a. The request for reconsideration shall be made in writing by the offender (or the offender's authorized legal representative) and shall be postmarked no later than twenty-one calendar days from the date of the hearing during which the parole panel action was taken.

b. If the request for reconsideration is not postmarked within 21 calendar days, it shall be denied.

c. Reconsideration review shall be at the discretion of the committee and shall not be available except for the following reasons:

i. if there is an allegation of misconduct by a committee member that is substantiated by the record;

ii. if there is a significant procedural error by a committee member; or

iii. if there is significant new evidence that was not available when the hearing was conducted. A request based on the availability of new evidence or information shall be accompanied by adequate documentation.

d. A request based on an allegation of misconduct or significant procedural error shall clearly indicate the specific misconduct or procedural error being alleged.

e. A written request for reconsideration postmarked within the time period set forth in §705.D.2.a. shall be screened by the chairman or designee to determine whether the request for reconsideration raises substantial grounds to believe that one or more of the reasons for reconsideration set forth in §705.D.2.c. may be present. The request for reconsideration shall be denied by the chairman or designee, if in his or her discretion, it is determined that the request does not raise adequate grounds to believe that one or more of the reasons for reconsideration set forth in§705.D.2.c. are present.

3. If the chairman or designee determines upon screening that a request for reconsideration raises adequate grounds to believe that one or more of the reasons for reconsideration set forth in §705.D.2.c are present.

a. The request for reconsideration shall be placed on the docket for the next available parole panel hearing.

b. If a majority of the parole panel members vote in favor of granting reconsideration, the case shall be set for a parole hearing at the next available parole panel hearing date.

4. If a majority of the parole panel votes to grant full reconsideration, the following procedures shall apply.

a. The case shall be set for review at the next available parole panel hearing date. The review shall be conducted from the record of the first hearing. The appearance of the offender shall not be necessary.

b. If a committee/panel member wishes to have additional testimony, an appearance hearing may be conducted.

c. The panel shall vote after reviewing the initial taped interview and the record.

d. A decision to change the result of the hearing that is the subject of the reconsideration review shall require a unanimous vote of the parole panel conducting the reconsideration review.

e. The panel's decision to change the result of the hearing under full reconsideration review or to let the result stand shall be final.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., and R.S. 15:540 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Board of Parole, LR 24:2301 (December 1998), amended by the Office of the Governor, Board of Pardons, Committee on Parole, LR 39:2266 (August 2013), amended by the Office of the Governor, Board of Pardons, LR 40:58 (January 2014).

Chapter 11. Violations of Parole

§1115. Decision of the Parole Panel

A. - B.2. ...

C.1. At the conclusion of the hearing, the panel will advise the offender orally of its decision and he will be furnished with a copy of the parole revocation decision form.

2. A copy of each parole revocation decision form will also be forwarded to the Probation and Parole district office assigned supervision of the offender.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., and R.S. 15:540 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Board of Parole, LR 24:2306 (December 1998), amended by the Office of the Governor, Board of Pardons, Committee on Parole, LR 39:2274 (August 2013), amended by the Office of the Governor, Board of Pardons, LR 40:59 (January 2014).

Chapter 13. Time Served

§1301. Time Must Be Served if Revoked

A.1. - 2. …

3. A parolee, offender who has been granted parole by the committee before August 15, 1997 for a crime committed on or after July 26, 1972, and who has been revoked for violating the terms of parole granted by the board committee, shall forfeit all good time earned on that portion of the sentence served prior to the granting of parole, up to a maximum of 180 days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:574.2 et seq., R.S. 15:535 et seq., R.S. 15:540 et seq. and R.S. 15:571.5.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Board of Parole, LR 24:2306 (December 1998), amended by the Department of Public Safety and Corrections, Corrections Services, LR 36:2872 (December 2010), amended by the Office of the Governor, Board of Pardons, Committee on Parole, LR 39:2274 (August 2013), amended by the Office of the Governor, Board of Pardons, LR 40:59 (January 2014).

Sheryl M. Ranatza
Chairman

1401#014

RULE

Department of Health and Hospitals
Board of Nursing

Advance Practice Registered Nurses
(LAC 46:XLVII.4503, 4505, 4507, 4511, 4513, and 4517)

In accordance with R.S. 37.911 et seq., authorizes the Louisiana State Board of Nursing to regulate individuals with the desire to practice as a registered nurse or advanced practice registered nurse and adopts the rules and regulations to implement the provisions of the Nurse Practice Act. The Rule will allow for alignment with the nationally proposed uniform requirements for advanced practice registered nurses. This model is aimed at public protection by ensuring uniformity across all jurisdictions. Uniformity of national standards and regulation not only allows for the mobility of nurses, it also served the public by increasing access to care. The need for standardization also affects the livelihood of practicing APRN's and their ability to relocate to areas experiencing health care shortages. The changes provide for consistent definitions regarding advanced practice registered nursing which specify role and population focus. The rules eliminate issuance of a temporary permit to practice as a advanced practice registered nurse for the new graduate and assures that authorization to practice depends on achieving certification. The revisions streamline the requirements for submitting changes in collaborative practice agreements. The rules clarify the actions the regulatory agency may take if the licensee does not meet requirements for licensure or if the licensee must demonstrate further competency to ensure public safety; modification of the licensure/credentialing processes to require evidence of completed education and board certification prior to licensure, requirement for continued certification requirement and authorization of prescriptive authority which allows for thorough validation of core competencies.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XLVII. Nurses: Practical Nurses and Registered Nurses
Subpart 2. Registered Nurses

Chapter 45. Advanced Practice Registered Nurses

§4503. Titles

A. Advanced practice registered nurse (APRN) means a licensed registered nurse who has completed an accredited graduate level education program preparing the individual in one or more APRN role and population foci, is certified by a nationally recognized certifying body in one or more role and population focus and who meets the criteria for an advanced practice registered nurse as established by the board.

B. A nurse licensed as an advanced practice registered nurse (APRN) shall include, but not be limited to, the following functional roles.

1. *Certified Nurse Midwife (CNM)*—an advanced practice registered nurse educated in the disciplines of nursing and midwifery and certified according to a nationally recognized certifying body, such as the American College of Nurse Midwives Certification Council, as approved by the board and who is authorized to manage the nurse midwifery care of newborns and women in the antepartum, intrapartum, and postpartum periods as well as primary care for women across their lifespan and treatment of their male partners for sexually transmitted infections (STI).

2. *Certified Registered Nurse Anesthetist (CRNA)*—an advanced practice registered nurse educated in the field of nurse anesthesia and certified according to the requirements of a nationally recognized certifying body as approved by the board and who is authorized to select and administer anesthetics or ancillary services to patients across the life span under their care.

3. *Clinical Nurse Specialist (CNS)*—an advanced practice registered nurse educated as a *CNS* and is certified according to the requirements of a nationally recognized certifying body as approved by the board. *CNS's* are expert clinicians in a specialized area of nursing practice and population focus and practice in a wide variety of health care settings by providing direct patient care and influencing health care outcomes by providing expert consultation and by implementing improvements in health care delivery systems. *CNS* practice integrates nursing practice which focuses on assisting patients in the prevention or resolution of illness through medical diagnosis and treatment of disease, injury or disability.

4. *Certified Nurse Practitioner (CNP)*—an advanced practice registered nurse educated in a specified area of care and certified according to the requirements of a nationally recognized certifying body as approved by the board and who is authorized to provide primary, acute, or chronic care as an advanced nurse practitioner acting within his scope of practice to individuals, families, and other populations in a variety of settings including, but not limited to, homes, institutions, offices, industry, schools, and other community agencies.

5. Repealed.

C. A licensed advanced practice registered nurse must use the title "APRN." The APRN role of certification and/or education designation may be used before or after APRN as follows:

1. certification:
   a. CNM—certified nurse midwife;
   b. CRNA—certified registered nurse anesthetist;
   c. CNS—clinical nurse specialist;
   d. CNP—certified nurse practitioner;
2. education:
   a. MSN, MN, MS or other appropriate degree at the master's level;
   b. DNP, DNS, EdD, PhD, or other appropriate degree at the doctorate level.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 27:723 (May 2001), LR 31:2012 (August 2005), LR 40:59 (January 2014).

§4505. Definitions

Accrediting Agency—an organization which establishes and maintains standards for professional nursing or nursing related programs and recognizes those programs that meet these standards.

* * *

Advanced Practice Nursing Education Program—a program whose purpose is to prepare advanced practitioners of nursing with a graduate degree or post-graduate certification/award by an academic institution accredited or awarded pre-approval, pre-accreditation status by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA) and whose graduates are eligible for certification as an advanced practice registered nurse.

Advanced Practice Registered Nurse (APRN)—a registered nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized *APRN* roles in addition to a population focus;
2. who has passed a national certification examination that measures *APRN* role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license;
7. who has obtained a license to practice as an *APRN*;
8. who is expected to practice within established standards and is accountable for the quality of advanced nursing care rendered, for recognizing limits of knowledge and experience, planning for the management of situations beyond one's expertise; and for consulting with or referring patients to other health care providers as appropriate.

Advanced Practice Registered Nurse Student—any licensed registered nurse enrolled as a student in an educational program approved by the board which prepares the individual for APRN licensure.

Advanced Practice Registered Nursing—nursing by a certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, or nurse practitioner which is based on knowledge and skills acquired in a basic nursing education program, licensure as a registered nurse, and a minimum of a graduate degree with a concentration in one or more respective advanced practice nursing role and population focus which includes both didactic and clinical

components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, and management of health care.

Advanced Practice Registered Nursing Role—a designated area of advanced practice in which the registered nurse holds a graduate degree with a concentration in the respective area of practice that includes both the didactic and clinical components, advanced knowledge in nursing theory, physical and psychosocial assessment, nursing interventions, pharmacotherapeutics, and management of health care and also prepares the APRN for national certification. For the purpose of this part, the *area of practice* is defined within the context of the role and population focus of advanced practice nursing. The four APRN roles include: certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, and nurse practitioner.

Approval—a status indicating the program has met the legal standards established by the board.

Approved Program—a nursing education program approved by the board.

Assessment Studies—diagnostic studies including, but not limited to laboratory testing, radiologic studies, electrocardiograms, pulmonary function tests, and pharmaceutical diagnostic testing.

Board—the Louisiana State Board of Nursing.

Clinical Practice Guidelines—refers to written or electronic documents, jointly agreed upon by the collaborating professionals that describe a specific plan, arrangement, or sequence of orders, steps, or procedures to be followed or carried out in providing patient care in various clinical situations. These may include textbooks, reference manuals, electronic communications, and internet sources. *Clinical practice guidelines* must be commensurate with the APRN's knowledge, skills and abilities; in accordance with current standards of care and evidence-based practice for the APRN role and population focus; address types or categories or schedules of drugs for prescription; be specific to the practice setting; and be maintained on site.

* * *

Collaborative Practice Agreement—a formal written statement/document addressing the parameters of the collaborative practice which are mutually agreed upon by the advanced practice registered nurse and one or more licensed physicians or dentists which shall include but not be limited to the following provisions:

1. - 3. …

Contact Hour—a unit of measurement that describes 60 minutes of participation in an educational activity, which meets the board's continuing education criteria. Ten *contact hours* equal one continuing education unit (CEU).

* * *

National Nursing Accrediting Body—the National League for Nursing Accreditation Commission (NLNAC), the Commission for Collegiate Nursing Education (CCNE), Accreditation Commission for Midwifery Education (ACME), or the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

* * *

Nationally Recognized Certifying Body—a national certification organization which certifies qualified licensed registered nurses as advanced practice registered nurses and which establishes and requires certain eligibility criteria related to education and practice, offers an examination in an advanced practice nursing role and population which meets current psychometric guidelines and tests, and is approved by the board.

* * *

Population Focus—term referenced in the National Counsel for State Boards of Nursing's document entitled "Consensus Model for APRN Regulation: Licensure Accreditation, Certification, and Education" which refers to one of the areas of concentrated study and practice provided to a collection of specified individuals who have characteristics in common. A broad, population-based focus of study encompasses common problems and aspects of that group of patients and the likely co-morbidities, interventions, and responses to those problems. Examples include, but are not limited to neonatal, pediatric, women's health, adult, family, mental health, etc. A *population focus* is not defined as a specific disease/health problem or specific intervention.

* * *

Prescription Monitoring Program (PMP)—a system for the monitoring of controlled substances and other drugs of concern dispensed in the state or dispensed to an address within the state as established in R.S. 40:1001-1014.

* * *

Published Professional Standards—level of performance that advanced practice registered nurses, within their specific role and population focus, are required to achieve and maintain in their practice; represents the criteria against which the performance of all advanced practice registered nurses within the role and population focus is considered as published by the relevant professional nursing organizations.

* * *

Role—the advanced practice area for which a graduate level nursing program prepares its graduates. The four *roles* for advanced practice registered nurse licensure include certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and certified nurse practitioners.

* * *

Subspecialty—Repealed.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 27:724 (May 2001), amended LR 31:2013 (August 2005), LR 40:60 (January 2014).

§4507. Licensure as Advanced Practice Registered Nurse

A. - A.1.a. …

b. completion of a minimum of a graduate degree with a concentration in the respective advanced practice nursing role and population focus or completion of a post master's concentration in the respective advanced practice nursing role and population focus from a program accredited by a nursing or nursing related accrediting body that is recognized by the U.S. secretary of education and/or the Council for Higher Education Accreditation (CHEA) and otherwise approved by the board. Exception to the graduate degree may be granted to those applicants who provide documentation as requested by the board that, prior to

December 31, 1995, the applicant completed or was continuously enrolled in a formalized post-basic education program preparing for the advanced practice nursing role and population focus as approved by the board prior to December 31, 1995 as follows:

i. a program of studies offered through an institution of higher education which qualifies the graduate to take a certification examination in the advanced practice role and population foci; or

ii. a program of studies accepted by a nationally recognized certifying body which is recognized by the Louisiana State Board of Nursing.

iii. Repealed.

c. …

d. submission of evidence of current certification in the respective advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board.

e. …

f. submission to criminal history record information as specified in LAC 46:XLVII.3330;

g. after initial licensure, applicants seeking licensure for advanced practice in an additional specialty and/or functional role shall meet the requirements stated in LAC 46:XLVII.4507.A.1.a-d.

h. if there is a gap equal to or greater than two years between the completion of the graduate or post graduate program as delineated in LAC 46:XLVII.4507.A.1.b and the application for initial licensure, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

2. The board will verify all licensure and certification requirements via primary source verification as requested including:

a. licensure;

b. education;

c. certification; and

d. information relevant to the practice of the APRN.

3. An APRN license shall be issued with an expiration date that coincides with the applicant's RN license.

B. Temporary Permit—Initial Applicants

1. An APRN applicant that has a gap equal to or greater than two years between the completion of the graduate or post graduate program as delineated in LAC 46:XLVII.4507.A.1.b and the application for initial licensure, may be granted a temporary permit for a maximum of 120 days which allows the applicant to practice under the guidance of an APRN or physician who is engaged in active clinical practice and holds an active, unencumbered, unrestricted licensed within the role and population or practice specialty of the applicant. Evidence must be submitted to the board delineating that the applicant:

a. holds an active, unencumbered, unrestricted and valid registered nurse license in Louisiana;

b. is in the process of applying for initial licensure under LAC 46:XLVII.4507.A;

c. holds current certification in the respective advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board;

d. meets requirements of LAC 46:XLVII.4507.A.1.h; and

e. there are no grounds for disciplinary proceedings as stated in R.S. 37:921.

2. A nurse practicing under the temporary permit shall use the title advanced practice registered nurse applicant or APRN applicant.

3. The APRN temporary permit may be extended for justifiable causes.

4. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

C. …

1. If the applicant is applying from another jurisdiction that licenses the role and population focus of the APRN for which the applicant is seeking licensure, the applicant shall submit:

a. - c. …

d. verification of licensure status directly from the jurisdiction of original licensure in the advanced practice nursing role and population focus;

e. verification of current unencumbered, unrestricted license in the registered nurse and advanced practice nursing role and population focus directly from the jurisdiction of current or most recent employment as an APRN;

f. verification of educational requirements as stated in LAC 46:XLVII.4507.A.1.b;

g. verification of current unconditional national certification in the respective role and population focus as recognized by the board; and

h. submission to criminal history record information as specified in LAC46:XLVII.3330.

2. If the applicant is applying from a jurisdiction that does not license the APRN role and/or population focus for which the applicant is seeking licensure, the applicant shall submit in addition to Subparagraphs C.1.a, b, c, f, g, and h as stated above:

a. documentation of the applicant's qualifications for advanced practice directly from the board in the state where the applicant first practiced in the APRN role and/or population focus; and

b. documentation of the applicant's qualifications for advanced practice directly from the board in the state where the applicant was last employed in the APRN role and/or population focus.

3. If the applicant is applying from a jurisdiction that does not verify advanced practice or does not meet the endorsement requirements, the applicant shall qualify by meeting the requirements for initial APRN licensure, LAC 46:XLVII.4507.A and B.

4. if the applicant has not been engaged in clinical practice as an APRN for two years or more, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

D. Temporary Permit: Endorsement Applicants

1. - 1.c. …

d. Repealed.

2. The APRN temporary permit may be extended for justifiable causes.

3. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

E. Renewal of Licenses by Certification or Commensurate Requirements

1. The date for renewal of licensure to practice as an APRN shall coincide with renewal of the applicant's RN license. Renewal of the APRN license is contingent upon renewal of the RN license and verification that there are no grounds for disciplinary proceedings as stated in R.S. 37:921. RN and APRN license renewal must be submitted to the board electronically through the board website annually prior to current licensure expiration. Renewal includes but is not limited to the following components:

a. completion of renewal applications for both RN and APRN licensure available at the board website during annual renewal season;

b. evidence of current certification/recertification in each APRN role and population focus being renewed by a national certifying body approved by the board;

c. payment of the annual licensure renewal fee as specified in LAC 46:XLVII.3341.

2. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) (grandfathered) and who are not advanced practice certified, or R.S. 37:920(A)(2) whose role and population focus does not provide for certification/re-certification (commensurate requirements) shall submit the following documentation for renewal, in addition to meeting the requirements specified above in §4507.E.1.a-c:

a. - d. …

e. Repealed.

3. An advanced practice registered nurse shall maintain current national certification and/or recertification as required in all subsections regarding licensure throughout the entire licensure period. Failure of any APRN to submit evidence of and maintain current active certification or recertification shall result in the APRN license becoming inactive and invalid and the APRN shall not practice or use the title of advanced practice registered nurse until the requirements for reinstatement of the APRN license are met.

4. Any advanced practice registered nurse who practices during the time the APRN license is inactive and invalid will be subject to disciplinary action and will not be reinstated until such time as the person completes the disciplinary process.

F. Reinstatement of an APRN License

1. - 1.c. …

d. APRNs initially licensed in accordance with R.S. 37:912(B)(3)(4) or 920(A)(2) whose role and population focus does not provide for certification/recertification shall submit the following documentation for each year of inactive or lapsed status:

1.d.i. - 2.a. …

b. practice under the temporary permit and current practice standards set forth by the respective advanced practice nursing role and population focus; and

c. - d. …

e. if seeking commensurate requirements the applicant must practice under the guidance of a clinical preceptor approved by the board for a minimum of 800 hours of clinical practice in the area of clinical specialization when certification is not available; and

f. - g. …

3. If allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:911 et seq., or any rule promulgated by the board is received during the permit interval, the temporary permit issued pursuant to this Section above shall be recalled and licensure denied or delayed in accordance with LAC 46:XLVII.3331 or until such time as the person completes the disciplinary process.

4. if the applicant has not been in clinical practice as an APRN for two years or more, the applicant must provide additional verification of competency as requested by the board and may be required to appear before the board (or its committee) for further consideration before licensure or a temporary permit may be granted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:281 (April 1996), amended LR 27:724 (May 2001), LR 29:580 (April 2003), LR 31:1340 (June 2005), LR 31:2015 (August 2005), LR 32:247 (February 2006), LR 37:3027 (October 2011), LR 40:61 (January 2014).

§4511. Advanced Practice Registered Nurse Professional Certification Programs

A. A national certifying body which meets the following criteria shall be recognized by the board as mandated by R.S. 37:913:

1. - 3. …

4. requires a graduate degree as the minimal educational level for certification or otherwise approved by the board;

5. utilizes an application process and credential review which includes documentation that the applicant's didactic education has concentrated in the advanced nursing practice role and population focus being certified, and that the applicant's clinical practice is in the advanced nursing role and population focus of certification;

6. - 9. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:283 (April 1996), amended LR 31:2023 (August 2005), LR 40:63 (January 2014).

§4513. Authorized Practice

A. - C.8. …

D. Prescriptive and Distributing Authority. An advanced practice registered nurse (APRN) shall practice in a manner consistent with the definition of advanced practice set forth in R.S. 37:913(3). An APRN may be granted prescriptive authority to prescribe assessment studies, including pharmaceutical diagnostic testing (e.g., dobutamine stress testing) legend and certain controlled drugs, therapeutic regimens, medical devices and appliances, receiving and distributing a therapeutic regimen of prepackaged drugs

prepared and labeled by a licensed pharmacist, and free samples supplied by a drug manufacturer, and distributing drugs for administration to and use by other individuals within the scope of practice as defined by the board in R.S. 37.913(3)(b).

1. The applicant shall:

a. hold a current, unencumbered, unrestricted and valid registered nurse license in Louisiana with no pending disciplinary proceedings as stated in R.S. 37:921;

b. hold a current, unencumbered, unrestricted and valid APRN license;

c. hold current national certification in the advanced practice nursing role and population focus by a nationally recognized certifying body approved by the board;

d. submit a notarized application on a form provided by the board with a non-refundable fee as set forth in LAC 46:XLVII.3341;

e. provide evidence of:

i. 500 hours of clinical practice as a licensed APRN or APRN applicant within two years in the role and population focus for which the applicant was educationally prepared as an APRN immediately prior to applying for prescriptive and distributing authority; practice in another state as a licensed APRN may be accepted to meet this requirement; clinical practice obtained during the graduate program which meets requirements of eligibility for certification and which prepared the APRN or APRN applicant for the advanced practice nursing role may be accepted to meet this requirement;

ii. successful completion of a minimum of 45 contact hours of education (3 credit hour academic course) in advanced pharmacotherapeutics obtained as a component of a formal educational program preparing registered nurses for advanced practice, approved by the board;

iii. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in advanced physiology/pathophysiology in a formal educational program approved by the board for preparation for advanced practice registered nurses;

iv. successful completion of a minimum of 45 contact hours (3 credit hour academic course) in advanced health assessment in a formal educational program approved by the board for preparation for advanced practice registered nurses; or

v. any deviation from Clause 1.e.i, ii, iii, or iv shall be submitted to the board for review and approval; and

vi. a collaborative practice agreement as defined in §4513.B.1, 2 and 3, with one or more licensed collaborating physicians which shall include, but not be limited to:

(a). a plan of accountability among the parties that:

(i). defines the prescriptive authority of the APRN and the responsibilities of the collaborating physician or physicians;

(ii). delineates a plan for hospital and other healthcare institution admissions and privileges which includes a statement that the collaborating physician must have said privileges at the same institution before an APRN can receive this determination at said institution;

(iii). delineates mechanisms and arrangements for diagnostic and laboratory requests for testing; and

(iv). delineates a plan for documentation of medical records;

(b). clinical practice guidelines as required by R.S. 37:913(9)(b) shall contain documentation of the types or categories or schedules of drugs available and generic substitution for prescription and be in accordance with current standards of care and evidence-based practice for the APRN specialty and functional role and be:

(i). mutually agreed upon by the APRN and collaborating physician;

(ii). specific to the practice setting;

(iii). maintained on site; and

(iv). reviewed and signed at least annually by the APRN and physician to reflect current practice;

(c). documentation of the availability of the collaborating physician when the physician is not physically present in the practice setting. Physicians shall be available to provide consultation as needed:

(i). physician shall be available by telephone or direct telecommunications for consultation, assistance with medical emergencies, or patient referral, as delineated in the collaborative practice agreement; and

(ii). the secondary (back-up) physician or physicians shall be in good standing and approved by the Louisiana State Board of Medical Examiners and sign the collaborative practice agreement;

(iii). in the event the collaborating physician and any secondary (back-up) collaborating physician(s) are unavailable, the APRN will not prescribe;

(d). documentation shall be shown that patients are informed about how to access care when both the APRN and/or the collaborating physicians are absent from the practice setting; and

(e). an acknowledgement of the mutual obligation and responsibility of the APRN and collaborating physician to insure that all acts of prescriptive authority are properly documented.

2. Prescriptive Authority

a. Prescribing Controlled Substances and Legend Drugs

i. The LSBN shall review the application, reapplication or renewal, the collaborative practice agreement for prescriptive authority and all related materials and shall approve, modify, or deny the application, reapplication or renewal for prescriptive authority. An APRN with prescriptive authority approved by the board may prescribe drugs and therapeutic devices as recommended by clinical practice guidelines and the parameters of the collaborative practice agreement.

ii. Prior to granting an APRN prescriptive authority the collaborating physician or physicians license(s) shall be verified through the Louisiana State Board of Medical Examiners.

iii. An APRN granted prescriptive authority shall comply with all federal and state laws and rules in prescribing, distributing, and administering drugs.

iv. The APRN who has been given proper authority to prescribe whether in person or by an electronic means or over the Internet or over telephone lines must meet the following requirements:

(a). perform and appropriately document a history and physical examination, and make a diagnosis based upon the examination and all diagnostic and laboratory tests;

(b). formulate a therapeutic plan that is discussed with the patient;

(c). state the availability of the APRN or coverage for the patient for follow-up care;

(d). all of the above must be included in the collaborative practice agreement.

v. Each order for a prescription, whether written, faxed, oral, or electronic shall include the information in accordance with the rules and regulations as set forth by the Louisiana Board of Pharmacy including LAC 46:LIII.2511.

(a). - (e).(iii). Repealed.

b. Controlled Substances. The board may authorize an APRN with prescriptive authority to prescribe or distribute controlled substances as defined, enumerated or included in federal or state statutes or regulations 21 CFR 1308.11-15, R.S 40:964, on an individual practice basis An APRN who is so authorized shall provide their Drug Enforcement Administration registration number on all written, electronic, or faxed prescriptions and be furnished on all oral prescriptions and shall comply with all scheduled drug prescription requirements in accordance with LAC 46:LIII.2511:

i. an APRN granted authority to prescribe or distribute controlled substances shall not utilize such substances in connection with the treatment of:

(a). - (c). …

ii. any APRN authorized to prescribe controlled substances shall provide to the board a copy of his or her initial Louisiana controlled dangerous substance permit and Drug Enforcement Administration registration number prior to prescribing or distributing controlled substances;

iii. controlled substances which may be prescribed by an APRN shall include schedule II, III, IV and V. Controlled substances shall be limited to, consistent with, and exclusively within the parameters of the practice specialty of the collaborating physician and in the APRN's licensed role and population focus. The APRN must have been approved by the board to prescribe and distribute noncontrolled substances. The applicant must submit a collaborative practice agreement that clearly states that the controlled substances prescribed have been jointly agreed upon with the collaborating physician;

iv. the APRN must submit a collaborative practice agreement which delineates controlled substances utilization, which specifies the circumstances, limitations and extent to which such substances may be prescribed or distributed;

v. the APRNs application must state an identified need for controlled substances within the patient population served by the collaborative practice;

vi. the collaborative practice agreement must contain acknowledgment of responsibility by the collaborating physician to ensure that the controlled substance authority of an APRN is utilized in a manner that is consistent with any rule or regulation imposed upon the APRNs practice;

vii. the APRN who is authorized to prescribe controlled substances must determine the type, dosage form, frequency of application of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel;

viii. the APRN shall insure that the complete name and address of the patient to whom the APRN is prescribing the controlled substance appears on the prescription;

ix. the APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN;

x. the APRN may utilize telefaxes as original prescriptions for schedule III-V as long as it has a true electronic signature;

xi. no APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication.

3. - 3.a.…

b. The Louisiana State Board of Nursing has the authority to conduct random audits of patient records at practice sites where APRNs have been granted approval for prescribing legend and controlled substances.

4. - 4.d.…

5. Continued Competency for Prescriptive Authority. Each year an APRN with prescriptive authority shall obtain six contact hours of continuing education in pharmacotherapeutics in their advanced nursing role and population foci. Documentation of completion of the continuing education contact hours required for prescriptive authority shall be submitted at the request of the board in a random audit procedure at the time of the APRN's license renewal. In order for the continuing education program to be approved by the board, the program shall:

a. be provided by a board approved national certifying organization or provider approved by the board;

b. include content relevant to advanced practice nursing and the use of pharmacological agents in the prevention of illness, and the restoration and maintenance of health.

6. APRN prescriptive authority may be renewed after review and approval by the board.

7. Changes in Prescriptive Authority. The APRN shall notify the board in writing requesting approval of all changes regarding physicians and practice sites including the addition and deletion of any collaborating physicians within 30 days:

a. prior to adding new collaborating physician(s) or dentists(s) and sites concurrently (i.e. new employment) to prescriptive authority privileges, the APRN shall notify the Board in writing requesting approval of such additions on forms provided by the board and submit a collaborative practice agreement;

b. prior to the addition of physician(s) or dentist(s) to a collaborative practice agreement at a site that has previously been approved by the board, the APRN shall:

i. obtain a collaborative practice agreement which is signed by the additional physician(s) or dentist(s). The collaborative practice agreement shall be identical in all aspects and content to the collaborative practice agreement which has been previously approved by the board for collaborating physician(s) or dentist(s) at this site;

ii. maintain the signed collaborative practice agreement on site at all times and provide a copy to board staff at any time it is requested;

iii. notify the board in writing within 30 days of the addition of the collaborating physician(s) or dentist(s) on a form provided by the board;

iv. provide any additional documents as requested by the board;

v. cease practicing with a collaborating physician(s) or dentist(s) if notified by the board to do so;

c. failure to abide by all provisions of this Part may result in disciplinary action.

8. - 14.a. …

b. patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of an APRN. The prescription is a written or electronic direction for a therapeutic or corrective agent. A patient is entitled to a copy of the APRN's prescription for drugs or other devices. The patient has a right to have the prescription filled wherever the patient wishes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918(K), and R.S. 37:1031-1034.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 10:598 (August 1984), amended by the Department of Health and Hospitals, Board of Nursing, LR 22:283 (April 1996), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 22:981 (October 1996), LR 25:1245 (July 1999), LR), amended by the Department of Health and Hospitals, Board of Nursing, 27:727 (May 2001), amended by the Department of Health and Hospitals, Board of Nursing and Board of Medical Examiners, LR 28:487 (March 2002) repromulgated LR 28:1205 (June 2002), amended LR 31:2023 (August 2005), amended by the Department of Health and Hospitals, Board of Nursing, LR 40:63 (January 2014).

§4517. Additional Standards for Each Advanced Practice Nurse Category

A. The APRN is responsible and accountable for compliance to the specific standards of practice for his/her specialty and functional role and for other state and federal rules and regulations that effect his/her patient population(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 22:284 (April 1996), amended LR 27:727 (May 2001), LR 31:2027 (August 2005), LR 40:66 (January 2014).

Karen C. Lyon, PhD, RN, NEA
Executive Director

1401#015

RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Coordinated Care Network
Prescription Drugs Prior Authorization Form
(LAC 50:I.3303 and 3503)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:I.3303 and §3503 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 I. Administration
Subpart 3. Medicaid Coordinated Care
Chapter 33. Coordinated Care Network Shared Savings Model
§3303. Shared Savings Model Responsibilities

A. - T.3. …

U. The department shall require all managed care organizations participating in coordinated care networks to utilize the standard form designated by the department for the prior authorization of prescription drugs, in addition to any other currently accepted facsimile and electronic prior authorization forms.

1. A CCN-S may submit the prior authorization form electronically if it has the capabilities to submit the form in this manner.

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 40:66 (January 2014).

Chapter 35. Coordinated Care Network Managed Care Organization Model
§3503. Managed Care Organization Model Responsibilities

A. - S.3. …

T. The department shall require all managed care organizations participating in coordinated care networks to utilize the standard form designated by the department for the prior authorization of prescription drugs, in addition to any other currently accepted facsimile and electronic prior authorization forms.

1. A CCN-P may submit the prior authorization form electronically if it has the capabilities to submit the form in this manner.

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 37:1583 (June 2011), amended LR 39:92 (January 2013), LR 40:66 (January 2014).

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
Secretary

1401#072

RULE

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
Housing Stabilization and Transition Services
(LAC 50:XXI.11303 and 12101)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities have amended LAC 50:XXI.11303 and §12101 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community-Based Services Waivers
Subpart 9. Children's Choice
Chapter 113. Service
§11303. Service Definitions

A. - M.3.a. …

N. Housing Stabilization Transition Services

1. Housing stabilization transition services enable participants who are transitioning into a permanent supportive housing unit, including those transitioning from institutions, to secure their own housing. The service is provided while the participant is in an institution and preparing to exit the institution using the waiver.

2. Housing stabilization transition services include the following components:

a. conducting a housing assessment to identify the participant's preferences related to housing (i.e., type, location, living alone or with someone else, accommodations needed, and other important preferences), and his/her needs for support to maintain housing, including:

i. access to housing;
ii. meeting the terms of a lease;
iii. eviction prevention;
iv. budgeting for housing/living expenses;
v. obtaining/accessing sources of income necessary for rent;
vi. home management;
vii. establishing credit; and
viii. understanding and meeting the obligations of tenancy as defined in the lease terms;

b. assisting the participant to view and secure housing as needed, which may include arranging for and providing transportation;

c. assisting the participant to secure supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings;

d. developing an individualized housing support plan based upon the housing assessment that:

i. includes short and long term measurable goals for each issue;
ii. establishes the participant's approach to meeting the goal; and
iii. identifies where other provider(s) or services may be required to meet the goal;

e. participating in the development of the plan of care and incorporating elements of the housing support plan; and

f. exploring alternatives to housing if permanent supportive housing is unavailable to support completion of the transition.

3. Housing stabilization transition services are only available upon referral from the support coordinator. This service is not duplicative of other waiver services, including support coordination. This service is only available to persons who are residing in a state of Louisiana permanent supportive housing unit, or who are linked for the state of Louisiana permanent supportive housing selection process.

4. Participants may not exceed 165 combined units of this service and housing stabilization services.

a. Exceptions to exceed the 165 unit limit may be made only with written approval from the Office for Citizens with Developmental Disabilities.

O. Housing Stabilization Services

1. Housing stabilization services enable waiver participants to maintain their own housing as set forth in the participant's approved plan of care. Services must be provided in the home or a community setting.

2. Housing stabilization services include the following components:

a. conducting a housing assessment to identify the participant's preferences related to housing (i.e., type, location, living alone or with someone else, accommodations needed, and other important preferences), and his/her needs for support to maintain housing, including:

i. access to housing;
ii. meeting the terms of a lease;
iii. eviction prevention;
iv. budgeting for housing/living expenses;
v. obtaining/accessing sources of income necessary for rent;
vi. home management;
vii. establishing credit; and
viii. understanding and meeting the obligations of tenancy as defined in the lease terms;

b. participating in the development of the plan of care and incorporating elements of the housing support plan;

c. developing an individualized housing stabilization service provider plan based upon the housing assessment that includes short and long term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies where other provider(s) or services may be required to meet the goal;

d. providing supports and interventions according to the individualized housing support plan. If additional supports or services are identified as needed outside the scope of housing stabilization service, the needs must be communicated to the support coordinator;

e. providing ongoing communication with the landlord or property manager regarding the participant's disability, accommodations needed, and components of emergency procedures involving the landlord or property manager;

f. updating the housing support plan annually or as needed due to changes in the participant's situation or status; and

g. providing supports to retain housing or locate and secure housing to continue community-based supports if the participant's housing is placed at risk (e.g., eviction, loss of roommate or income). This includes locating new housing, sources of income, etc.

3. Housing stabilization services are only available upon referral from the support coordinator. This service is not duplicative of other waiver services, including support coordination. This service is only available to persons who are residing in a state of Louisiana permanent supportive housing unit.

4. Participants may not exceed 165 combined units of this service and housing stabilization transition services.

a. Exceptions to exceed the 165 unit limit may be made only with written approval from the Office for Citizens with Developmental Disabilities.

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 28:1983 (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 40:67 (January 2014).

Chapter 121. Reimbursement

§12101. Reimbursement Methodology

A. - B. …

1. Family support, crisis support, center-based respite, applied behavioral analysis (ABA-based therapy), aquatic therapy, art therapy, music therapy, sensory integration, hippotherapy/therapeutic horseback riding, housing stabilization transition services, and housing stabilization services shall be reimbursed at a flat rate per 15-minute unit of service, which covers both service provision and administrative costs.

B.2. - 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 of the Secretary, Bureau of Health Services Financing, 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), LR 36:2280 (October 2010), LR 37:2157 (July 2011), LR 39:2504 (September 2013), LR 40:68 (January 2014).

Kathy H. Kliebert
Secretary

1401#073

RULE

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office for Citizens with Developmental Disabilities

Home and Community-Based Services Waivers
New Opportunities Waiver
Policy Clarifications and New Services
(LAC 50:XXI.Chapters 137-143)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities have amended LAC 50:XXI.Chapters 137-143 and to adopt §§13931-13937 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to title XIX of the Social Security Act. This Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community-Based Services Waivers
Subpart 11. New Opportunities Waiver

Chapter 137. General Provisions

§13701. Introduction

A. The new opportunities waiver (NOW), hereafter referred to as NOW, is designed to enhance the long-term services and supports available to individuals with developmental disabilities, who would otherwise require an intermediate care facility for persons with developmental disabilities (ICF-DD) level of care. The mission of NOW is to utilize the principle of self-determination and supplement the family and/or community supports that are available to maintain the individual in the community. In keeping with the principles of self-determination, NOW includes a self-direction service delivery option. This allows for greater flexibility in hiring, training, and general service delivery issues. NOW replaced the mentally retarded/developmentally disabled (MR/DD) waiver after participants of that waiver were transitioned into NOW.

B. All NOW services are accessed through the case management agency of the participant's choice. All services must be prior authorized and delivered in accordance with the approved plan of care (POC). The POC shall be developed using a person-centered process coordinated by the individual's case manager.

C. Providers must maintain adequate documentation to support service delivery and compliance with the approved plan of care and provide said documentation at the request of the department.

D. In order for the NOW provider to bill for services, the participant and the direct service provider, professional or

other practitioner rendering service must be present at the time the service is rendered. The service must be documented in service notes describing the service rendered and progress towards the participant's personal outcomes and POC.

E. Only the following NOW services shall be provided for or billed for the same hours on the same day as any other NOW service:

1. substitute family care;
2. supported living; and
3. skilled nursing services. Skilled nursing services may be provided with:
   a. substitute family care;
   b. supported living;
   c. day habilitation;
   d. supported employment (all three modules); and/or
   e. employment-related training.

F. The average participant expenditures for all waiver services shall not exceed the average Medicaid expenditures for ICF-DD services.

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, Bureau of Community Supports and Services, LR 30:1201 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1647 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:68 (January 2014).

§13703. Participant Qualifications and Admissions Criteria

A. In order to qualify for NOW, an individual must be three years of age or older, offered a waiver opportunity (slot) and meet all of the following criteria:

1. have a developmental disability as specified in R.S. 28:451.2;
2. be on the developmental disabilities (DD) request for services registry (RFSR), unless otherwise specified through programmatic allocation in §13707;
3. …
4. meet the requirements for an ICF-DD level of care which requires active treatment of a developmental disability under the supervision of a qualified developmental disability professional;
5. have assurance that health and welfare of the individual can be maintained in the community with the provision of NOW services;
6. have justification, as documentation in the approved plan of care, that NOW services are appropriate, cost effective and represent the least restrictive environment for the individual;

7. - 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, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1201 (June 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:96 (January 2014).

§13704. Resource Allocation Model

A. - A.3. …

a. The participant or his/her representative may request a reconsideration and present supporting documentation if he/she disagrees with the amount of assigned IFS service units. If the participant disagrees with the reconsideration decision, he/she may request a fair hearing through the formal appeals process.

4. Implementation of the resource allocation model was phased-in for the allocation of new waiver opportunities and renewal of existing waiver opportunities beginning July 1, 2009.

B. The following needs-based assessment instruments shall be utilized to determine the level of support needs of NOW participants:

B.1. - D.4.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 Service Financing and the Office for Citizens with Developmental Disabilities, LR 36:65 (January 2010), amended LR 40:69 (January 2014).

§13705. Denial of Admission or Discharge Criteria

A. Individuals shall be denied admission to or discharged from the NOW 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 requirement for an 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 facility or nursing facility with the intent to stay and not to return to waiver services. 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. 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 participant cannot be assured through the provision of NOW services within the participant'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 POC; and/or
8. continuity of services is interrupted as a result of the individual not receiving a NOW service during a period of 30 or more consecutive days. This does not include interruptions in NOW 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. There must be documentation from the treating physician that this

interruption will not exceed 90 days. During this 90-day period, the Office for Citizens with Developmental Disabilities (OCDD) will not authorize payment for NOW services.

9. 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 Community Supports and Services, LR 30:1202 (June 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities LR 40:69 (January 2014).

§13707. Programmatic Allocation of Waiver Opportunities

A. The request for services registry, hereafter referred to as "the registry," shall be used to evaluate individuals for waiver eligibility and to fill all waiver opportunities for persons with developmental disabilities. The next individual on the registry shall be notified in writing that a waiver opportunity is available and that he/she is next in line to be evaluated for a possible waiver assignment. The individual shall then choose a case management agency that will assist in the gathering of the documents needed for both the financial eligibility and medical certification process for level of care determination. If the individual is determined to be ineligible, either financially or medically, that individual shall be notified in writing. The next person on the registry shall be notified as stated above and the process continues until an eligible person is assigned the waiver opportunity. A waiver opportunity shall be assigned to an individual when eligibility is established and the individual is certified. By accepting a waiver opportunity, the person's name shall be removed from the registry.

B. Right of Refusal. A person may be designated inactive on the registry upon written request to OCDD. When the individual determines that he/she is ready to begin the waiver evaluation process, he/she shall request, in writing, that his/her name be removed from inactive status. His/her original protected request date will be reinstated. In addition, persons who left a publicly-operated facility after July 1, 1996 and who would have received a waiver opportunity, but chose another option at the time of discharge, may request access to a waiver opportunity through OCDD or its designated agent. OCDD will verify that the individual meets the criteria for this option and provide access to the next available waiver opportunity based on his/her date of discharge from the publicly-operated facility. That will become his/her protected date.

C. Utilizing these procedures, waiver opportunities shall be allocated to the targeted groups cited as follows.

1. A minimum of 90 waiver opportunities shall be available for allocation to foster children in the custody of the Department of Children and Family Services (DCFS), Child Welfare Division or its successor, who successfully complete the financial and medical certification eligibility processes and are certified for the waiver. DCFS Child Welfare or its successor is the guardian for children who have been placed in DCFS custody by court order. DCFS or its successor shall be responsible for assisting the individual in gathering the documents needed in the eligibility determination process, preparing the plan of care, and submitting the plan of care document to OCDD.

2. A minimum of 160 waiver opportunities shall be available for people living at Pinecrest Supports and Services Center (formerly known as Pinecrest Development Center), or its alternates at private ICFs-DD, who have chosen to receive community-based waiver services, have successfully completed the financial eligibility and medical certification processes, and are certified for the waiver. For the purposes of assigning these waiver opportunities, an alternate is defined as a person who lives in a private ICF-DD, chooses to apply for waiver participation, is eligible for the waiver, and vacates a bed in the private ICF-DD for an individual being discharged from a publicly-operated facility. A person living at Pinecrest shall have the option to select a private ICF-DD placement in the area of his/her choice in order to designate the individual being discharged from the private ICF-DD as his/her alternate. The bed being vacated in the private ICF-DD must be reserved for 14 days for the placement of a person being discharged from a publicly-operated facility. The person's discharge from a publicly-operated facility and his/her subsequent placement in a private ICF-DD is to occur as close as possible to the actual discharge of the alternate from the private ICF-DD and is not to exceed 14 days from the date of the alternate's discharge and certification for the waiver. The bed may be held vacant beyond the 14 days with the concurrence of the private ICF-DD provider.

3. Except for those waiver opportunities addressed in Paragraphs C.1, 2, 6 and 7 of this Section, waiver opportunities vacated during the waiver year shall be made available to persons residing in or leaving any publicly-operated ICF-DD at the time the facility is transferred to any private ICF-DD under a cooperative endeavor agreement with OCDD, or their alternates.

4. A waiver opportunity will be reserved for persons who choose to transition from a publicly-operated facility to community-based waiver services. The reservation of a waiver opportunity shall not exceed 120 days. However, justification to exceed this 120-day reservation period may be granted as needed.

5. Waiver opportunities not utilized by persons living in public ICFs-DD or their alternates shall be divided between:

a. the next individual on the registry who is living in either a nursing facility or private ICF-DD; and

b. …

6. Ten waiver opportunities shall be used for qualifying persons with developmental disabilities who receive services from the Developmental Neuropsychiatric Program (DNP). This is a project between OCDD and the Office of Behavioral Health in the development of coordinated wrap-around services for individuals who choose to participate in the waiver and meet the financial and medical eligibility requirements for the waiver.

7. Two hundred and eighty-one waiver opportunities shall be used for qualifying individuals with developmental disabilities who require emergency waiver services. In the event that a waiver opportunity is vacated, the opportunity will be returned to the emergency pool for support planning based on the process for prioritization. Once the 281 waiver opportunities are filled, then supports and services based on the priority determination system will be identified and

addressed through other resources currently available for individuals with developmental disabilities.

C.8. - 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 for Citizens with Developmental Disabilities, LR 31:2900 (November 2005), amended LR 33:2440 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 37:3526 (December 2011), LR 40:70 (January 2014).

§13709. Emergency Opportunities

A. Requests for emergency waiver services shall be made through the local governmental entities (human services districts or human services authorities) responsible for coordination of services for persons with developmental disabilities. When a request for emergency services is received, the human services district or human services authority shall complete a priority assessment that incorporates standardized operational procedures with standardized assessment tools to determine the priority of the individual's need in a fair and consistent manner.

B. To be considered for emergency waiver supports, the individual must need long-term supports, not temporary or short-term supports. All of the following criteria shall be used in the determination of priority for an emergency waiver opportunity.

B.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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 31:2901 (November 2005), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:71 (January 2014).

Chapter 139. Covered Services

§13901. Individual and Family Support Services

A. Individual and family support (IFS) services are direct support and assistance services provided in the home or the community that allow the participant to achieve and/or maintain increased independence, productivity, enhanced family functioning and inclusion in the community or for the relief of the primary caregiver. Transportation is included in the reimbursement for these services. Reimbursement for these services includes the development of a service plan for the provision of these services, based on the approved POC.

1. Individual and family support day (IFS-D) services will be authorized during waking hours for up to 16 hours when natural supports are unavailable in order to provide continuity of services to the participant. Waking hours are the period of time when the participant is awake and not limited to traditional daytime hours.

a. Additional hours of IFS-D services beyond the 16 hours can be approved based on documented need, which can include medical or behavioral need, and specified in the approved POC.

2. Individual and family support-night (IFS-N) service is direct support and assistance provided during the participant's sleeping "night" hours. Night hours are considered to be the period of time when the participant is asleep and there is a reduced frequency and intensity of required assistance. IFS-N services are not limited to traditional nighttime hours. The IFS-N worker must be immediately available and in the same residence as the participant to be able to respond to the participant's immediate needs. Documentation of the level of support needed, based on the frequency and intensity of needs, shall be included in the POC with supporting documentation in the provider's services plan. Supporting documentation shall outline the participant's safety, communication, and response methodology planned for and agreed to by the participant and/or his/her authorized representative identified in his/her circle of support. The IFS-N worker is expected to remain awake and alert unless otherwise authorized under the procedures noted below.

a. Participants who are able during sleeping hours to notify direct support workers of his/her need for assistance may choose the option of IFS-N services where staff is not required to remain awake.

b. The participant's support team shall assess the participant's ability to awaken staff. If it is determined that the participant is able to awaken staff and requests that the IFS-N worker be allowed to sleep, the POC shall reflect the participant's request.

c. Support teams should consider the use of technological devices that would enable the participant to notify/awaken IFS-N staff. (Examples of devices include wireless pagers, alerting devices such as a buzzer, a bell or a monitoring system.) If the method of awakening the IFS-N worker utilizes technological device(s), the service provider will document competency in use of devices by both the participant and IFS-N staff prior to implementation. The support coordinator will require a demonstration of effectiveness of this service no less than quarterly.

d. A review shall include review of log notes indicating instances when IFS-N staff was awakened to attend to the participant. Also included in the review is acknowledgement by the participant that IFS-N staff responded to his/her need for assistance timely and appropriately. Instances when staff did not respond appropriately will immediately be brought to the support team for discontinuation of allowance of the staff to sleep. The service will continue to be provided by awake and alert staff.

e. Any allegation of abuse/neglect during sleeping hours will result in the discontinuation of allowance of the staff to sleep until investigation is complete. Valid findings of abuse/neglect during night hours will require immediate revision to the POC.

B. IFS services may be shared by up to three waiver participants who may or may not live together and who have a common direct service provider agency. Waiver participants may share IFS services staff when agreed to by the participants and health and welfare can be assured for each participant. The decision to share staff must be reflected on the POC and based on an individual-by-individual determination. Reimbursement rates are adjusted accordingly. Shared IFS services, hereafter referred to as shared support services, may be either day or night services.

C. - C.5. …

6. accompanying the participant to the hospital and remaining until admission or a responsible representative

arrives, whichever occurs first. IFS services may resume at the time of discharge.

D. Exclusions. The following exclusions apply to IFS services.

1. Reimbursement shall not be paid for services furnished by a legally responsible relative. A *legally responsible relative* is defined as the parent of a minor child, foster parent, curator, tutor, legal guardian, or the participant's spouse.

2. IFS-D and IFS-N services shall not include services provided in the IFS-D or IFS-N worker's residence, regardless of the relationship.

3. ISF-D and IFS-N services will not be authorized or provided to the participant while the participant is in a center-based respite facility.

4. Remote assistance serves as a replacement for IFS; therefore, remote assistance and IFS services are not billable during the same time period.

E. Staffing Criteria and Limitations

1. IFS-D or IFS-N services may be provided by a member of the participant's family, provided that the participant does not live in the family member's residence and the family member is not the *legally responsible relative* as defined in §13901.D.1.

2. Family members who provide IFS services must meet the same standards as providers or direct care staff who are unrelated to the participant.

3. An IFS-D or IFS-N worker shall not work more than 16 hours in a 24-hour period unless there is a documented emergency or a time-limited non-routine need that is documented in the approved POC. An IFS-D or IFS-N shared supports worker shall not work more than 16 hours in a 24-hour period unless there is a documented emergency or a time-limited non-routine need that is documented in the approved POC.

F. Place of Service

1. IFS services shall be provided in the state of Louisiana. IFS services may be performed outside the state for a time-limited period or for emergencies. The provision of services outside of the state must be prior-approved by the department.

2. - 3. …

G. Provider Requirements. Providers must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and must meet the module specific requirements for the service being provided.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1202 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:2063 (November 2006), LR 33:1647 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:71 (January 2014).

§13903. Center-Based Respite Care

A. Center-based respite (CBR) care is temporary, short-term care provided to a participant with developmental disabilities who requires support and/or supervision in his/her day-to-day life due to the absence or relief of the primary caregiver. While receiving center-based respite care, the participant's routine is maintained in order to attend school, work or other community activities/outings. The respite center is responsible for providing transportation for community outings, as that is included as part of its reimbursement. Individual and family support services (both day and night) will not be reimbursed while the participant is in a center-based respite facility.

B. …

C. Service Limits. CBR services shall not exceed 720 hours per participant, per POC year.

1. Participants may request approval of hours in excess of 720 hours. The request must be submitted to the OCDD central office with proper justification and documentation for prior approval.

D. Provider Requirements. Providers must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and must meet the module specific requirements for the service being provided.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1203 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1648 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:72 (January 2014).

§13905. Community Integration Development

A. Community integration development (CID) facilitates the development of opportunities to assist participants in becoming involved in the community through the creation of natural supports. The purpose of CID is to encourage and foster the development of meaningful relationships in the community reflecting the participant's choices and values. Objectives outlined in the plan of care will afford opportunities to increase community inclusion, participation in leisure/recreational activities, and encourage participation in volunteer and civic activities. Reimbursement for this service includes the development of a service plan. To utilize this service, the participant may or may not be present as identified in the approved CID service plan. CID services may be performed by shared staff for up to three waiver participants who have a common direct service provider agency. The shared staff shall be reflected on the POC and based on an individual-by-individual determination. Rates shall be adjusted accordingly.

B. …

C. Service Limitations. Services shall not exceed 60 hours per participant per POC year which includes the combination of shared and non-shared community integration development.

D. Provider Qualifications. Providers must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and must meet the module specific requirements for the service being provided.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1203 (June 2004), amended by the Department of Health and Hospitals, Office of the

Secretary, Office for Citizens with Developmental Disabilities, LR 33:1648 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:72 (January 2014).

§13907. Supported Living

A. Supported living (SL) assists the participant to acquire, improve or maintain those social and adaptive skills necessary to enable a participant to reside in the community and to participate as independently as possible. SL services include assistance and/or training in the performance of tasks such as personal grooming, housekeeping and money management. Payment for this service includes oversight and administration and the development of service plans for the enhancement of socialization with age-appropriate activities that provide enrichment and may promote wellness. The service plan should include initial, introduction, and exploration for positive outcomes for the participant for community integration development. These services also assist the participant in obtaining financial aid, housing, advocacy and self-advocacy training as appropriate, emergency support, trained staff and assisting the participant in accessing other programs for which he/she qualifies. SL participants must be 18 years or older.

B. Place of Service. Services are provided in the participant's residence and/or in the community. The participant's residence includes his/her apartment or house, provided that he/she does not live in the residence of any legally responsible relative. An exception will be considered when the participant lives in the residence of a spouse or disabled parent, or a parent age 70 or older. Family members who are not *legally responsible relatives* as defined in §13901.D.1, can be SL workers provided they meet the same qualifications as any other SL worker.

C. Exclusions

1. Legally responsible relatives may not be SL providers. Payment for SL does not include payments made directly or indirectly to members of the participant's immediate family.

2. SL shall not include the cost of:

a. - e. …

3. SL services cannot be provided in a substitute family care setting.

D. Service Limit. SL services are limited to one service per day, per POC year, except when the participant is in center-based respite. When a participant living in an SL setting is admitted to a center-based respite facility, the SL provider shall not bill the SL per diem beginning with the date of admission to the center-based respite facility and through the date of discharge from the center-based respite facility.

E. Provider Qualifications. Providers must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and meet the module specific requirements for the service being provided.

F. Provider Responsibilities

1. Minimum direct services by the SL agency include two documented phone contacts per week and one documented face-to-face contact per month by the SL provider agency in addition to the approved direct support hours. These required contacts must be completed by the SL agency supervisor or a licensed/certified professional qualified in the state of Louisiana who meets requirements as defined by 42 CFR §483.430.

2. …

3. Supported living services shall be coordinated with any services listed in the approved POC, and may serve to reinforce skills or lessons taught in school, therapy or other settings.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1204 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1648 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:73 (January 2014).

§13909. Substitute Family Care

A. Substitute family care (SFC) provides for day programming, transportation, independent living training, community integration, homemaker, chore, attendant care and companion services, and medication oversight (to the extent permitted under state law) to participants residing in a licensed substitute family care home. The service is a stand-alone family living arrangement for participants age 18 and older. The SFC house parents assume the direct responsibility for the participant's physical, social, and emotional well-being and growth, including family ties. There shall be no more than three participants living in a substitute family care setting who are unrelated to the SFC provider. Immediate family members (mother, father, brother and/or sister) cannot be substitute family care parents. Reimbursement for this service includes the development of a service plan based on the approved POC.

B. …

C. Exclusions. The following exclusions apply to SFC services.

1. Remote assistance and surveillance systems may not be used concurrently with SFC services or in the SFC home.

D. Provider Qualifications. Providers must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and must meet the module specific requirements for the service being provided.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1204 (June 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:73 (January 2014).

§13911. Day Habilitation

A. Day habilitation is provided in a community-based setting and provides the participant assistance with social and adaptive skills necessary to enable the participant to participate as independently as possible in the community. These services focus on socialization with meaningful age-appropriate activities which provide enrichment and promote wellness, as indicated in the participant's POC.

1. Day habilitation services must be directed by a service plan and provide assistance and/or training in the

performance of tasks related to acquiring, maintaining or improving skills including, but not limited to:

a. - f. …

2. Day habilitation services shall be coordinated with any therapy, employment-related training, or supported employment models that the participant may be receiving. The participant does not receive payment for the activities in which he/she are engaged. The participant must be 18 years of age or older in order to receive day habilitation services.

B. Service Limits. Services can be provided one or more hours per day but not to exceed eight hours per day or 8,320 one quarter hour units of service per POC year.

C. Licensing Requirements. Providers must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and must meet the module specific requirements for the service being provided.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1204 (June 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:73 (January 2014).

§13913. Supported Employment

A. Supported employment is competitive work in an integrated work setting, or employment in an integrated work setting in which the participants are working toward competitive work that is consistent with the strengths, resources, priorities, interests, and informed choice of participants for whom competitive employment has not traditionally occurred. The participant must be 18 years of age or older in order to receive supported employment services.

B. These are services provided to participants who are not served by Louisiana Rehabilitation Services, need more intense, long-term follow along and usually cannot be competitively employed because supports cannot be successfully phased out.

C. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed by waiver participants to sustain paid work, including supervision and training and is based on an individualized service plan. Supported employment includes assistance and prompting with:

C.1. - D.1. …

2. Follow along services are designed for participants who are in supported employment and have been placed in a work site and only require minimum oversight for follow along at the job site. This service is limited to 52 days per POC year.

3. Mobile work crew/enclave is an employment setting in which a group of two or more participants, but fewer than eight perform work in a variety of locations under the supervision of a permanent employment specialist (job coach/supervisor). This service is up to eight hours a day, five days per week.

E. Service Exclusions

1. Services shall not be used in conjunction or simultaneously with any other waiver service, except substitute family care, supported living, and skilled nursing services.

2. When supported employment services are provided at a work site in which persons without disabilities are employees, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of his/her disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

3. …

F. Service Limits

1. One-to-one intensive services shall not exceed 1,280 1/4 hour units per POC year. Services shall be limited to eight hours a day, five days a week, for six to eight weeks.

2. Follow along services shall not exceed 52 days per POC year.

3. Mobile crew/enclave services shall not exceed 8,320 one quarter hour units of service per POC year, without additional documentation. This is eight hours per day, five days per week.

G. Licensing Requirements. The provider must possess a valid certificate of compliance as a community rehabilitation provider (CRP) from Louisiana Rehabilitation Services.

1. 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 Community Supports and Services, LR 30:1205 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1649 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:74 (January 2014).

§13915. Transportation for Day Habilitation and Supported Employment Models

A. Transportation provided for the participant to the site of the day habilitation or supported employment model, or between the day habilitation and supported employment model site (if the participant receives services in more than one place) is reimbursable when day habilitation or supported employment model has been provided. Reimbursement may be made for a one-way trip if reason is documented in provider's transportation log. There is a maximum fee per day that can be charged for transportation regardless of the number of trips per day.

B. Licensing Requirements. Providers must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and meet the module specific requirements for the service being provided. The licensed provider must carry $1,000,000 liability insurance on the vehicles used in transporting the participants.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1205 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:2064 (November 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office

for Citizens with Developmental Disabilities, LR 40:74 (January 2014).

§13917. Employment-Related Training

A. Employment-related training consists of paid employment for participants for whom competitive employment at or above the minimum wage is unlikely, and who need intensive ongoing support to perform in a work setting because of disabilities. Services are aimed at providing participants with opportunities for employment and related training in work environments one to eight hours a day, one to five days a week at a commensurate wage in accordance with United States Department of Labor regulations and guidelines. Employment-related training services include training designed to improve and maintain the participant's capacity to perform productive work and to function adaptively in the work environment. The participant must be 18 years or older in order to receive employment-related training services. Reimbursement for these services includes transportation and requires an individualized service plan.

B. Employment-related training services include, but are not limited to:

1. - 6. …

7. instruction on basic personal finance skills; and

8. information and counseling to a participant and, as appropriate, his/her family on benefits planning and assistance in the process.

C. Exclusions. The following service exclusions apply to employment-related training.

1. Services are not available to participants who are eligible to participate in programs funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act, 20 U.S.C. 1401(16) and (71).

D. Service Limits. Services shall not exceed eight hours a day, five days a week, and cannot exceed 8,320 one quarter hour units of service per POC year.

E. Licensing Requirements. Providers must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and must meet the module specific requirements for the service being provided. The provider must also possess a valid certificate of compliance as a community rehabilitation provider (CRP) from Louisiana Rehabilitation Services.

1. 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 Community Supports and Services, LR 30:1205 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1649 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:75 (January 2014).

§13919. Environmental Accessibility Adaptations

A. Environmental accessibility adaptations are physical adaptations to the home or a vehicle that are necessary to ensure the health, welfare, and safety of the participant or that enable him/her to function with greater independence in the home and/or community. Without these services, the participant would require additional supports or institutionalization.

B. Such adaptations may include:

1. installation of ramps and/or grab-bars;

2. …

3. modification of bathroom facilities;

4. installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies for the welfare of the participant; or

5. adaptations to the vehicle, which may include a lift or other adaptations, to make the vehicle accessible to the participant or for the participant to drive.

C. Requirements for Authorization. Items reimbursed through NOW funds shall be supplemental to any adaptations furnished under the Medicaid state plan.

1. Any service covered under the Medicaid state plan shall not be authorized by NOW. The environmental accessibility adaptation(s) must be delivered, installed, operational and reimbursed in the POC year in which it was approved. A written itemized detailed bid, including drawings with the dimensions of the existing and proposed floor plans relating to the modification, must be obtained and submitted for prior authorization. Modifications may be applied to rental or leased property with the written approval of the landlord and approval of the human services authority or district. Reimbursement shall not be paid until receipt of written documentation that the job has been completed to the satisfaction of the participant.

2. Upon completion of the work and prior to payment, the provider shall give the participant a certificate of warranty for all labor and installation and all warranty certificates from manufacturers.

3. Excluded are those adaptations or improvements to the residence that are of general utility or maintenance and are not of direct medical or remedial benefit to the participant, including, but not limited to:

3.a. - 6.…

D. Service Limits. There is a cap of $7,000 per participant for environmental accessibility adaptations. Once a recipient reaches 90 percent or greater of the cap and the account has been dormant for three years, the participant may access another $7,000. Any additional environmental accessibility expenditures during the dormant period reset the three-year time frame. On a case-by-case basis, with supporting documentation and based on need, a participant may be able to exceed this cap with the prior approval of OCDD central office.

E. - E.2. …

3. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1206 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1649 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:75 (January 2014).

§13921. Specialized Medical Equipment and Supplies

A. Specialized medical equipment and supplies (SMES) are devices, controls, or appliances which enable the participant to:

1. - 2. …

3. perceive, control and communicate with the environment in which he/she lives.

B. The service includes medically necessary durable and nondurable medical equipment not covered under the Medicaid state plan. NOW will not cover non-medically necessary items. All items shall meet applicable standards of manufacture, design and installation. Routine maintenance or repair of specialized medical equipment is funded under this service.

C. All alternate funding sources that are available to the participant shall be pursued before a request for the purchase or lease of specialized equipment and supplies will be considered.

D. Exclusion. Excluded are specialized equipment and supplies that are of general utility or maintenance, but are not of direct medical or remedial benefit to the participant. Refer to the New Opportunities Waiver provider manual for a list of examples.

E. Service Limitations. There is a cap of $1,000 per participant for specialized equipment and supplies. Once a participant reaches 90 percent or greater of the cap and the account has been dormant for three years, the participant may access another $1,000. Any additional specialized equipment and supplies expenditures during the dormant period reset the three-year time frame. On a case-by-case basis, with supporting documentation and based on need, a participant may be able to exceed this cap with the prior approval of OCDD central office.

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 Community Supports and Services, LR 30:1207 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1649 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:75 (January 2014).

§13923. Personal Emergency Response Systems

A. Personal emergency response systems (PERS) is a rented electronic device connected to the person's phone and programmed to signal a response center which enables a participant to secure help in an emergency.

B. Participant Qualifications. Personal emergency response systems (PERS) services are available to those persons who:

1. - 3. …

C. Coverage of the PERS is limited to the rental of the electronic device. PERS services shall include the cost of maintenance and training the participant to use the equipment.

D. Reimbursement will be made for a one-time installation fee for the PERS unit. A monthly fee will be paid for the maintenance of the PERS.

E. Provider Qualifications. The provider must be an enrolled Medicaid provider of the PERS. The provider shall install and support PERS equipment in compliance with all applicable federal, state, parish and local laws and meet manufacturer's specifications, response requirements, maintenance records and participant education.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1207 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1650 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:76 (January 2014).

§13925. Professional Services

A. Professional services are services designed to increase the participant's independence, participation and productivity in the home, work and community. Participants, up to the age of 21, who participate in NOW must access these services through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Professional services may only be furnished and reimbursed through NOW when the services are not covered under the Medicaid state plan. Professional services must be delivered with the participant present and be provided based on the approved POC and an individualized service plan. Service intensity, frequency and duration will be determined by individual need. Professional services may be utilized to:

1. - 2. …

3. provide training or therapy to a participant and/or his/her natural and formal supports necessary to either develop critical skills that may be self-managed by the participant or maintained according to the participant's needs;

4. …

5. provide necessary information to the participant, family, caregivers and/or team to assist in the implementation of plans according to the approved POC.

B. Professional services are limited to the following services.

1. Psychological services are direct services performed by a licensed psychologist, as specified by state law and licensure. These services are for the treatment of a behavioral or mental condition that addresses personal outcomes and goals desired by the participant and his/her team. Services must be reasonable and necessary to preserve and improve or maintain adaptive behaviors or decrease maladaptive behaviors of a person with developmental disabilities. Service intensity, frequency, and duration will be determined by individual need.

2. Social work services are highly specialized direct counseling services furnished by a licensed clinical social worker and designed to meet the unique counseling needs of individuals with development disabilities. Counseling may address areas such as human sexuality, depression, anxiety disorders, and social skills. Services must only address those personnel outcomes and goals listed in the approved POC.

3. …

C. Service Limits. There shall be a $2,250 cap per participant per POC year for the combined range of professional services in the same day but not at the same time. Additional services may be prior authorized if the participant reaches the cap before the expiration of the plan of care and the participant's health and safety is at risk.

D. Provider Qualifications. The provider of professional services must be a Medicaid-enrolled provider. Each professional must possess a current valid Louisiana license to practice in his/her field and have at least one year of experience post licensure in his/her area of expertise.

E. - E.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 the Secretary, Bureau of Community Supports and Services, LR 30:1207 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1650 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:76 (January 2014).

§13927. Skilled Nursing Services

A. Skilled nursing services are medically necessary nursing services ordered by a physician and provided by a licensed registered nurse or a licensed practical nurse. Skilled nursing services shall be provided by a licensed, enrolled home health agency and require an individual nursing service plan. These services must be included in the participant's approved POC. All Medicaid state plan services must be utilized before accessing this service. Participants, up to the age of 21, must access these services as outlined on the POC through the Home Health Program.

B. When there is more than one participant in the home receiving skilled nursing services, services may be shared and payment must be coordinated with the service authorization system and each participant's approved POC. Nursing consultations are offered on an individual basis only.

C. Provider Qualifications. The provider must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and must meet the module specific requirements for the service being provided.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1208 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1651 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:77 (January 2014).

§13929. One Time Transitional Expenses

A. One-time transitional expenses are those allowable expenses incurred by participants who are being transitioned from an ICF-DD to his/her own home or apartment in the community of their choice. *Own home* shall mean the participant's own place of residence and does not include any family members home or substitute family care homes.

B. - B.3. …

4. non-refundable security deposits.

C. Service Limits. Set-up expenses are capped at $3,000 over a participant's lifetime.

D. - E. …

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1208 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1651 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:77 (January 2014).

§13931. Adult Companion Care

A. Adult companion care services assist the participant to achieve and/or maintain the outcomes of increased independence, productivity and inclusion in the community. These services are designed for individuals who live independently and can manage his/her own household with limited supports. The companion is a principal care provider who provides services in the participant's home and lives with the participant as a roommate. Adult companion care services may be furnished through self-direction or through a licensed provider organization as outlined in the participant's POC. This service includes:

1. providing assistance with all of the activities of daily living as indicated in the participant's POC;

2. providing community integration and coordination of transportation services, including medical appointments; and

3. providing medical and physical health care that can be delivered by unlicensed persons in accordance with Louisiana's Nurse Practice Act.

B. Adult companion care services are arranged by provider organizations that are subject to licensure. The companion is an employee of the provider organization and is responsible for providing limited, daily direct services to the participant.

1. The companion shall be available in accordance with a pre-arranged time schedule and available by telephone for crisis support on short notice.

2. Services may not be provided by a family member who is not the participant's spouse, parent or legal guardian.

C. Provider Responsibilities

1. The provider organization shall develop a written agreement as part of the participant's POC which defines all of the shared responsibilities between the companion and the participant. The written agreement shall include, but is not limited to:

a. types of support provided by the companion;

b. activities provided by the companion; and

c. a typical weekly schedule.

2. Revisions to this agreement must be facilitated by the provider organization and approved by the support team. Revisions may occur at the request of the participant, the companion, the provider or other support team members.

3. The provider organization is responsible for performing the following functions which are included in the daily rate:

a. arranging the delivery of services and providing emergency services;

b. making an initial home visit to the participant's home, as well as periodic home visits as required by the department;

c. contacting the companion a minimum of once per week or as specified in the participant's plan of care; and

d. providing 24-hour oversight and supervision of the adult companion care services, including back-up for the scheduled and unscheduled absences of the companion.

4. The provider shall facilitate a signed written agreement between the companion and the participant which assures that:

a. the companion's portion of expenses must be at least $200 per month, but shall not exceed 50 percent of the combined monthly costs which includes rent, utilities and primary telephone expenses; and

b. inclusion of any other expenses must be negotiated between the participant and the companion. These negotiations must be facilitated by the provider and the resulting agreement must be included in the written agreement and in the participant's POC.

D. Companion Responsibilities

1. The companion is responsible for:

a. participating in, and abiding by, the POC;

b. maintaining records in accordance with state and provider requirements; and

c. purchasing his/her own food and personal care items.

E. Service Limits

1. Adult companion care services may be authorized for up to 360 hours per year as documented in the participant's POC.

F. Service Exclusions

1. Adult companion care services cannot be provided or billed for at the same time as respite care services.

2. Participants receiving adult companion care services are not eligible for receiving the following services:

a. supported living;

b. individual and family support;

c. substitute family care; or

d. skilled nursing.

G. Provider Qualifications. Providers must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and must meet the module specific requirements for the service being provided.

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 40:77 (January 2014).

§13933. Remote Assistance

A. Remote visual monitoring and on-site audio response system(s) include the provision of oversight and monitoring within the residential setting of adult waiver participants through the off-site electronic surveillance. Also included is the provision of stand-by intervention staff prepared for prompt engagement with the participant and/or immediate deployment to the residential setting.

B. Remote visual monitoring and on-site audio response system may be installed in the participant's home in which residing adult participant(s), guardian(s), and support team(s) request such surveillance and monitoring in place of on-site staffing.

1. Use of the system may be restricted to certain hours as identified through the POC(s) of the participant(s) involved.

2. The request for the system to be installed must be reviewed and approved by the OCDD assistant secretary or designee prior to installation.

C. Provider Responsibilities

1. To be reimbursed for operating a remote assistance system, a provider must adhere to all applicable policies and procedures.

2. Each remote site will have a written policy and procedure approved by the human services authority or district that defines emergency situations and details how remote and float staff will respond to each. This information must be available to support coordinators and providers serving participants.

3. Emergency response drills must be carried out once per quarter per shift in each home equipped with and capable of utilizing the electronic monitoring service. Documentation of the drills must be available for review upon request by OCDD or its representative.

D. Service Limits

1. Services may be shared by up to four participants who live together.

E. Service Exclusions

1. Remote assistance and surveillance systems which have not received specific approval by the OCDD assistant secretary or designee are excluded.

2. Remote assistance and surveillance systems may not be used concurrently with substitute family care services or in the substitute family care home.

3. Remote assistance is not to be used to monitor direct care staff.

4. Remote assistance serves as a replacement for individual and family support services (IFS); therefore, remote assistance and IFS services are not billable during the same time period.

5. Remote assistance cannot be used in place of direct care staff to monitor minors (participants under the age of 18 years).

6. Remote assistance services may be provided by a member of the participant's family, provided that the participant does not live in the family member's residence and the family member is not the legally responsible relative. A *legally responsible relativ*e is defined as the parent of a minor child, foster parent, curator, tutor, legal guardian, or the participant's spouse.

F. Provider Requirements. Providers must be licensed by the Louisiana Department of Health and Hospitals as a home and community-based services provider and must meet the module specific requirements for the service being provided.

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 40:78 (January 2014).

§13935. Housing Stabilization Transition Service

A. Housing stabilization transition service enables participants who are transitioning into a permanent supportive housing unit, including those transitioning from institutions, to secure their own housing. The service is provided while the participant is in an institution and preparing to exit the institution using the waiver. The service includes the following components:

1. conducting a housing assessment to identify the participant's preferences related to housing (i.e., type, location, living alone or with someone else, accommodations needed, and other important preferences), and his/her needs for support to maintain housing, including:

a. access to housing;

b. meeting the terms of a lease;

c. eviction prevention;

d. budgeting for housing/living expenses;

e. obtaining/accessing sources of income necessary for rent;

f. home management;

g. establishing credit; and

h. understanding and meeting the obligations of tenancy as defined in the lease terms;

2. assisting the participant to view and secure housing as needed. This may include arranging or providing transportation. The participant shall be assisted in securing supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings;

3. developing an individualized housing support plan based upon the housing assessment that:

a. includes short- and long-term measurable goals for each issue;

b. establishes the participant's approach to meeting the goal; and

c. identifies where other provider(s) or services may be required to meet the goal;

4. participating in the development of the plan of care and incorporating elements of the housing support plan; and

5. exploring alternatives to housing if permanent supportive housing is unavailable to support completion of transition.

B. This service is only available upon referral from the support coordinator and is not duplicative of other waiver services, including support coordination. It is only available to persons who are residing in a state of Louisiana permanent supportive housing unit or who are linked for the state of Louisiana permanent supportive housing selection process.

C. Participants may not exceed 165 combined units of this service and the housing stabilization service.

1. Exceptions to the 165 unit limit can only be made with written approval from the OCDD.

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 40:78 (January 2014).

§13937. Housing Stabilization Service

A. Housing stabilization service enables waiver participants to maintain their own housing as set forth in the participant's approved POC. Services must be provided in the home or a community setting. This service includes the following components:

1. conducting a housing assessment to identify the participant's preferences related to housing (i.e., type, location, living alone or with someone else, accommodations needed, and other important preferences), and his/her needs for support to maintain housing, including:

a. access to housing;

b. meeting the terms of a lease;

c. eviction prevention;

d. budgeting for housing/living expenses;

e. obtaining/accessing sources of income necessary for rent;

f. home management;

g. establishing credit; and

h. understanding and meeting the obligations of tenancy as defined in the lease terms;

2. participating in the development of the POC, incorporating elements of the housing support plan;

3. developing an individualized housing stabilization service provider plan based upon the housing assessment that includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies where other provider(s) or services may be required to meet the goal;

4. providing supports and interventions according to the individualized housing support plan. If additional supports or services are identified as needed outside the scope of housing stabilization service, the needs must be communicated to the support coordinator;

5. providing ongoing communication with the landlord or property manager regarding the participant's disability, accommodations needed, and components of emergency procedures involving the landlord or property manager;

6. updating the housing support plan annually or as needed due to changes in the participant's situation or status; and

7. if at any time the participant's housing is placed at risk (e.g., eviction, loss of roommate or income), housing stabilization service will provide supports to retain housing or locate and secure housing to continue community-based supports, including locating new housing, sources of income, etc.

B. This service is only available upon referral from the support coordinator and the service is not duplicative of other waiver services including support coordination. It is only available to persons who are residing in a state of Louisiana permanent supportive housing unit.

C. Participants may not exceed 165 combined units of this service and the housing stabilization transition service.

1. Exceptions to the 165 unit limit can only be made with written approval from the OCDD.

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 40:79 (January 2014).

Chapter 141. Self-Direction Initiative

§14101. 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 NOW 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 his/her own care and individual budget. If the participant 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. 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; and

a. …

3. participation in the development and management of the approved personal purchasing plan:

a. this annual budget is determined by the recommended service hours listed in the participant's POC 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.

C. Termination of the Self-Direction Service Delivery Option. Termination of participation in the self-direction service delivery option requires a revision of the POC, 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 responsible representative to direct the care;

c. there is misuse of public funds by the participant or the authorized representative; or

d. over three consecutive payment cycles, the participant or authorized representative:

i. - iv. …

D. All services rendered shall be prior approved and in accordance with the plan of care.

E. 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.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1209 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1651 (August 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:79 (January 2014).

Chapter 143. Reimbursement

§14301. Reimbursement Methodology

A. Reimbursement for services shall be a prospective flat rate for each approved unit of service provided to the participant. One quarter hour (15 minutes) is the standard unit of service, which covers both service provision and administrative costs for the following services:

1. center-based respite;

2. community integration development:

a. services furnished to two participants who choose to share supports will be reimbursed at 75 percent of the full rate for each recipient; and

b. services furnished to three participants who choose to share supports will be reimbursed at 66 percent of the full rate for each participant;

3. day habilitation;

4. employment related training;

5. individualized and family support-day and night;

a. - b. Repealed.

6. professional services;

7. skilled nursing services:

a. services furnished to two participants who choose to share supports will be reimbursed at 75 percent of the full rate for each participant;

b. services furnished to three participants who choose to share supports will be reimbursed at 66 percent of the full rate for each participant;

c. nursing consultations are offered on an individual basis only.

d. - e. …

8. supported employment, one-to-one intensive and mobile crew/enclave;

9. housing stabilization transition; and

10. housing stabilization.

B. The following services are to be paid at cost, based on the need of the participant and when the service has been prior authorized and on the POC:

1. - 3. …

C. The following services are paid through a per diem:

1. …

2. supported living;

3. supported employment-follow along; and

4. adult companion care.

D. - K. …

L. Remote assistance is paid through an hourly rate.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 30:1209 (June 2004), amended by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 34:252 (February 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 35:1851 (September 2009), amended LR 36:1247 (June 2010), LR 37:2158 (July 2011), LR 39:1049 (April 2013), LR 40:80 (January 2014).

Kathy H. Kliebert
Secretary

1401#074

RULE

Department of Health and Hospitals
Bureau of Health Services Financing
and
Office for Citizens with Developmental Disabilities

Home and Community-Based Services Waivers
Supports Waiver
Housing Stabilization and Transition Services
(LAC 50:XXI.5717, 5719 and 6101)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities have adopted LAC 50:XXI.5717-5719, and amended §6101 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community-Based Services Waivers
Subpart 5. Supports Waiver
Chapter 57. Covered Services
§5717. Housing Stabilization Transition Services

A. Housing stabilization transition services enable participants who are transitioning into a permanent supportive housing unit, including those transitioning from institutions, to secure their own housing. The service is provided while the participant is in an institution and preparing to exit the institution using the waiver. The service includes the following components:

1. conducting a housing assessment to identify the participant's preferences related to housing (i.e., type, location, living alone or with someone else, accommodations needed, and other important preferences), and his/her needs for support to maintain housing, including:

a. access to housing;
b. meeting the terms of a lease;
c. eviction prevention;
d. budgeting for housing/living expenses;
e. obtaining/accessing sources of income necessary for rent;
f. home management;
g. establishing credit; and
h. understanding and meeting the obligations of tenancy as defined in the lease terms;

2. assisting the participant to view and secure housing as needed, which may include arranging and providing transportation;

3. assisting the participant to secure supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings;

4. developing an individualized housing support plan based upon the housing assessment that:

a. includes short- and long-term measurable goals for each issue;
b. establishes the participant's approach to meeting the goal; and
c. identifies where other provider(s) or services may be required to meet the goal;

5. participating in the development of the plan of care and incorporating elements of the housing support plan; and

6. exploring alternatives to housing if permanent supportive housing is unavailable to support completion of transition.

B. Housing stabilization transition services are only available upon referral from the support coordinator. This service is not duplicative of other waiver services, including support coordination. This service is only available to persons who are residing in a state of Louisiana permanent supportive housing unit or who are linked for the state of Louisiana permanent supportive housing selection process.

C. Participants may not exceed 165 combined units of this service and the housing stabilization service.

1. Exceptions to exceed the 165 unit limit may be made only with written approval from the OCDD.

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 40:81 (January 2014).

§5719. Housing Stabilization Services

A. Housing stabilization services enable waiver participants to maintain their own housing as set forth in the participant's approved plan of care. Services must be provided in the home or a community setting. This service includes the following components:

1. conducting a housing assessment to identify the participant's preferences related to housing (i.e., type, location, living alone or with someone else, accommodations needed, and other important preferences), and his/her needs for support to maintain housing, including:

a. access to housing;
b. meeting the terms of a lease;
c. eviction prevention;
d. budgeting for housing/living expenses;
e. obtaining/accessing sources of income necessary for rent;
f. home management;
g. establishing credit; and
h. understanding and meeting the obligations of tenancy as defined in the lease terms;

2. participating in the development of the plan of care, incorporating elements of the housing support plan;

3. developing an individualized housing stabilization service provider plan based upon the housing assessment that includes short- and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies where other provider(s) or services may be required to meet the goal;

4. providing supports and interventions according to the individualized housing support plan. If additional supports or services are identified as needed outside the scope of housing stabilization service, the needs must be communicated to the support coordinator;

5. providing ongoing communication with the landlord or property manager regarding the participant's disability, accommodations needed, and components of emergency procedures involving the landlord or property manager;

6. updating the housing support plan annually or as needed due to changes in the participant's situation or status; and

7. if at any time the participant's housing is placed at risk (e.g., eviction, loss of roommate or income), housing stabilization services will provide supports to retain housing or locate and secure housing to continue community-based supports, including locating new housing, sources of income, etc.

B. Housing stabilization services are only available upon referral from the support coordinator. This service is not duplicative of other waiver services including support coordination. It is only available to persons who are residing in a state of Louisiana permanent supportive housing unit.

C. Participants may not exceed 165 combined units of this service and the housing stabilization transition service.

1. Exceptions to exceed the 165 unit limit may be made only with written approval from the OCDD.

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 40:81 (January 2014).

Chapter 61. Reimbursement Methodology

§6101. Reimbursement Methodology

A. - D. …

E. Respite, housing stabilization transition services and housing stabilization services shall be reimbursed at a prospective flat rate for each approved unit of service provided to the recipient. One-quarter hour (15 minutes) is the standard unit of service.

F. - M.1. …

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1607 (September 2006), LR 34:662 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 36:2281 (October 2010), amended LR 37:2158 (July 2011), LR 39:1050 (April 2013), LR 40:82 (January 2014).

Kathy H. Kliebert
Secretary

1401#075

RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Pharmacy Benefits Management Program
Medication Administration
Influenza Vaccinations
(LAC 50:XXIX.123, 991 and 993)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:XXIX.123 and §991, and adopted §993 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 XXIX. Pharmacy

Chapter 1. General Provisions

§123. Medication Administration

A. Influenza Vaccine Administration. The department shall provide coverage for administration of the influenza vaccine by a qualified pharmacist when:

1. the pharmacist has been credentialed by the Louisiana Board of Pharmacy to administer medications; and

2. the pharmacist is Medicaid-enrolled.

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 36:1783 (August 2010), amended LR 40:82 (January 2014).

Chapter 9. Methods of Payment

Subchapter H. Vaccines

§991. Vaccine Administration Fees

A. ...

B. Effective for dates of service on or after January 1, 2011, the reimbursement for administration of the influenza vaccine for all recipients shall be reimbursed at $15.22 for subcutaneous or intramuscular injection, $10.90 for nasal/oral administration or billed charges, whichever is the lesser amount. This fee includes counseling, when performed.

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 36:1783 (August 2010), amended LR 40:82 (January 2014).

§993. Vaccine Reimbursement

A. Effective for dates of service on or after January 1, 2011, the influenza vaccine for recipients aged 19 and over shall be reimbursed at 90 percent of the 2009 Louisiana Medicare average sales price (ASP) allowable or billed charges, whichever is the lesser amount.

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 40:82 (January 2014).

Kathy H. Kliebert
Secretary

1401#076

RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Rural Health Clinics
Fluoride Varnish Applications
(LAC 50:XI.16301 and 16701)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:XI.16301 and §16701 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 XI. Clinic Services
Subpart 15. Rural Health Clinics

Chapter 163. Services

§16301. Scope of Services

A. - B.1. ...

C. Effective December 1, 2011, the department shall provide coverage for fluoride varnish applications performed in the RHC. This service shall be limited to recipients from six months through five years of age. Fluoride varnish applications may be covered once every six months per Medicaid recipient.

1. Fluoride varnish applications shall be reimbursed when performed in the RHC by:

a. the appropriate dental providers;
b. physicians;
c. physician assistants;
d. nurse practitioners;
e. registered nurses; or
f. licensed practical nurses.

2. All participating staff shall review the Smiles for Life training module for fluoride varnish and successfully pass the post assessment. All staff involved in the varnish application must be deemed as competent to perform the service by the RHC.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1904 (October 2006), repromulgated LR 32:2267 (December 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:2631 (September 2011), LR 40:83 (January 2014).

Chapter 167. Reimbursement Methodology

§16701. Prospective Payment System

A. - B.3.a. …

4. Effective for dates of service on or after December 1, 2011, the Medicaid Program shall include coverage for fluoride varnish applications in the RHC encounter rate.

a. Fluoride varnish applications shall only be reimbursed to the RHC when performed on the same date of service as an office visit or preventative screening. Separate encounters for fluoride varnish services are not permitted and the application of fluoride varnish does not constitute an encounter visit.

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 of the Secretary, Bureau of Health Services Financing, LR 32:1905 (October 2006), repromulgated LR 32:2267 (December 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:2632 (September 2011), LR 40:83 (January 2014).

Kathy H. Kliebert
Secretary

1401#077

RULE

Department of Health and Hospitals
Bureau of Health Services Financing

Third Party Liability
Provider Billing and Trauma Recovery
(LAC 50:I.Chapter 83)

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:I.Chapter 83 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 I. Administration
Subpart 9. Recovery

Chapter 83. Third Party Liability

Subchapter D. Provider Billing and Trauma Recovery

§8341. Definitions

Difference—Repealed.

Initial Lien—the first letter or other notice sent by the Medicaid Third Party Recovery Unit and the Medicaid contracted managed care entity(s) via mail to the recipient or his representative providing notification of the lien amount.

Updated Lien—the most recent letter or other notice sent by the Medicaid Third Party Recovery Unit and the Medicaid contracted managed care entity(s)via mail to the recipient or his representative, subsequent to the initial lien, providing notification of an updated lien amount.

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 33:463 (March 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:509 (March 2013), LR 40:83 (January 2014).

§8343. Introduction

A. …

B. The Department of Health and Hospitals will no longer allow providers to pursue a liable or potentially liable third party for payment in excess of the Medicaid paid amount to a provider for health care services rendered. Existing federal law preempts such an allowance.

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 33:463 (March 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:83 (January 2014).

§8345. Provider Responsibilities

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 33:463 (March 2007), amended LR 34:661

(April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:510 (March 2013), repealed LR 40:83 (January 2014).

§8347. Recipient Responsibilities

A. The claims included in the initial lien calculated by the Medicaid Third Party Liability Recovery Unit and the Medicaid contracted managed care entity(s) shall be deemed as an accurate reflection of the total amount paid by Medicaid and the Medicaid contracted managed care entity(s), unless challenged in writing by the recipient or his representative within 30 days of the date of the initial lien notification to the Medicaid recipient or his representative.

B. …

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:464 (March 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:509 (March 2013), LR 40:84 (January 2014).

§8349. Noncompliance and Violations

A. A provider who has filed and accepted Medicaid payment and who also accepts payment in excess of billed charges or a duplicate payment for the same health care services may be referred for investigation and prosecution for possible violation of either federal or state laws and may be excluded from participation in the Medicaid Program.

B. - B.3. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:464 (March 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:509 (March 2013), LR 40:84 (January 2014).

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
Secretary

1401#078

RULE

Department of Health and Hospitals
Office of Aging and Adult Services

Traumatic Head and Spinal Cord Injury Trust Fund Program
(LAC 48:I.Chapter 19 and LAC 67:VII.Chapter 19)

The Department of Health and Hospitals, Office of Aging and Adult Services does hereby amend the Traumatic Head and Spinal Cord Injury Trust Fund Program regulations as authorized by R.S. 36:259(T). This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

During the 2012 Regular Session, the Louisiana Legislature authorized the transfer of the Traumatic Head and Spinal Cord Injury Trust Fund and its functions to the Department of Health and Hospitals, Office of Aging and Adult Services (R.S. 36:259(T)). The Traumatic Head and Spinal Cord Injury Trust Fund Advisory Board (R.S. 46:2631-2635) was also placed within the Department of Health and Hospitals. This Rule is being promulgated to adopt the changes created by the new legislation.

Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 1. General
Chapter 19. Traumatic Head and Spinal Cord Injury

Editor's Note: This Chapter, formerly LAC 67:VII.Chapter 19, was moved to LAC 48:I.Chapter 19.

§1901. Program Profile
[Formerly LAC 67:VII.1901]

A. Mission—to provide services in a flexible, individualized manner to Louisiana citizens who survive traumatic head or spinal cord injuries enabling them to return to a reasonable level of functioning and independent living in their communities.

B. Program Administration

1. The Department of Health and Hospitals, Office of Aging and Adult Services (OAAS), shall be responsible for administration of the Louisiana Traumatic Head and Spinal Cord Injury Trust Fund.

2. OAAS will have the responsibility of:

a. promulgating rules and regulations;

b. establishing priorities and criteria for disbursement of the fund;

c. evaluating the needs of head injured and spinal cord injured individuals to identify service gaps and needs; submitting an annual report with recommendations to the legislature and governor 60 days prior to each Regular Session of the Legislature; and

d. monitoring, evaluating, and reviewing the development and quality of services and programs funded through the trust fund.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1252 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:84 (January 2014).

§1903. Enabling Legislation
[Formerly LAC 67:VII.1903]

A. House bill number 591, Act 269 of the 2012 Regular Session, chapter 48 of title 46 of R.S. 46:2631-2635 and R.S. 36:259(T).

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1252 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:84 (January 2014).

§1905. Definitions
[Formerly LAC 67:VII.1905]

Advisory Board—Traumatic Head and Spinal Cord Injury Trust Fund Advisory Board.

Domiciled—a resident of the state of Louisiana with intent to permanently remain within the state.

Medically Stable—no progression of deficits and/or no deterioration of physical/cognitive status; does not require acute daily medical intervention.

Medically Unstable—progression of neurologic deficits and/or deterioration of medical condition.

Spinal Cord Injury—an insult to the spinal cord, not of a degenerative or congenital nature but caused by an external physical force resulting in paraparesis/plegia or quadraparesis/plegia.

Traumatic Head Injury—an insult to the head, affecting the brain, not of a degenerative or congenital nature, but caused by an external physical force that may produce a diminished or altered state of consciousness which results in an impairment of cognitive abilities or physical functioning.

Trust Fund—Traumatic Head and Spinal Cord Injury Trust Fund.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1253 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:84 (January 2014).

§1907. General Requirements
[Formerly LAC 67:VII.1907]

A. Cost-Effective Service Provision. All services shall be provided in a cost-effective manner.

B. Case Record Documentation. A case record will be maintained for each individual served. The record shall contain documentation to support the decision to provide, deny, or amend services. The case record will contain documentation of the amounts and dates of each service delivery.

1. All records must include service plans and progress notes.

2. All records must reflect individual identifications, and other pertinent medical histories.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1253 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:85 (January 2014).

§1909. Individual Appeals Rights
[Formerly LAC 67:VII.1911]

A. Administrative Review. The administrative review is a process which may be used by individuals for a timely resolution of disagreements pertaining to eligibility decisions or a denial of services. The administrative review will allow the individual an opportunity for a face-to-face or telephone meeting with the program manager of the Traumatic Head and Spinal Cord Injury Trust Fund Program regarding the issues of concern. The individual will have the right to bring representation to the administrative review.

1. All applicants must be provided adequate notification of appeal rights regarding eligibility and/or the provision or denial of services. Unless services being provided have been obtained through misrepresentation, fraud, collusion or criminal conduct on the part of the individual, such services will continue during the administrative review process.

2. In order to insure that the individuals are afforded the option of availing themselves of the opportunity to appeal decisions impacting their eligibility and/or receipt of services, adequate notification will include:

a. the decision being reached;

b. the basis for and effective date of the decision;

c. the specific means for appealing the decision;

d. the individual's right to submit additional evidence and information, including the individual's right to representation; and

e. the name and address of the program manager of the trust fund program. The program manager should be contacted in order to schedule an administrative review or advisory board review.

3. The appeal request must be made in writing and post-marked or received in the office of the program manager of the trust fund program within 10 calendar days of receipt of notification of denial of eligibility or a denial of services. The administrative review must take place and a decision reached within 30 calendar days of the receipt of the individuals' appeal request. The individual must be provided with a final written decision within that time period.

4. If the individual fails to attend the administrative review either in person or via telephone, the appeal will be considered abandoned and the appeal process is exhausted.

B. Advisory Board Review. In the event that a disputed decision is not resolved through the administrative review process, the individual may request a review before the advisory board. The individual must make the request for an advisory board review in writing to the program manager of the trust fund program. This request must be post-marked or received in the office of the program manager within 10 calendar days of receipt of the program manager's decision following the administrative review. The advisory board review will take place at the time of the next regularly scheduled advisory board meeting following the receipt of the individual's written request, unless the program manager deems that it is necessary to address the situation sooner, in which case a special meeting of the advisory board could be called for the purpose of conducting the review. The individual will have the right to submit additional evidence and information and will have the right to bring representation to the advisory board review.

1. In order to insure that the individual is afforded the option of availing himself or herself of the opportunity to appeal decisions impacting their eligibility and/or receipt of services, adequate notification will include:

a. the decision being reached;

b. the basis for and effective date of the decision;

c. the specific means for appealing the decision;

d. the individual's right to submit additional evidence and information, including the individual's right to representation; and

e. the name and address of the program manager of the trust fund program. The program manager should be contacted in order to schedule an advisory board review.

2. The advisory board will make an impartial decision based on the provisions of the trust fund policy manual and rules of the program and will provide to the applicant or individual, or if appropriate, the representative, a full written report of findings following the review.

3. A final written decision must be rendered within two weeks of the advisory board review. The decision of the advisory board is final and the appeal process is exhausted.

4. If the individuals fails to attend the appeal hearing either in person or via telephone, the appeal will be considered abandoned and the appeal process is exhausted.

NOTE: The advisory board review will complete the individual's avenue of appeal within the trust fund program.

AUTHORITY NOTE; Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1254 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:85 (January 2014).

§1911. Program Eligibility
[Formerly LAC 67:VII.1913]

A. In order for an individual to be determined eligible for services, the individual:

1. must meet the definition of *spinal cord injury* or *traumatic brain injury* as defined;
2. must be a resident of state of Louisiana and officially domiciled in the state of Louisiana at the time of injury and during the provision of services;
3. must have a reasonable expectation to achieve improvement in functional outcome;
4. must have exhausted all other governmental and private sources;
5. must provide proof of denial from other sources;
6. must be willing to accept services from an approved facility/program;
7. must be medically stable;
8. must complete and submit appropriate application for services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:86 (January 2014).

§1913. Ineligibility
[Formerly LAC 67:VII.1915]

A. A determination of ineligibility is made when:

1. the individual is medically unstable; or
2. the disabling condition is other than a spinal cord injury or traumatic head injury as defined; or
3. any of the other ineligibility criteria are not met.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:86 (January 2014).

§1915. Fiscal
[Formerly LAC 67:VII.1917]

A. Expenditures on behalf of any one individual shall neither exceed $15,000 for any one 12-month period nor $50,000 in total life time expenditures.

B. All applicable state and departmental purchasing policies and procedures must be followed.

C. The trust fund will not purchase vehicles (automobiles, trucks, vans, etc.) or real estate.

D. Prior Written Authorization and Encumbrance. The proper authorizing document(s) must be written before the initiation of goods or services. Failure to obtain prior authorization will result in a denial of products or services. The program manager may approve items to be reimbursed for situations deemed unavoidable/emergency.

E. All monies that are collected for the Traumatic Head and Spinal Cord Injury Trust Fund Program are to be budgeted in the following fiscal year including but not limited to all monies collected and not expended from any and all prior calendar years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S.36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:86 (January 2014).

§1917. Service Plan
[Formerly LAC 67:VII.1919]

A. Following a determination of eligibility for services, an appropriate individualized assessment will be completed to determine the scope of services. After a case-by-case assessment of needs, a service plan will be developed, implemented, and updated as appropriate. The service plan will be individualized and outcome oriented. The service plan will include as a minimum:

1. specific services to be delivered or rendered;
2. frequency of the service(s) beginning and ending dates;
3. costs of services;
4. service provider.

B. The case record will include all updates and amendments to the service plan.

C. The individual or authorized representative must give informed written consent to the service plan and all amendments. The service plan will be presented by means understandable to the individual served.

AUTHORITY NOTE: Promulgated in accordance with| R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:86 (January 2014).

§1919. Services
[Formerly LAC 67:VII.1921]

A. Services are authorized, coordinated and provided for eligible individuals in accordance with each person's service plan.

B. Service plans should be targeted to achieve specific objectives for the specific individuals who are eligible. Additional documentation may be requested to show specific objectives for the requested services or goods.

C. Services should be planned and delivered with specific identifiable anticipated and described outcomes. These outcomes should result in definable improvements in functioning in their homes and communities.

D. Services may include, but are not limited to:

1. evaluations;
2. post-acute medical care rehabilitation;
3. therapies;
4. medication;
5. attendant care;
6. assistive technology and equipment necessary for activities of daily living;
7. durable medical equipment;
8. environmental accessibility modifications (owned by participant or participant's immediate family);
9. vehicle accessibility modifications (owned by participant or participant's immediate family);
10. transportation.

E. The trust fund will not pay for the following. This list is not exclusive:

1. home purchases;
2. vehicle purchases;
3. routine vehicle maintenance;
4. routine home repairs;
5. recreation;
6. routine bills or payments.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:86 (January 2014).

§1921. Service Providers
[Formerly LAC 67:VII.1923]

A. All service providers must be approved by OAAS.

B. In-state programs/facilities will be given priority for approval as service providers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46.2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1256 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:87 (January 2014).

§1923. Conditions for Case Closure
[Formerly LAC 67:VII.1925]

A. An individual's case can be closed at any time in the process when it has been determined that the individual:

1. has an unstable medical condition;
2. has shown consistent failure to cooperate with the service plan and case managers;
3. reaches the maximum $50,000 in total expenditures;
4. is eligible for other funding sources;
5. is not available for scheduled services;
6. does not meet the program's eligibility criteria;
7. resides in another state or has a change of residence;
8. fails to maintain a safe and legal home environment;
9. is unable to be contacted by phone or mail;
10. made misrepresentations in the eligibility determination process;
11. made misrepresentations to obtain goods and services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46.2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1256 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:87 (January 2014).

§1925. Limitation of Liability
[Formerly LAC 67:VII.1927]

A. Members of the Louisiana Traumatic Head and Spinal Cord Injury Trust Fund Advisory Board shall have limited liability as specified in R.S. 9:2792.4.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1256 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:87 (January 2014).

Title 67
SOCIAL SERVICES
Part VII. Rehabilitation Services
Chapter 19. Traumatic Head and Spinal Cord Injury Trust Fund Program Policy

§1901. Program Profile

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1252 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:87 (January 2014).

§1903. Enabling Legislation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1252 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:87 (January 2014).

§1905. Definitions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1253 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:87 (January 2014).

§1907. General Requirements

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1253 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:87 (January 2014).

§1909. Confidentiality

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1253 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:87 (January 2014).

§1911. Individual Appeal Rights

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1254 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:87 (January 2014).

§1913. Eligibility for Services

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255

(November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:87 (January 2014).

§1915. Ineligibility

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:88 (January 2014).

§1917. Fiscal

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:88 (January 2014).

§1919. Service Plan

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:88 (January 2014).

§1921. Services

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:88 (January 2014).

§1923. Service Providers

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1256 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:88 (January 2014).

§1925. Conditions for Case Closure

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1256 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:88 (January 2014).

§1927. Limitation of Liability

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:478(G).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1256 (November 1995), repealed by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:88 (January 2014).

Kathy Kliebert
Secretary

1401#017

RULE

Department of Natural Resources
Office of Coastal Management

Mitigation (LAC 43:I.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 43:724 relative to the rules and procedures for mitigation.

This Rule amendment is intended to assist in ensuring that the Office of Coastal Management's regulatory practices regarding its mitigation program are consistent with the State's Integrated Ecosystem Restoration and Hurricane Protection: Louisiana's Comprehensive Master Plan for a Sustainable Coast, and simplify the present mitigation rules for selecting compensatory mitigation.

Title 43
NATURAL RESOURCES
Part I. Office of the Secretary
Chapter 7. Coastal Management
Subchapter C. Coastal Use Permits and Mitigation
§724. Rules and Procedures for Mitigation

A. - I.23.b. …

J. Selecting Compensatory Mitigation

1. In selecting compensatory mitigation, the secretary shall consider the recommendations and comments of those state and federal agencies which demonstrated an interest in participating in the selection of the appropriate compensatory mitigation during permit processing. The secretary shall also consider the recommendations and comments of the affected parish if the parish has an approved local program and if the parish demonstrated an interest in participating in the selection of appropriate compensatory mitigation during permit processing.

2. The secretary shall ensure that the selected compensatory mitigation, in order of priority, is sufficient, properly located, and accomplished by the most desirable available/practicable option as set forth in §724.E.1. Compensatory mitigation siting shall be consistent with any plan adopted pursuant to R.S. 49:214.5.3.

3. The selected compensatory mitigation proposal must completely offset the unavoidable net loss of coastal resources due to permitted activities, unless a variance is granted pursuant to §724.K.

4. The compensatory mitigation proposal must have an anticipated positive impact on the Louisiana coastal zone or the Louisiana Coastal Wetlands Conservation Plan area and:

a. may be located, in accordance with R.S. 49:214.41(E), on the affected landowner's or landowners' property, provided the secretary determines that the proposed mitigation is acceptable and sufficient;

b. shall be of the same habitat type as the proposed impact or produce ecological values which would be similar to those lost as a result of the proposed impact; and

c. shall be located within the same hydrologic basin as the proposed impact, unless no feasible and sustainable alternatives for compensatory mitigation exist in that basin. Compensatory mitigation shall be consistent with any plan adopted pursuant to R.S. 49:214.5.3.

5. The procedure for selecting compensatory mitigation for proposed activities which would adversely impact coastal resources on one landowner's or multiple landowners' property shall be as follows.

a. If an applicant proposes unavoidable net losses of, or impacts to coastal resources those net losses or impacts shall be quantified. If deemed necessary, a biology field investigation and associated report shall be provided. The secretary shall, within 10 calendar days after submittal of the field investigation report:

i. determine and provide the habitat type and extent (i.e., acreage, duration) of anticipated net losses of, or impacts to coastal resources to the applicant; and

ii. request the applicant to submit, within 40 days of the date of the anticipated impact determination letter, a compensatory mitigation proposal which has been coordinated with affected landowner(s) that have at least 1 acre or more of anticipated net losses of, or impacts to coastal resources.

b. Once the secretary has provided the habitat type and extent of anticipated net losses of, or impacts to coastal resources to the applicant, the applicant shall notify the affected landowner(s) in writing that mitigation may be required within seven calendar days of receipt of the letter from the secretary and furnish proof of such notification; or if a modification request from the applicant is submitted, and such modification would result in a substantive change in net losses or impacts, notification must be sent by the applicant to the landowner(s) within seven calendar days of the verification and quantification of impacts. The applicant's notification to the landowner(s) must include:

i. the habitat type and extent of anticipated net losses of, or impacts to coastal resources to the affected landowner(s);

ii. information on the landowner's or landowners' mitigation options. All options shall be discussed and coordinated between the applicant and landowner(s) and shall include:

(a). suggestions on developing an on-site compensatory mitigation proposal with the applicant when the anticipated net losses of, or impacts to coastal resources to a given landowner's or landowners' property would be 1 acre or more, unless it is determined to be acceptable by the secretary for net losses of, or impacts to coastal resources less than 1 acre;

(b). a request for the landowner(s) whose anticipated net losses of, or impacts to coastal resources is 1 acre or greater to submit a statement indicating his/her mitigation option within 30 days of such a request. Each landowner's or landowners' statement:

(i). shall indicate acceptance of the applicant's compensatory mitigation proposal should that proposal be located on the landowner's or landowners' property;

(ii). shall propose his/her own mitigation proposal should the landowner(s) find the applicant's mitigation proposal unacceptable and provide a written explanation as to why the proposal is unacceptable;

(iii). shall propose and provide a landowner-authored mitigation plan; or

(iv). shall waive his/her option for mitigation on their property.

c. All compensatory mitigation proposals submitted by the landowner(s) or applicant; developed among the landowner(s), applicant, and the secretary; suggested by state advisory agencies, the Department of the Army (DA), or federal advisory agencies; or developed by the secretary shall be considered and shall include the following:

i. a scope of work that provides:

(a). the wetland creation or habitat restoration activity that the applicant is proposing, for example: erosion control, marsh creation, shoreline protection, plantings, etc.;

(b). information as to whether the proposed wetland creation or habitat restoration activity will result in the establishment of coastal plant communities; a description of the proposed construction activities;

ii. an explanation detailing why the proposed site requires wetland creation or habitat restoration and why this measure should be implemented, for example, the shoreline is retreating, the site is a prior converted wetland, existing degraded habitat, and the applicant is proposing this measure to create a wetland or restore a habitat, etc.;

iii. on-site habitat loss rates. Provide the average land loss rate (acres per year) and the shoreline erosion rate (linear feet per year);

iv. the exact limits/location (latitude and longitude) of the proposed habitat restoration site, center coordinate (GCS NAD 83), plan view plats and the exact coordinates on the plan view plats for all boundary corners must be provided;

v. a list of landowner(s) and addresses for the proposed wetland creation or habitat restoration site;

vi. a list of the extent of the proposed work, total acreage benefited and total linear feet benefited;

vii. the existing site condition. Provide a detailed description of the condition of the site; describe the soils; drainage patterns/hydrology; list all existing manmade structures on the site, etc.;

viii. a list of the proposed resulting wetland creation or habitat type(s), for example, forested wetland, fresh/intermediate marsh, or brackish/salt marsh;

ix. a long-term protection and maintenance plan (marsh creation/restoration sites must be maintained for 20 years, forested wetland sites must be maintained for 50 years), plan for re-establishing wetland vegetation if initial planting fails, plan for invasive species management, and also a plan for all maintenance and or management activities (include all timber stand improvement activities);

x. a planting plan (if applicable) shall include:

(a). the type and number of trees per acre that will be planted;

(b). the size of the seedlings that will be planted and the type of container;

(c). the type and number of marsh grass transplants that will be planted;

(d). the size of the marsh grass transplants that will be planted and the type of container;

(e). the total number of acres that will be planted; and

(f). the expected survival rate of all plants after two years;

xi. and provide the following submittal information:

(a). the party responsible for the submittal;

(b). the name of the applicant and/or landowner(s);

(c). the domiciliary address and phone number of the applicant and/or landowner(s);

(d). the name and phone number of the agent or contact if different from applicant; and

(e). the mailing address of the applicant and/or landowner(s) if different from the domiciliary address.

d. A landowner(s) failure to timely accept the applicant's compensatory mitigation proposal as described in §724.J.5.b.ii.(b) or submit a compensatory mitigation proposal as described in §724.J.5.c. shall result in automatic forfeiture of the landowner's or landowners' option to require compensatory mitigation for the subject activity to be performed on the respective property.

e. Where landowner(s) propose separate/multiple compensatory mitigation measures, the secretary shall consider the following factors in selecting compensatory mitigation provided the option is consistent with any plan adopted pursuant to R.S. 49:214.5.3:

i. cost effectiveness of offsetting coastal resources losses via separate/multiple compensatory mitigation measures versus fewer or a single comprehensive compensatory mitigation measure(s);

ii. practicability, on the part of the secretary, of confirming/enforcing implementation, operation, and maintenance of separate/multiple compensatory mitigation measures versus fewer or a single comprehensive compensatory mitigation measure(s); and

iii. the long-term ecological benefits of separate/multiple compensatory mitigation measures versus fewer or a single comprehensive compensatory mitigation measure(s).

f. The secretary shall select the compensatory mitigation according to the following options, provided the option is consistent with any plan adopted pursuant to R.S. 49:214.5.3:

i. individual compensatory mitigation proposal on the affected landowner's or landowners' property;

ii. acquisition of credits from a mitigation bank or approved in-lieu-fee program; or

iii. individual mitigation proposal not on the affected landowner's or landowners' property.

K. - K.7.d.ii. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 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 Management, LR 40:88 (January 2014).

Stephen Chustz
Secretary

1401#009

RULE

Department of Public Safety and Corrections
Office of Motor Vehicles

Commercial Driver's License
(LAC 55:III.103, 107, 117, and 119)

In accordance with the provisions of R.S. 32:408-863, relative to the authority of the Office of Motor Vehicles to adopt rules regarding third-party testers and examiners for commercial driver's licenses, the Office of Motor Vehicles hereby amends LAC 55:III, Chapter 1, Subchapter A, §103.C.6, E, and G.1, §107.A.6, §117.C.1, and §119.A.10 to update the rules regarding skills tests and the requirements applicable to third-party testers and examiners.

Title 55
PUBLIC SAFETY
Part III. Motor Vehicles

Chapter 1. Driver's License

Subchapter A. General Requirements

§103. Examinations and Skills Tests

A. - C.5. …

6. If the applicant performs the skills test in a vehicle not equipped with airbrakes, and is issued a commercial driver's license, the airbrake restriction shall be indicated on said license. If the applicant performs the skills test in a vehicle equipped with partial airbrakes (air over hydraulics), and is issued a commercial driver's license, the "no full airbrake" restriction shall be indicated on said license.

D. - D.4. …

E. Except as otherwise provided herein, a person shall not drive a commercial motor vehicle unless he first successfully completed a skills test and has been issued a certificate, or other proof of successful completion of a skills test, of successful completion of a skills test in accordance with this Section.

F. - F.2.b. …

G. The Office of Motor Vehicles shall provide a skills test grading sheet on a form to be designated by it upon which the examiner shall rate the performance of the applicant who takes the skills test for each operation or activity which is a part of the test. The examiner shall require the applicant to sign the test form at the beginning of the skills test and shall state the date and time upon which the test was administered.

1. If the applicant attains a passing score of 80 percent or better on the skills test, the Office of Motor Vehicles, or the designated third-party examiner, shall issue proof of successful completion in a manner prescribed by the Office of Motor Vehicles.

G.2. - I. …

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 15:1090 (December 1989), amended LR 24:2312 (December 1998), LR 40:90 (January 2014).

§107. Knowledge and Skills Test for Endorsements to a Commercial Driver's License

A. - A.5. …

6. School Bus. In order to obtain a school bus endorsement, an applicant must satisfactorily demonstrate the additional knowledge and test requirements set forth below.

a. An applicant for the school bus endorsement must satisfy the following three requirements:

i. qualify for a passenger vehicle endorsement. Pass the knowledge and skills test for obtaining a passenger vehicle endorsement;

ii. knowledge test. Must have knowledge covering the following topics:

(a). loading and unloading children, including the safe operation of stop signal devices, external mirror systems, flashing lights, and other warning and passenger safety devices required for school buses by state of federal law or regulation;

(b). emergency exits and procedures for safely evacuating passengers in an emergency;

(c). state and federal laws and regulations related to safely traversing railroad-highway rail grade crossings; and

(d). operating practices and procedures not otherwise specified;

iii. skills test. Must take a driving skills test in a school bus of the same vehicle group as the school bus applicant will drive. If applying for a passenger and school bus endorsement, a skills test in a school bus will satisfy the required skills test listed in this Section.

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 15:1092 (December 1989), amended LR 24:2313 (December 1998), LR 40:91 (January 2014).

§117. Third-Party Testers

A. - B. …

C.1. All applicants for certification as third-party testers, as well as all persons certified as third-party testers, shall permit an employee or other representative of the department to monitor or audit the applicant's or third-party tester's records or skills testing operations during the hours of 8 a.m.-4:30 p.m. Monday-Friday, or at any other time the third-party tester is normally open for business or an examiner employed by the third-party tester is administering knowledge or skills tests for endorsements to a commercial driver's license. The applicant or third-party tester, including any of its employees, officers, or directors, shall immediately make available, to the employee or representative of the department conducting the audit, the records required to be kept by LAC 55, Part III, Chapter 1, Subchapter A, or the third-party tester agreement unless the applicant or third-party tester certifies, in writing, that the records sought are in use at that time, in which case the records shall be made available by 4:30 p.m. on the following day.

2. - 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), LR 39:2511 (September 2013), LR 40:91 (January 2014).

§119. Third-Party Examiners

A. - A.9. …

10. must maintain a valid email account and have access to the internet, to interact with certain online systems.

B. - D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:408 and 15.587.

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 15:1094 (December 1989), amended LR 24:2315 (December 1998), amended LR 40:91 (January 2014).

Jill P. Boudreaux
Undersecretary

1401#080

RULE

Department of Revenue
Policy Services Division

Partnership Composite Return Requirement, Composite Payment Requirement, Exceptions (LAC 61:I.1401)

Under the authority of R.S. 47:201.1, R.S. 47:1511, and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Revenue, Policy Services Division, has amended LAC 61:I.1401 relative to partnership composite returns.

Act 580 of the 2012 Regular Session amended R.S. 47:201.1 to provide that when a partnership composite return is filed, nonresident members or nonresident partners may claim their respective share of credits earned by the partnership. LAC 61:I.1401 has been amended to reflect these changes.

Title 61
REVENUE AND TAXATION
Part I. Taxes Collected and Administered By the Secretary of Revenue

Chapter 14. Income: Partnerships

§1401. Partnership Composite Return Requirement, Composite Payment Requirement, Exceptions

A. Definitions. For the purpose of this rule, the following terms are defined.

Corporation—an entity that is treated as a corporation for state income tax purposes as set forth in R.S. 47:287.11(A).

Engaging in Activities in this State—having payroll, sales, or tangible property in this state, or intangible property with a Louisiana business situs.

Individual Return—a Louisiana personal income tax return or a Louisiana fiduciary income tax return.

Nonresident—any person not domiciled, residing in, or having a permanent place of abode in Louisiana.

Partner—a member or *partner* of an association that is treated as a partnership for state income tax purposes, including but not limited to, a member in a limited liability company or a *partner* in a general partnership, a partnership in commendam, or a registered limited liability partnership. A *partner* is the ultimate owner of a partnership interest; therefore someone holding or managing a partnership interest on behalf of another, such as a broker, is not a *partner* for purposes of this rule.

Partnership—any association that is treated as a *partnership* for state income tax purposes including, but not limited to, a general *partnership*, partnership in commendam, a registered limited liability *partnership*, or a limited liability company. Because of R.S. 47:287.11(A), the above listed business associations that do not elect to be taxed as corporations for federal income tax purposes are treated as *partnerships* for Louisiana income tax purposes.

B. Persons to be included in a Composite Return

1. Partnerships engaging in activities in this state that have nonresident partners are required to file a composite partnership return unless:

a. all nonresident partners are corporations, partnerships or tax exempt trusts; or

b. all nonresident partners, other than corporations, partnerships and tax exempt trusts, have a valid agreement on file with the Department of Revenue in which the partner has agreed to file an individual return and pay income tax on all income derived from or attributable to sources in this state.

2. Unless otherwise provided herein, corporate partners and partners, who are themselves partnerships, cannot be included in composite returns filed by a partnership. These partners must file all applicable Louisiana tax returns, and must report all Louisiana source income, including income from the partnership in those returns.

3. If credits earned by the partnership are being claimed on the composite return, all nonresident partners must be included on the composite return.

C. Composite Return Requirements

1. All nonresident partners, other than partners that are corporations, partnerships or tax-exempts trusts, who were partners at any time during the taxable year and who do not have a valid agreement on file with the Department of Revenue must be included in the composite partnership return.

2. The due date of the composite return is the due date set forth for all income tax returns other than corporate returns.

3. A schedule must be attached to the composite return that included the following information for every nonresident partner in the partnership:

a. the name of the partner;

b. the address of the partner;

c. the taxpayer identification number of the partner;

d. the partner's distributive share; and

e. whether or not that partner has an agreement on file with the Department of Revenue to file an individual return on his or her own behalf.

4. The filing of a true, correct, and complete partnership composite return will relieve any nonresident partner properly included in the composite return from the duty to file an individual return, provided that the nonresident partner does not have any income from Louisiana sources other than that income reported in the composite return.

5. Filing requirement the first year the partnership is subject to the composite return rules and issuance of special identification number. Every partnership that engages in activities in this state and that has nonresident partners will make an initial filing with the department.

a. Each partnership that is required to file a composite return must register for an account number with the Department of Revenue prior to the filing of its first composite return and prior to making its first composite payment. Upon registration, the partnership will be issued an identification number. This identification number shall be used on all partnership correspondence with the department, including the filing of composite returns by the partnership, which will be in electronic form, as determined by the Department of Revenue.

b. Each partnership that is not required to file a composite return because all its partners have filed agreements to file on their own behalf, must make an initial filing in which it files all agreements with the Department of Revenue by the composite return due date. Each partnership must register for an account number with the Department of Revenue prior to making an initial filing. Upon registration the partnership will be issued an identification number. This identification number shall be used when making the initial filing, as well as on all partnership correspondence with the department, including the filing of additional agreements, which will be in electronic form, as determined by the Department of Revenue.

6. If credits earned by the partnership are being claimed on the composite return, a schedule must be attached to the composite return that includes the following information for each partner in the partnership:

a. the name of the partner;

b. the address of the partner;

c. the taxpayer's identification number of the partner;

d. the partner's distributive share; and

e. the partner's share of each credit.

D. Composite Payment Requirement

1. All partnerships engaging in activities in this state that have nonresident partners that are not corporations, partnerships or tax-exempt trusts shall make composite payments on behalf of all of their nonresident partners, other than corporate partners and partners, who are themselves partnerships, who do not file an agreement to file an individual return and pay Louisiana income tax.

2. The composite payment is due on the earlier of the date of filing of the composite return or the due date of the composite return, without regard to extensions of time to file. An extension of time to file the composite return does not extend the time to pay the composite payment.

3. Each partner's share of the composite payment is the maximum tax rate for individuals multiplied by the partner's share of partnership income that was derived from

or attributable to sources in this state. This computation applies whether or not the partnership income is distributed.

4. The composite payment to be made by the partnership is the sum of each partner's share of the composite payment for all partners included in the composite return.

a. If credits earned by the partnership are being claimed on the composite return, the composite payment to be made by the partnership will be the amount of tax after the application of nonrefundable credits.

5. For a nonresident partner whose only Louisiana income is from the partnership, amounts paid by the partnership on that partner's behalf will be treated as a payment of that partner's Louisiana individual income tax liability.

6. If a partner has any Louisiana source income in addition to the income from the partnership, amounts paid by the partnership on that partner's behalf will be treated as an advance payment of the tax liability shown on that partner's individually filed return. The amount claimed will be the amount of tax after the application of nonrefundable credits.

E. Nonresident Partner's Agreement to File an Individual Return

1. No composite return or composite payment is required from a partnership on behalf of a partner who has a valid agreement on file with the Department of Revenue in which the partner has agreed to file an individual return and pay income tax on all income derived from or attributable to sources in this state.

2. The partner will execute the agreement and transmit the agreement to the partnership, on or before the last day of the month following the close of the partnership's taxable year.

3. The partnership will file the original agreement with the composite return filed for that taxable year. The partnership must keep a copy of the agreement on file.

4. The agreement must be in writing, in the form of an affidavit and must include all of the following:

a. a statement that the taxpayer is a nonresident partner or member;

b. the partner's name;

c. the partner's address;

d. the partner's Social Security number or taxpayer identification number;

e. the name of the partnership;

f. the address of the partnership;

g. the partnership's federal taxpayer identification number;

h. a statement that the taxpayer agrees to timely file a Louisiana individual income tax return and make payment of Louisiana individual income tax;

i. a statement that the taxpayer understands that the Louisiana Department of Revenue is not bound by the agreement if the taxpayer fails to abide by the terms of the agreement;

j. the statement that "under penalties of perjury, I declare that I have examined this affidavit and agreement and to the best of my knowledge, and belief, it is true correct and complete;" and

k. the signature of the partner.

5. Once an agreement is signed by the partner, transmitted to the partnership, and the partnership has filed the agreement with the Department of Revenue, the agreement will continue in effect until the partner or the Department of Revenue revokes the agreement, or the partner is no longer a partner in the partnership.

6. The agreement may be revoked by either the partner or the Department of Revenue as follows.

a. The partner may revoke the agreement at will. However, this revocation does not become effective until the first partnership tax year following the partnership tax year in which the revocation is transmitted to the partnership. The partner must send written notice of the revocation to the partnership. The partnership will forward the notice to the Department of Revenue. The partnership may execute a new agreement, in the manner set forth in this Subsection, at any time.

b. The Department of Revenue may revoke the agreement only if the partner fails to comply with the terms of the agreement. This revocation is prospective only with respect to the partnership, and does not become effective until the first partnership tax year following the partnership tax year in which the revocation is transmitted to the partnership. The Department of Revenue must send written notice of the revocation to the partner and the partnership. The notice will be mailed to the partnership at the address given in the last return or report filed by the partnership. The notice will be mailed to the partner at the address provided in the agreement. If the Department of Revenue revokes an agreement, the department may refuse to accept a subsequent agreement by that partner, unless the partner can show that the revocation was in error.

F. A partnership making a composite return and payment must furnish the following information to all partners included in the composite return:

1. the identification number that was issued to the partnership by the department under Subparagraph C.6.b above;

2. the amount of the payment made on the partner's behalf;

3. a statement that the amount paid on the partner's behalf can be used as an advance payment of that partner's Louisiana individual income tax liability for the same tax period;

4. the mailing address of the Louisiana Department of Revenue; and

5. the world wide web address of the Louisiana Department of Revenue, www.rev.state.la.us.

G. Additional Provisions for Publicly Traded Partnerships

1. A publicly traded partnership that is not treated as a corporation for federal income tax purposes may elect, with the prior approval of the secretary:

a. not to accept agreements filed by partners under the provisions of Paragraph B.4 or Subsection E above; and

b. to include all partners in its composite return and composite payment required by this Section, including corporations and tax-exempt trusts.

2. This election must be applied for in writing and approved in writing by the secretary. Once approval is granted, the election will remain in effect until revoked by the partnership.

3. The composite payment to be made by the publicly traded partnership is the sum of each partner's share of the composite payment for all partners. Each partner's share of the composite payment is the maximum individual income tax rate multiplied by the partner's share of partnership income that was derived from or attributable to sources in this state. This computation applies whether or not the partnership income is distributed.

4. Inclusion in a partnership composite return filed by a publicly traded partnership shall not relieve resident partners, corporate partners, or nonresident partners who have other Louisiana source income of the obligation to file all applicable Louisiana tax returns, and report all Louisiana source income, including income from the partnership.

H. Nothing in this regulation shall restrict the secretary's authority to otherwise provide for efficient administration of the composite return and composite payment requirements of R.S. 47:201.1.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:164 and R.S. 47:1511.

HISTORICAL NOTE: Promulgated by the Department of Revenue, Policy Services Division, LR 28:868 (April 2002), amended LR 33:861 (May 2007), LR 40:91 (January 2014).

Tim Barfield
Secretary

1401#027

RULE

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Orleans Parish Hunting Closure (LAC 76:III.320)

The Wildlife and Fisheries Commission does hereby repeal the rule closing all hunting or shooting by any means or device in Orleans Parish.

Title 76
WILDLIFE AND FISHERIES
Part III. Game and Fish Preserves and Sanctuaries
Chapter 3. Particular Game and Fish Preserves, Wildlife Management Areas, Refuges and Conservation Areas
§320. Orleans Parish Closure

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6 and 115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 17:208 (February 1991), repealed LR 40:94 (January 2014).

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 final Rule.

Billy Broussard
Vice-Chairman

1401#022

RULE

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Recreational Offshore Landing Permit (LAC 76:VII.377)

The Wildlife and Fisheries Commission does hereby amend a Rule, LAC 76:VII.377, modifying existing recreational offshore landing permit regulations. Authority for adoption of this Rule is included in R.S. 56:6(34).

Title 76
WILDLIFE AND FISHERIES
Part VII. Fish and Other Aquatic Life
Chapter 3. Saltwater Sport and Commercial Fishery
§377. Recreational Offshore Landing Permit

A. Any person possessing any one of the following fish species or species groups on board a vessel taken from within or without Louisiana territorial waters shall be required to have obtained and have in their immediate possession a recreational offshore landing permit. The recreational offshore landing permit shall be available for inspection by a duly authorized agent of the department.

1. Highly migratory species:
   a. tunas—bluefin, albacore, yellowfin, skipjack, bigeye, blackfin;
   b. billfish—blue marlin, white marlin. sailfish and longbill spearfish;
   c. swordfish.
2. Reef fish species—any species of:
   a. snapper;
   b. amberjack;
   c. grouper or hind.
3. Pelagics:
   a. any species of dolphinfish;
   b. cobia;
   c. wahoo.

B. Permits may be obtained at no cost from the Department of Wildlife and Fisheries, or authorized method, by persons who hold any valid license authorizing the taking and possessing of saltwater species of fish. Permits shall be valid for the same duration as the license authorizing saltwater fishing privileges. For those licenses that do not have to be renewed every year, the permit shall be valid for one year from the date it was obtained.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6(34).

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 38:3249 (December 2012), amended LR 40:94 (January 2014).

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 final Rule.

Billy Broussard
Vice Chairman

1401#023

RULE

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Reef Fish—Harvest Regulations (LAC 76:VII.335)

The Wildlife and Fisheries Commission does hereby amend a Rule, LAC 76:VII.335, modifying existing reef fish harvest regulations. Authority for adoption of this Rule is included in R.S. 56:6(25)(a), 56:320.2, 56:326.1 and 56:326.3.

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 final Rule.

Title 76
WILDLIFE AND FISHERIES
Part VII. Fish and Other Aquatic Life
Chapter 3. Saltwater Sport and Commercial Fishery
§335. Reef Fish—Harvest Regulations

A. Recreational Bag Limits Regarding the Harvest of Reef Fish—triggerfishes, amberjacks, grunts, wrasses, snappers, groupers, sea basses, tilefishes, and porgies, within and without Louisiana's territorial waters.

Species	Recreational Bag Limits
[See Prior Text in 1-2]	
3. Vermilion snapper, lane snapper, gray triggerfish, almaco jack, goldface tilefish, tilefish, blackline tilefish, anchor tilefish, blueline tilefish	20 per person per day (in aggregate) with not more than 2 gray triggerfish and not more than 10 vermilion snapper per person included in the bag limit
[See Prior Text in 4-8]	

B. Reef Fish Permits

1. All persons who do not possess a permit issued by the National Marine Fisheries Service under the federal fishery management plan for the harvest of Gulf of Mexico reef fish resources are limited to the recreational bag limit. To commercially harvest, sell, barter, trade or exchange or possess for commercial purposes all species of reef fish including dwarf sand perch and sand perch, but (excluding queen triggerfish, black seabass, porgies, and grunts) requires a valid federal reef fish vessel permit be on board the vessel and in the immediate possession.

2. For a person aboard a vessel operating as a charter vessel or headboat to fish for, or harvest, or possess, in or from the EEZ, any species of reef fish including dwarf sand perch and sand perch (but excluding queen triggerfish, black seabass, porgies, and grunts) a valid federal charter vessel/headboat reef fish permit must have been issued to the vessel and must be on board the vessel and in immediate possession.

B.3. - D.7. …

8. Commercial trip limits shall include those limits listed below. For the purposes of this Rule:

Trip—a fishing *trip*, regardless of the number of days duration, that begins with departure from a dock, berth, beach, seawall or ramp and that terminates with return to a dock, berth, beach, seawall or ramp.

Species or Group	Trip Limit
a. Gray Triggerfish	12 fish
b. Greater Amberjack	2,000 pounds

E. - F. ...

* * *

G. Seasons

1. Seasons for the commercial harvest of reef fish species or groups shall be closed during the periods listed below. Possession of reef fish in excess of the daily bag limit while on the water is prohibited during the specified closed season. Any reef fish harvested during the closed season shall not be purchased, sold, traded, bartered or exchanged or attempted to be purchased, sold, traded, bartered or exchanged. This prohibition on sale/purchase does not apply to reef fish that were harvested, landed ashore, sold and purchased prior to the closed season. Nothing shall prohibit the possession or sale of fish legally taken prior to the closure providing that all commercial dealers possessing reef fish taken legally prior to the closure shall maintain appropriate records in accordance with R.S. 56:306.5 and R.S. 56:306.6.

Species or Group	Closed Season
a. Greater Amberjack	March 1-May 31
b. Gray Triggerfish	June 1-July 31 of each year

2. Seasons for the recreational harvest of reef fish species or groups listed below shall be closed during the periods listed below.

Species or Group	Closed Season
a. Gag	January 1-June 30 of each year
b. Black, red, yellowfin, and yellowmouth groupers, rock hind, red hind, and scamp	June 1-July 31 of each year
[See Prior Text in c.-d.]	
e. Gray Triggerfish	February 1-March 31 of each year in waters seaward of the 20 fathom boundary

G.3. - H. …

I.1. Devices

Circle Hook—a fishing hook designed and manufactured so that the point is turned perpendicularly back to the shank to form a generally circular or oval shape.

Dehooking Device—a device intended to remove a hook embedded in a fish to release the fish with minimum damage.

2. For a person on board a vessel to fish for or possess gulf reef fish in the gulf EEZ, the vessel must possess on board and such person must use the gear as specified below.

a. Non-stainless Steel Circle Hooks. Non-stainless steel circle hooks are required when fishing with natural baits for reef fish.

b. Dehooking Device. At least one dehooking device is required and must be used to remove hooks embedded in gulf reef fish with minimum damage. The hook removal device must be constructed to allow the hook to be secured and the barb shielded without re-engaging during the removal process. The dehooking end must be blunt, and all edges rounded. The device must be of a size appropriate to secure the range of hook sizes and styles used in the gulf reef fish fishery.

J. …

AUTHORITY NOTE: Promulgated in accordance with R.S.56:6(25)(a), R.S. 56:320.2(C), R.S. 56:326.1, and R.S. 56:326.3.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 16:539 (June 1990), amended LR 19:1442 (November 1993), LR 20:797 (July 1994), LR 21:1267 (November 1995), LR 22:860 (September 1996), LR 24:1138 (June 1998), LR 24:1139 (June 1998), LR 24:1972 (October 1998), LR 26:793 (April 2000), LR 26:1505 (July 2000), LR 26:2833 (December 2000), LR 31:3166 (December 2005), LR 33:1156 (June 2007), repromulgated LR 33:1397 (July 2007), amended LR 34:2209 (October 2008), LR 34:2682 (December 2008), LR 36:1791 (August 2010), LR 38:1454 (June 2012), LR 40:95 (January 2014).

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 final Rule.

Billy Broussard
Vice Chairman

1401#021

RULE

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Removal of Abandoned Crab Traps (LAC 76:VII.367)

In accordance with the Administrative Procedure Act, R.S. 49:950 et seq., and through the authority granted in R.S. 56:322(N), that the Wildlife and Fisheries Commission has amended Chapter 7 to temporarily close a portion of state inside waters to the use of crab traps in order to facilitate the removal of abandoned crab traps in these waters.

The Wildlife and Fisheries Commission has amended the provisions in LAC 76:VII.367 governing the locations of temporary crab trap closures to address problems in portions of state waters resulting from large numbers of abandoned and derelict crab traps (*Louisiana Register*, Volume 30, Number 1; Volume 31, Number 1; Volume 32, Number 2; Volume 33, Number 1; Volume 34, Number 1; Volume 36; Number 1; Volume 38, Number 1; Volume 39, Number 1). The Wildlife and Fisheries Commission has amended the provisions to describe a new portion of state waters to be temporarily closed to the use of crab traps for the purpose of conducting a crab trap cleanup.

Title 76
WILDLIFE AND FISHERIES
Part VII. Fish and Other Aquatic Life
Chapter 3. Saltwater Sport and Commercial Fishery
§367. Removal of Abandoned Crab Traps

A. The use of crab traps shall be prohibited from 6 a.m., February 15, 2014 through 6 a.m. February 24, 2014 within that portion of Terrebonne Parish as described below:

1. From a point originating at the intersection of the eastern shoreline of Bayou Dularge and the southern shoreline of Falgout Canal; thence westward along the southern shoreline of Falgout Canal to Lake Decade; thence westward and then southward along the southern and western shoreline of Lake Decade to the mouth of Bayou Decade; thence southwesterly along the southern shoreline of Bayou Decade to Lost Lake; thence westward and then southward along the northern shoreline of Lost Lake to the mouth of Rice Bayou; thence southward along the western shoreline of Rice Bayou to Blue Hammock Bayou; thence westward along the northern shore of Blue Hammock Bayou to Four League Bay; thence southward along the eastern shoreline of Four League Bay to the mouth of Oyster Bayou; thence southward along the eastern shoreline of Oyster Bayou to a point along the inside-outside shrimp line as defined in R.S. 56:495(A); thence eastward along the inside-outside shrimp line to the eastern shoreline of Bayou Grand Caillou; thence northward along the eastern shoreline of Bayou Grand Caillou to 29 degrees 15 minutes 00 seconds north latitude; thence westward across Bayou Grand Caillou to the northern shoreline of the Tennessee Gas Pipeline canal; thence westward along the northern shoreline of the Tennessee Gas Pipeline canal to the eastern shore of Bayou Dularge; thence northward along the eastern shoreline of Bayou Dularge and terminating at the intersection of the eastern shoreline of Bayou Dularge and the southern shoreline of Falgout Canal.

B. All crab traps remaining in the closed area during the specified period shall be considered abandoned. These trap removal regulations do not provide authorization for access to private property; authorization to access private property can only be provided by individual landowners. Crab traps may be removed only between one-half hour before sunrise to one-half hour after sunset. Anyone is authorized to remove these abandoned crab traps within the closed area. No person removing crab traps from the designated closed areas during the closure periods shall possess these traps outside of the closed area. The Wildlife and Fisheries Commission authorizes the Secretary of the Department of Wildlife and Fisheries to designate disposal sites.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:332(N).

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission LR 30:101 (January 2004), amended LR 31:108 (January 2005), LR 32:266 (February 2006), LR 33:113 (January 2007), LR 34:97 (January 2008), LR 36:77 (January, 2010), LR 38:146 (January, 2012), LR 40:96 (January 2014).

Ronald "Ronny" Graham
Chairman

1401#024

RULE

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Resident Game Hunting Season—General and WMA Turkey Hunting Regulations (LAC 76:XIX.113)

The Wildlife and Fisheries Commission does hereby amend the turkey rules and regulations for the 2014 season.

Title 76
WILDLIFE AND FISHERIES
Part XIX. Hunting and WMA Regulations
Chapter 1. Resident Game Hunting Season
§113. General and WMA Turkey Hunting Regulations

A. General Regulations. Only gobblers (male turkeys) may be taken. Taking of hen (female) turkeys, including bearded hens, is prohibited; still hunting only. Use of dogs, electronic calling devices and live decoys is illegal. Turkeys may be hunted with shotguns, including muzzleloading shotguns, using shot not larger than #2 lead or BB steel shot, and approved archery equipment but by no other means.

Shooting turkeys from a moving or stationary vehicle is prohibited. Shotguns capable of holding more than three shells prohibited. The running of coyote with dogs is prohibited in all turkey hunting areas during the open turkey season. No person shall hunt, trap or take turkeys by the aid of baiting or on or over any baited area. Baiting means placing, exposing, depositing or scattering of corn (shelled, shucked or unshucked), wheat or other grain, salt, or other feed so as to constitute a lure, attraction or enticement to, on or over any areas where hunters are attempting to take turkeys. A baited area is any area where corn (shelled, shucked or unshucked), wheat or other grain, salt, or other feed capable of luring, attracting or enticing turkeys is directly or indirectly placed, exposed, deposited, distributed or scattered. Such areas remain baited areas for 15 days following complete removal of all such corn, wheat or other grain, salt, or other feed. Wildlife agents are authorized to close such baited areas and to place signs in the immediate vicinity designating closed zones and dates of closures. No person hunting turkeys more than 200 yards from a baited area will be in violation of the turkey baiting regulation.

B. Tags

1. Prior to hunting turkeys, all turkey hunters, regardless of age or license status, must obtain turkey tags and have them in their possession while turkey hunting. Immediately upon killing a turkey, hunters must attach a carcass tag to the turkey before it is moved from the site of the kill and must document the kill on the turkey harvest report card. The date of kill and parish of kill must be recorded on the carcass tag. The tag must remain attached to the turkey while kept at camp or while it is transported to the domicile of the hunter or to a cold storage facility. Hunters who keep the carcass or meat at a camp must also comply with game possession tag regulations. Within seven days of the kill, the hunter must report the kill. Hunters may report turkeys by calling the validation phone number or using the validation website.

2. Turkey hunters purchasing licenses by phone or internet will be given an authorization number and a LDWF identification number that will serve as their license and tags until the physical license and tags arrive by mail. Turkey hunters who have purchased a license with tags, but have not yet received their physical license and tags, must immediately tag their kill with a possession tag before moving it from the site of the kill. The authorization number and LDWF identification number must be recorded on the possession tag. Hunters must retain documentation of any turkeys killed and upon receiving their physical tags and harvest report card, validate their kill as required in these regulations. The tags for turkeys killed prior to receiving the physical tags must be removed from the turkey harvest report card and discarded.

3. Tags removed from the turkey harvest report card prior to killing a turkey are no longer valid and if lost will not be replaced. Duplicate tags and turkey harvest report cards are available to replace lost report cards and attached tags. Hunters will be charged a fee for duplicate turkey harvest report cards and tags. Hunters that have killed a turkey prior to losing their remaining tag and harvest report card must remove and discard the duplicate tag to account for the original tag that was used and validated. Hunters must record any previously validated turkey on the duplicate turkey harvest report card.

C. Possession of Live Wild Turkeys. No person shall take live wild turkeys or their eggs from the wild. No person shall possess captive live wild turkeys, (Meleagris gallopavo silvestris, M.g. osceola, M.g. intermedia, M.g. merriami, M.g. mexicana) or their eggs, regardless of origin, without a valid game breeder license. No pen-raised turkeys from within or without the state shall be liberated (released) within the state.

D. Statewide Youth and Physically Challenged Season Regulations. Only youths 17 years of age or younger or hunters possessing a physically challenged hunter permit with wheelchair classification may hunt. Youth must possess a hunter safety certification or proof of successful completion of a hunter safety course. Youths must be accompanied by one adult 18 years of age or older. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for youth younger than 16 years of age. Adults accompanying youth may not possess a firearm or bow. Youths may possess only one firearm or bow while hunting. The supervising adult shall maintain visual and voice contact with the youth at all times, except properly licensed youths 16-17 years old and youths 12 years old or older who have successfully completed a hunter safety course may hunt without a supervising adult. Only one gobbler per day may be taken and any gobbler taken by the hunter during this special season counts towards their season bag limit of two.

E. Shooting hours—one-half hour before sunrise to one-half hour after sunset.

F. Turkey Hunting Area Descriptions

1. Area A

a. All of the following parishes are open:

i. Beauregard;

ii. Bienville;

iii. Claiborne;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates).

iv. East Baton Rouge;

v. East Feliciana;

vi. Grant;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates);

vii. Jackson;

viii. LaSalle;

ix. Lincoln;

x. Livingston;

xi. Natchitoches;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xii. Pointe Coupee;

Exception: see Sherburne WMA for special season dates on all state, federal, and private lands within Sherburne boundaries.

xiii. Rapides;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xiv. Sabine;

xv. St. Helena;

xvi. Tangipahoa;

xvii. Union;

xviii. Vernon;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xvix. West Baton Rouge;

xx. West Feliciana (including Raccourci Island);

xxi. Winn;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

b. Portions of the following parishes are also open:

i. Allen—north of LA 104, west of LA 26 south of junction of LA 104 to US 190, north of US 190 east of Kinder, west of US 165 south of Kinder;

ii. Avoyelles—that portion bounded on the east by the Atchafalaya River, on the north by Red River to the Brouillette Community, on the west by LA 452 from Brouillette to LA 1, on the south by LA 1, eastward to Hamburg, thence by the west Atchafalaya Basin protection levee southward;

iii. Calcasieu—north of I-10;

iv. Caldwell—west of Ouachita River southward to Catahoula Parish line;

v. Catahoula—south and west of the Ouachita River from the Caldwell Parish line southward to LA 8 at Harrisonburg, north and west of LA 8 from Harrisonburg to the LaSalle Parish line, also that portion lying east of LA 15;

vi. Evangeline—north and west of LA 115, north of LA 106 west of LA 115 to US 167, west of US 167 south to LA 10, north of LA 10 west of US 167 to LA 13, west of LA 13 south of LA 10 to Mamou and north of LA 104 west of Mamou;

vii. Franklin—that portion lying east of LA 17 and east of LA 15 from its juncture with LA 17 at Winnsboro;

viii. Iberville—west of the Mississippi River;

Exception: see Sherburne WMA for special season dates on all state, federal and private lands within Sherburne boundaries.

ix. Jefferson Davis—north of US 190 from junction with LA 26 to Kinder, west of US 165 and north of I-10 west from junction of US 165;

x. Madison—that portion lying east of US 65 from East Carroll Parish line to US 80 and south of US 80. Also, all lands east of the main channel of the Mississippi River;

xi. Morehouse—west of US 165 from the Arkansas line to the junction of LA 140 at Bonita, north and west of LA 140 to junction of LA 830-4 (Cooper Lake Road), west of LA 830-4 to US 165 at Bastrop, south of US 165 to junction of LA 3051 (Grabault Road) south of LA 3051 to junction of LA 138, west of LA 138 to junction of LA 134, north of LA 134 to the Ouachita Parish line;

xii. Ouachita—all west of the Ouachita River. That portion east of the Ouachita River lying north of US 80 to LA 139, west of LA 139 to LA 134, north of LA 134 to the Morehouse parish line, south of the Morehouse parish line, and east of the Ouachita River;

xiii. Richland—that portion south of US 80 and east of LA 17;

xiv. St. Landry—that portion bounded on the west by the west Atchafalaya Basin Protection Levee and on the east by the Atchafalaya River;

Exception: the Indian Bayou area; see federal lands hunting schedule for Indian Bayou area dates.

xv. Upper St. Martin—all within the Atchafalaya Basin;

Exceptions: Sherburne WMA and Indian Bayou area, see WMA Turkey Hunting Schedule for special season dates on all state, federal and private lands within Sherburne WMA boundaries and see federal lands hunting schedule for Indian Bayou dates.

xvi. Tensas—that portion west of US 65 from the Concordia Parish line to its juncture with LA 128, north of LA 128 to St. Joseph; west and north of LA 605, 604 and 3078 northward to Port Gibson Ferry; also all lands east of the main channel of the Mississippi River;

2. Area B

a. All of the following parishes are open:

i. Ascension;

ii. DeSoto;

iii. Red River;

iv. St. Tammany;

v. Washington.

b. Portions of the following parishes are open:

i. Bossier—all open except that portion bounded on the north by I-20, on the west by LA 164, on the south by LA 164, and on the east by the Webster Parish line;

ii. Caddo—all except that portion north of I-20 from the Texas state line to I-220. west of I-220 to LA 1. west of LA 1 to Caddo Lake, south of Caddo Lake to the Texas state line;

ii. East Carroll—east of US 65 from Arkansas state line to Madison Parish line;

iii. Iberville—all east of the Mississippi River;

iv. Webster—all open except that portion bounded on the north by I-20, on the east by U.S. 371, on the south by LA 164, and on the west by the Bossier Parish line.

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

3. Area C

a. All of the following parishes are open:

i. Concordia.

b. Portions of the following parishes are open:

i. Caldwell—all east of the Ouachita River;

ii. Catahoula—all of the parish except for that portion located in area A;

iii. Franklin—west of LA 17 from the Richland Parish line southward to Winnsboro, west of LA 15 southward to the Catahoula Parish line;

iv. Iberia—east of the west Atchafalaya Basin protection levee;

v. Richland—west of LA 17 from Franklin Parish line to Ringle Road, south of Ringle Road to Ferguson Road, south of Ferguson Road to Little Road, south of Little Road to Big Creek, east of Big Creek to Franklin Parish line;

vi. Tensas—east and south of US 65 from Concordia Parish line to LA 128, south of LA 128 to St. Joseph, east and south of LA 605, 604 and 3078 northward to Port Gibson Ferry.

4. Turkey season dates on wildlife management areas, national wildlife refuges, Kisatchie National Forest and U.S. Army Corps of Engineers land located within areas A, B, and C may vary from the season set for the parish in which they are located. Seasons for these lands are specified in LAC 76:XIX.115.

G. WMA Turkey Hunting Regulations

1. WMAs with youth turkey hunts are closed to all activities except turkey hunting by authorized youth hunt participants, shooting range use, and fishing on the day(s) of the youth hunt.

2. Self-Clearing Permits—all turkey hunts, including lottery hunts, are self-clearing. Hunters must check in daily by obtaining a permit from a self-clearing station prior to hunting. The self-clearing permit must be in the hunter's

possession while hunting. Upon completion of each days hunt, the hunter must check out by completing and depositing the hunter report portion of the permit in the check-out box at a self-clearing station before exiting the WMA.

3. Lottery Hunts—all or portions of some WMA seasons are designated as lottery hunts and are restricted to hunters selected by pre-application lottery. To apply for these lottery hunts, a hunter must submit a completed official application form to the Baton Rouge office by the deadline printed on the application. A non-refundable fee of $5 must be sent with each application. Applicants for WMA youth hunts must be 17 years of age or younger and at least 8 years old on the day of the hunt. Applicants may submit only one application and may be selected for only one spring WMA Turkey Lottery Hunt annually, except, youths may also apply for the regular WMA turkey lottery. Submitting more than one application per lottery type will result in disqualification. Hunters must abide by self-clearing permit requirements. Hunters chosen for WMA lottery hunts may be accompanied by one person. The person accompanying a lottery hunter shall not possess a firearm/bow or take a turkey, and must remain within a distance that allows normal voice contact with the lottery hunter at all times. Youths chosen for special youth only hunts may be assigned a guide on the day of the hunt provided that guides are available. One person may accompany the youth and guide, but may not hunt.

4. WMA Physically Challenged Hunt (wheelchair confined)—open only to hunters with a physically challenged hunter permit with wheelchair classification. During this hunt, ATVs may be used by hunters on all designated ATV trails in accordance with the physically challenged hunter permit. Hunters must abide by self-clearing permit requirements.

5. Rules Specific to Certain WMAs

a. Sandy Hollow. No turkey hunting within 100 yards of food plots identified by two yellow paint rings around the nearest tree.

b. Sherburne. All turkeys taken must be checked at the WMA headquarters.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2263 (November 1999), amended LR 26:2634 (November 2000), LR 27:2270 (December 2001), LR 28:2375 (November 2002), LR 29:2512 (November 2003), LR 30:2874 (December 2004), LR 31:3167 (December 2005), LR 32:2272 (December 2006), LR 33:2469 (November 2007), LR 35:91 (January 2009), LR 35:2478 (November 2009), LR 36:2581 (November 2010), LR 37:3535 (December 2011), LR 38:2941 (November 2012), LR 40:96 (January 2014).

Ronald Graham
Chairman

1401#020

RULE

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Resident Game Hunting Season—Turkey Hunting Areas, Seasons, and Bag Limits (LAC 76:XIX.115)

The Wildlife and Fisheries Commission does hereby amend the turkey dates and limits for the 2014 season.

Title 76
WILDLIFE AND FISHERIES
Part XIX. Hunting and WMA Regulations
Chapter 1. Resident Game Hunting Season
§115. Turkey Hunting Areas, Seasons, and Bag Limits

A. Daily limit is one gobbler. Season limit is two gobblers. Turkeys taken on WMAs are part of the season bag limit. Only one turkey may be taken during spring WMA lottery hunts.

B. Turkey season will open on the fourth Saturday in March. The area A turkey season will be 30 consecutive days in length, the area B turkey season will be 23 consecutive days in length, and the area C turkey season will be 16 consecutive days in length. Wildlife management areas, national forests, national wildlife refuges, and U.S. Army Corps of Engineers land may vary from this framework. Deviation from this framework may occur in those years when the fourth Saturday in March falls the day before Easter.

C. Statewide youth turkey and physically challenged season on private lands shall be the weekend prior to the start of the regular turkey season.

D. Only those wildlife management areas listed herein are open to turkey hunting. All other wildlife management areas are closed.

E. 2014 Turkey Hunting Schedule

Area	Season Dates
A	March 22 - April 20
B	March 22 - April 13
C	March 22 - April 6
Private Lands Youth and Physically Challenged Hunter (Wheelchair Confined) Hunt	March 15 - 16

F. Wildlife Management Area Turkey Hunting Schedule

WMA	Non-Lottery Hunt Dates	Lottery Hunt Dates
Attakapas	March 22 - March 30	None
Bayou Macon	None	April 12 - 13
Big Lake	March 22 - April 6	None
Bodcau	March 22 - April 6	None
Boeuf	March 22 - March 30	None
Clear Creek	March 31 - April 21	March 22 - 23 March 29 - 30
Camp Beauregard	March 22 - March 30	None
Dewey Wills	None	March 22 - 23 March 29 - 30
Fort Polk-Vernon	March 22 - April 20	None

WMA	Non-Lottery Hunt Dates	Lottery Hunt Dates
Grassy Lake	March 22 - March 30	None
Hutchinson Creek	March 22 - April 20	None
Jackson-Bienville	March 22 - April 6	None
Lake Ramsey	March 22 - April 6	None
Little River	March 22 - April 6	None
Loggy Bayou	None	April 11 - 13
Peason Ridge	March 22 - April 20	None
Pomme de Terre	April 16 - April 20	None
Richard K. Yancey	March 22 - April 6	None
Sabine	None	March 28 - 30 April 11 - 13
Sandy Hollow	March 22 - April 6	None
Sherburne	March 24 - 26	March 22 - 23
Sicily Island	None	March 22 - 24 March 25 - 27 March 28 - 30 March 31 - April 2 April 3 - 6
Tangipahoa Parish School Board	March 22 - April 20	None
Tunica Hills South Tract	April 7 - 13	March 22 - 23 March 29 - March 30 April 5 - 6
Tunica Hills North Tract	April 7 - 13	March 22 - 23 March 29 - March 30 April 5 - 6
Union	March 31 - April 6	March 29 - 30
Walnut Hills	March 22 - April 20	None
West Bay	None	March 22 - 23 March 29 - March 30 April 5 - 6

G. Wildlife Management Area Lottery Youth Hunts

WMA/Ranger District	Lottery Youth Hunt Date
Big Lake	March 15
Bodcau	March 15 - 16
Clear Creek	March 15
Fort Polk-Vernon/Peason Ridge	March 15
Grassy Lake	March 15
Jackson-Bienville	March 15 - 16
Loggy Bayou	April 5 - 6
Pearl River	April 5
Pomme de Terre	April 5
Sherburne	March 15
Sicily Island	March 15
Spring Bayou	April 5
Tunica Hills	March 15
Union	March 15 - 16
West Bay	March 15

H. Non-Lottery WMA Youth Hunts

1. Bodcau WMA will be open April 12-13 (only youths may hunt).

2. Jackson-Bienville WMA will be open April 12-13 (only youths may hunt).

I. Wildlife Management Area Physically Challenged (Wheelchair Confined) Hunt

1. Jackson-Bienville WMA will be open April 14-20 to holders of valid physically challenged hunter (wheelchair classification) permits.

J. Federal Lands Turkey Hunting Schedule

1. Kisatchie National Forest (KNF) turkey hunting schedule: (youth only) March 15-16 on Caney, Calcasieu (except Vernon unit lands within Ft. Polk-Vernon WMA) and Kisatchie Ranger Districts, (youth only) March 15 on Catahoula and Winn Ranger Districts. Caney Ranger District, March 22-April 6; all remaining KNF lands, March 22-April 13 (including Catahoula and Red Dirt National Wildlife Management Preserves).

2. U.S. Army Corps of Engineers turkey hunting schedule: Indian Bayou Area, March 15-16 youth and physically challenged lottery only hunt, and lottery hunt only on March 22-23 and March 29-March 30. Old River Control and Lock Areas, March 22-April 6.

3. National Wildlife Refuges: Bogue Chitto NWR, March 22-April 13, March 15-16 (youth only); Lake Ophelia NWR, March 15 (youth lottery only), March 22-April 6 hunt ends at 12 p.m. each day; Tensas NWR, March 15-16 (youth only), March 22-April 6; Upper Ouachita NWR, March 15 (youth lottery only).

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2264 (November 1999), amended LR 26:2634 (November 2000), LR 27:2270 (December 2001), LR 28:2376 (November 2002), LR 29:2513 (November 2003), LR 30:2875 (December 2004), LR 31:3167 (December 2005), LR 32:2272 (December 2006), LR 33:2470 (November 2007), LR 35:90 (January 2009), LR 35:2481 (November 2009), LR 36:2583 (November 2010), LR 37:3541 (December 2011), LR 38:2944 (November 2012), LR 40:99 (January 2014).

Ronald Graham
Chairman

1401#019

RULE

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 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.

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 final Rule.

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 40:101 (January 2014).

Ronnie Graham
Chairman

1401#018

RULE

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Tuna—Harvest Regulations (LAC 76:VII.361)

The Wildlife and Fisheries Commission does hereby amend a Rule, LAC 76:VII.361, modifying existing recreational offshore landing permit regulations. Authority for adoption of this Rule is included in R.S.56:6(25)(a), R.S. 56:326.1, R.S. 56:326.3, R.S. 56:320.2(C) and R.S. 56:6(34).

Title 76
WILDLIFE AND FISHERIES
Part VII. Fish and Other Aquatic Life
Chapter 3. Saltwater Sport and Commercial Fishery
§361. Tuna—Harvest Regulations

A. Bag and Possession limits, Recreational

Species	Bag and Possession Limit
1. Yellowfin Tuna	3 fish per person
2. Bluefin Tuna	1 fish per vessel per year as incidental catch during open seasons.

B. Size Limits, Recreational and Commercial

Species	Minimum Size Limit
1. Yellowfin Tuna	27 inches curved fork length (CFL)
2. Bigeye Tuna	27 inches curved fork length (CFL)
3. Bluefin Tuna*	73 inches curved fork length (CFL)

*The size class of a bluefin tuna found with the head removed shall be determined using pectoral fin curved fork length (PFCFL) multiplied by a conversion factor of 1.35.

NOTE:

Curved Fork Length (CFL)—the length of a fish measured from the tip of the upper jaw to the fork of the tail along the contour of the body in a line that runs along the top of the pectoral fin and the top of the caudal keel.

Pectoral Fin Curved Fork Length (PFCFL)—the length of a beheaded fish from the dorsal insertion of the pectoral fin to the fork of the tail measured along the contour of the body in a line that runs along the top of the pectoral fin and the top of the caudal keel.

C. No person shall take or have in their possession any species of tuna less than the minimum size or in excess of the take or possession limits. The possession limit on tunas applies to tuna taken within or outside Louisiana territorial waters. No person shall transfer or cause the transfer of tuna between vessels on state or federal waters.

D. Permits

1. Recreational. Persons aboard a vessel whether within or outside Louisiana territorial waters possessing any of the following tuna species. Atlantic bluefin tuna, yellowfin tuna, bigeye tuna, skipjack tuna and albacore are

required to have a valid federal recreational tuna permit and a recreational offshore landing permit in their immediate possession on board the vessel.

2. Commercial. Persons harvesting the following tuna species. Atlantic bluefin tuna, yellowfin tuna, bigeye tuna, skipjack tuna and albacore whether within or outside Louisiana state territorial waters for commercial purposes or possessing such tuna species in excess of a recreational take limit are required to have a valid federal commercial tuna permit in their immediate possession on board the vessel. No person shall sell, barter, trade or exchange or attempt to sell, barter, trade or exchange any species of tuna without a valid federal commercial tuna permit. No person shall purchase, barter, trade or exchange or attempt to purchase barter, trade or exchange any species of tuna from any person who harvested tuna without a valid federal commercial tuna permit.

E. No person who, pursuant to state or federal law, is subject to the jurisdiction of this state shall violate any federal law, rule or regulation particularly those rules and regulations enacted pursuant to the Magnuson-Stevens Fishery Conservation Act and published in the *Code of Federal Regulations* as amended title 50 and 15, for tunas while fishing in the EEZ, or possess, purchase, sell, barter, trade, or exchange tunas within or without the territorial boundaries of Louisiana in violation of any state or federal law, rule or regulation particularly those rules and regulations enacted pursuant to the Magnuson-Stevens Fishery Conservation Act and published in the *Code of Federal Regulations* as amended title 50 and 15 law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6(25)(a), R.S. 56:326.1, R.S. 56:326.3, R.S. 56:320.2(C) and R.S. 56:6(34).

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 26:2834 (December 2000), amended LR 27:2269 (December 2001), LR 37:3540 (December 2011), LR 38:1419 (June 2012), LR 40:101 (January 2014).

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 final Rule.

Billy Broussard
Vice Chairman

1401#025

Notices of Intent

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 111—The Louisiana School,
District, and State Accountability System
(LAC 28:LXXXIII.303, 1101, 1102, 4301, and 4311)

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* §303. Transition from Fall 2013 to Spring 2015, §1101. Letter Grades, §1102. Academically Unacceptable Schools (AUS), §4301. Inclusion of All Districts, and §4311. District Letter Grades. The policy revisions establish the process for transitioning school and district accountability to new standards and assessments.

Title 28
EDUCATION
Part LXXXIII. Bulletin 111—The Louisiana School, District, and State Accountability System

Chapter 3. School Performance Score Component

§303. Transition from Fall 2013 to Spring 2015

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 LDE shall ensure that the distribution of school letter grades remains constant throughout this transition by assigning school letter grades for the 2013-2014 and 2014-2015 school years based on the distribution of school letter grades for the 2012-2013 school year, such that the number of schools at each letter grade for the 2013-2014 and 2014-2015 school years is equivalent to the number of schools at each letter grade for the 2012-2013 school year. Any school or district that maintains or improves its annual performance score as compared to the 2012-2013 performance scores shall not experience a decrease in its letter grade.

C. By the fall of 2015, BESE shall determine, in consultation with the Accountability Commission, the timeline and benchmarks needed to gradually raise the standard for student proficiency such that a school or district with a letter grade of "A" has a majority of students achieving "Mastery" (Level 4) on state assessments no later than the 2024-2025 school year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 39:2442 (September 2013), amended LR 40:

Chapter 11. School Performance Categories

§1101. Letter Grades

A. For the 2013-2014 and 2014-2015 school years, letter grades shall be assigned pursuant to §303 of this bulletin. Thereafter schools will receive letter grades based on the school performance score (SPS).

B. In addition to the letter grade, the LDE shall award schools the following labels:

1. if a school declines, it shall be labeled as "declining;" and
2. if a school qualifies as a reward school (described in §1301), it shall be labeled as a "top gains" school.

C. The LDE shall identify all schools that have selective, non-traditional academic admissions requirements.

D. The LDE shall identify all schools that are classified as alternative schools.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:2120 (July 2011), amended LR 38:3110 (December 2012), LR 40:

§1102. Academically Unacceptable Schools (AUS)

A. A school with a baseline SPS below 50.0 shall be identified as an academically unacceptable school (AUS), except in 2013-2014 and 2014-2015 when AUS status shall be assigned for those schools with a letter grade of "F."

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:2121 (July 2011), amended LR 39:304 (February 2013), LR 40:

Chapter 43. District Accountability

§4301. Inclusion of All Districts

A. Every school district shall participate in a district accountability system based on the performance of schools as approved by the Louisiana State Board of Elementary and Secondary Education (SBESE).

B. Indicators for District Accountability. There shall be two statistics reported for each school district for district accountability:

1. a district performance score (DPS); and
2. a subgroup component.

C. District Performance Score (DPS). A district performance score (DPS) shall be calculated in the same manner as a SPS, aggregating all of the students in the district.

1. Assessment data from students enrolled in a district for a full academic year shall be used to calculate the DPS.
2. The DPS shall be reported as a numeric value and a letter grade shall be assigned based on the numeric value, except as otherwise outlined in §303 of this Bulletin.

D. Subgroup Component. District AYP shall be determined by evaluating the aggregate performance of subgroups.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2755 (December 2003), amended LR 30:1446 (July 2004), LR 32:543 (April 2006), LR 37:2119 (July 2011), LR 38:3116 (December 2012), LR 40:

§4311. District Letter Grades

A. The LDE shall report district scores and labels on every school district. In 2013-2014 and 2014-2015, letter grades shall be assigned pursuant to §303 of this bulletin. Thereafter, districts shall be assigned a district letter grade using their district performance score.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 37:2120 (July 2011), amended LR 38:3116 (December 2012), LR 40:

Family Impact Statement

1. Will the proposed Rule affect the stability of the family? No.
2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.
3. Will the proposed Rule affect the functioning of the family? No.
4. Will the proposed Rule affect family earnings and family budget? No.
5. Will the proposed Rule affect the behavior and personal responsibility of children? No.
6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

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., February 8, 2014, 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 111—The Louisiana School, District, and State Accountability System

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy will have no effect on state or local governmental units.

The policy revisions establish the process for transitioning school and district accountability to new standards and assessments. Schools will be assigned letter grades in 2014 and 2015 using a distribution based on 2012-2013 letter grades. The LDE will issue additional documentation relative to this process.

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 cost and/or economic benefit to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This policy will have no determinable effect on competition and employment.

Beth Scioneaux	Evan Brasseaux
Deputy Superintendent	Staff Director
1401#034	Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 126—Charter Schools
Application Process
(LAC 28:CXXXIX.512)

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 126—Charter Schools*: §512. Application Process for Locally Authorized Charter Schools. The proposed changes will require the Department of Education to establish timelines for consideration of charter applications by local districts and further revises the approval timeline for charter applications by BESE.

Title 28
EDUCATION
Part CXXXIX. Bulletin 126—Charter Schools
Chapter 5. Charter School Application and Approval Process

§512. Application Process for Locally Authorized Charter Schools

A. Application Cycle

1. Effective January 1, 2014, local school boards shall accept charter applications from applicants according to the local district timeline established by the Department and approved by BESE. Local school boards may request supplementary materials once the initial application has been

submitted. Final decisions regarding the approval of charter applications must be made by local school boards according to the local district charter application timeline. Notifications of charter proposal denied shall include written explanation of the reasons for such denial.

2. - 3. …

B. Common Charter Application

1. Each local school board shall use a common charter application developed by the department and approved by BESE, but may request additional information from applicants as needed.

2. BESE shall annually approve the common application to be used by local school boards. If there are no changes to be made to the common application from a previous year, BESE will not be required to vote to approve the common charter application.

C. - D.2. …

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 37:869 (March 2011), amended LR 38:750 (March 2012), repromulgated LR 38:1392 (June 2012), amended LR 38:3118 (December 2012), LR 39:81 (January 2013), LR 40:

Family Impact Statement

1. Will the proposed Rule affect the stability of the family? No.

2. Will the proposed Rule affect the authority and rights of parents regarding the education and supervision of their children? No.

3. Will the proposed Rule affect the functioning of the family? No.

4. Will the proposed Rule affect family earnings and family budget? No.

5. Will the proposed Rule affect the behavior and personal responsibility of children? No.

6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Poverty Impact Statement

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., February 8, 2014, 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 126—Charter Schools Application Process

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy changes will have no effect on costs or savings to state or local governmental units.

The proposed changes will require the Department of Education to establish timelines for consideration of charter applications by local districts and further revises the approval timeline for charter applications by BESE.

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	Evan Brasseaux
Deputy Superintendent	Staff Director
1401#035	Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 130—Regulations for the Evaluation and Assessment of School Personnel
(LAC 28:CXLVII.303 and 325)

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 130—Regulations for the Evaluation and Assessment of School Personnel:* §303, Measures of Growth in Student Learning Value-Added Model and §325, Extenuating Circumstances. The proposed policy revisions make temporary adjustments to the teacher evaluation system. These adjustments are necessary during the transition to new standards and assessments in 2014 and 2015.

Title 28
EDUCATION
Part CXLVII. Bulletin 130—Regulations for the Evaluation and Assessment of School Personnel
Chapter 3. Personnel Evaluation
§303. Measures of Growth in Student Learning—Value-Added Model

A. - F. …

G. During the transition to new standards and assessments in 2013-2014 and 2014-2015, value-added data will not be available. The department shall provide transitional student growth data in 2014 and 2015 that may be used as a measure of student growth, at the evaluator's discretion. LEAs may define local rules pertaining to the use of such data.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:391.10, R.S. 17:3881-3886, and R.S. 17:3901-3904, R.S. 17:3997, and R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 38:1216 (May 2012), amended LR 38:3123 (December 2012), LR 39:1273 (May 2013), LR 40:

§325. Extenuating Circumstances

A. For any year in which a school temporarily closes due to natural disasters or any other unexpected events, districts may request invalidation of student achievement growth data with relation to the value-added assessment model by submitting a request to the state superintendent of education. The state superintendent of education shall publish annually the process and timeline for making such requests.

B. Evaluation results shall be invalidated for any teacher or administrator with 60 or more excused absences in a given academic year, due to approved leave, such as maternity leave, military leave, sick leave, or sabbatical leave.

C. For approved leave of fewer days and for any other extenuating circumstances that significantly compromise an educator's opportunity to impact student learning, educators, on their own behalf, district superintendents, or CEOs may request invalidation of student achievement growth data with relation to the value-added assessment model by submitting such requests to the state superintendent of education. The state superintendent of education shall publish annually the process and timeline for making such requests.

D. In cases where value-added data is invalidated, the teacher's principal or designee shall have discretion to determine the evaluation rating, based on the evidence available from students learning targets and observations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A)(10), R.S. 17:391.10, R.S. 17:3881-3886, and R.S. 17:3901-3904, R.S. 17:3997, and R.S. 17:10.1.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 38:1220 (May 2012), amended LR 38:2361 (September 2012), LR 39:1274 (May 2013), LR 40:

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., February 8, 2014, 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 130—Regulations for the Evaluation and Assessment of School Personnel

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy will have no effect on state or local governmental units.

The proposed policy revisions make temporary adjustments to the teacher evaluation system. These adjustments are necessary during the transition to new standards and assessments in 2014 and 2015.

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 cost and/or economic benefit 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
1401#036	Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 135—Health and Safety
(LAC 28:CLVII.Chapters 5 and 7)

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 135—Health and Safety* §501. Injury Management Program, §503. Injury Management Program Protocol for Educational Training on Serious Sports Injuries, §505. Injury Management Program Protocol for Serious Sports Injuries, and §701. Definitions. The proposed policy revisions implement Act 352 of the 2011 Regular Session of the Legislature relative to a comprehensive sports injury management program for student athletes. The Louisiana Department of Education consulted with the Louisiana State Board of Medical Examiner (LSBME) and the Sports Medicine Advisory Committee of the Louisiana High School Athletic Association (LHSAA) in the development of this policy.

Title 28
EDUCATION
Part CLVII. Bulletin 135—Health and Safety
Chapter 5. Injury Management Program Rules for Serious Sports Injuries

§501. Injury Management Program

A. Each high school that sponsors or sanctions any athletic activity in Louisiana and which requires a participating student to regularly practice or train and compete, shall be subject to the terms of the injury management program contained in this Chapter.

B. This Chapter does not create any liability for, or create a cause of action against, a school, its officers, or its employees.

C. To carry out the duties prescribed in this Chapter, a school may contract for and accept private contributions, gifts, and grants, or in-kind aid from the federal government, the state, or any other source.

D. No school or school system shall be required to incur any financial cost related to the implementation of this Chapter, unless funds are appropriated by the legislature for such purpose.

E. The provisions of this Chapter shall not apply to concussions, as the protocols specific to these injuries shall be governed by the Louisiana Youth Concussion Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.186.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 40:

§503. Injury Management Program Protocol for Educational Training on Serious Sports Injuries

A. Each high school coach and game official of a school-sponsored/sanctioned athletic activity shall attend an educational workshop, as approved by physician members of the Louisiana High School Athletic Association (LHSAA) Sports Medicine Advisory Committee or the Louisiana State Board of Medical Examiners (LSBME). Each approved workshop shall be designed to educate the attendees concerning the nature, and risks associated with, serious sport injuries.

1. Each school board or district shall determine an appropriate method of documentation that each respective high school coach received such approved educational training regarding the nature, and risks associated with, serious sport injuries.

2. The director of the Louisiana High School Officials Association shall determine an appropriate method of documentation that each game official received such approved educational training regarding the nature, and risks associated with, serious sport injuries.

B. Each high school student-athlete, and his/her respective parent(s) or guardian(s), shall annually acknowledge the risks of serious sports injuries prior to the student-athlete's participation in any school sponsored sports event. Each student and parent/guardian shall review either printed or verifiable electronic information regarding the nature and risks of serious sports injuries, as provided by the school or school district.

1. Each school board or district shall determine an appropriate method of documentation that each respective high school student-athlete, and his/her parent/guardian(s), did view educational information regarding the nature, and risks associated with, serious sport injuries.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.186.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 40:

§505. Injury Management Program Protocol for Serious Sports Injuries

A. A student-athlete, who reports, or exhibits, any sign or symptom of a possible serious sports injury, defined as any loss of function as a result of a direct or indirect injury, shall immediately be disqualified from continued participation and be removed from practice, training or competition.

1. A direct injury refers to an injury which results from participation in the fundamental skills of the sport. This may include, but not limited to, fractures, dislocations, injuries to the eyes, dental, or any other acute episode of musculoskeletal injury.

2. An indirect injury refers to an injury caused by a systemic failure (usually cardiac or respiratory in nature) resulting from exertion while participating in an activity, or by a complication which may be secondary to a non-fatal injury. This may include, but not limited to, abnormal/difficulty in breathing, the appearance of dizziness or confusion or any other unusual behavior exhibited by a student-athlete.

B. The student-athlete shall be evaluated for a serious sports injury, as determined by a Doctor of Medicine/Doctor of Osteopathic Medicine (MD/DO), and appropriate medical treatment rendered in a timely manner.

1. If a MD/DO is not immediately available, the injured student-athlete may be triaged by an appropriate mid-level provider duly authorized by a MD/DO.

2. If no such caregiver(s) is immediately available, then the designated responsible school personnel shall ensure that medical treatment is rendered in a timely manner.

C. If the student-athlete's injury is not a serious sports injury, then a Return-to-Play (RTP) clearance may be provided by an onsite MD/DO or an appropriate mid-level provider duly authorized by a MD/DO.

D. A student-athlete with a serious sports injury may only be allowed to return to practice, training, or competition after a RTP clearance is provided by a MD/DO to the athletic trainer or coach. The clearance provided by a MD/DO shall include a step-wise RTP protocol.

E. The game official's role during a contest shall be to ensure the immediate removal of any student-athlete who reports or exhibits any sign or symptom of a serious sports injury from that contest until a RTP clearance has been provided by an onsite MD/DO or an appropriate mid-level provider duly authorized by a MD/DO. [The Game Official shall always rule on the side of caution, with the health and safety of the athlete being his/her primary and foremost concern.]

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.186.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 40:

Chapter 7. Glossary

§701. Definitions

Appropriate Mid-Level Provider—a health care provider duly authorized by a supervising MD/DO to provide care for sports injuries in accordance with their respective scopes of practice. For the purpose of this Injury Management Program, the following health care providers may function as an appropriate mid-level provider onsite at any school-sponsored or sanctioned athletic activity: physician assistant (PA) licensed to practice in Louisiana; a registered nurse practitioner licensed to practice in Louisiana; an athletic trainer (AT) certified by LSBME to practice in Louisiana.

Loss of Function—any sign of inability to perform any sport specific activity or movement. This may include, but not limited to, walking/running with a limp or holding/protecting a body part, or any other impaired movement.

Responsible School Personnel—the individual(s) (i.e., head coach, assistant coach, etc.) designated by the respective school with the responsibility for student-athlete safety.

Return-to-Play (RTP)—a term used to describe when a student-athlete, who has followed a step-wise protocol, is released to return to practice or competition.

Step-Wise RTP Protocol—a protocol, approved by a MD/DO, delineating a sequence of progressive activities (which may include strength, stability, agility, etc.) designed to allow the athlete a gradual return to physical activity, and eventually sport practice or competition.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299.186.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 40:

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? 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., February 8, 2014, 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 135—Health and Safety

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy does not impact costs for state or local governmental units. The proposed policy states that no school or school system shall be required to incur any financial cost related to the implementation of the policy, unless funds are appropriated by the legislature for such purpose.

The proposed policy revisions implement Act 352 of the 2011 Regular Session of the Legislature relative to a comprehensive sports injury management program for student athletes. The Louisiana Department of Education consulted with the Louisiana State Board of Medical Examiners (LSBME) and the Sports Medicine Advisory Committee of the Louisiana High School Athletic Association (LHSAA) in the development of this policy.

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 cost and/or economic benefit to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This policy will have no determinable effect on competition and employment.

Beth Scioneaux
Deputy Superintendent
1401#037

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 741—Louisiana Handbook for School Administrators (LAC 28:CXV.701, 2301, and 2303)

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 741—Louisiana Handbook for School Administrators* §2301.Content Standards, §2303. Planning and Instruction, and §701. Maintenance and Use of System Records and Reports.

Revisions to §701 clarify and enhance compliance with federal and state laws related to the use of personal information to ensure the security and safety of personal student data. The policy ensures that any agreements between LEAs or the LDE and data storage companies or organizations shall adhere to all applicable state and federal laws. The policy further stipulates that student identification numbers in the future shall not include or be based on social security numbers.

R.S. 17:24.4 requires the Louisiana Department of Education (LDE), with the approval of the Board of Elementary and Secondary Education (BESE), to establish content standards. Current policy requires Local Education Agencies (LEAs) to provide instruction aligned to state-approved content standards. The changes to §2301 will establish that LEAs have autonomy and flexibility to develop and adopt instructional materials aligned to state standards, and that LEAs may provide instruction that exceeds state-approved standards. The policy change also stipulates that LEAs shall not be required to adopt any instructional materials not of their own choosing.

Revisions to §2303 require LEAs to allow parents to examine texts, to review reading lists for high school English courses, and to request the LEA to exempt their child from reading such content. The revisions also prohibit the LDE from issuing a state-required list of texts.

Title 28
EDUCATION
Part CXV. Bulletin 741—Louisiana Handbook for School Administrators
Chapter 7. Records and Reports
§701. Maintenance and Use of System Records and Reports

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

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

1. Any agreements entered into between an LEA and a data storage company or organization shall provide for adherence to all applicable state and federal laws regarding the maintenance, use, and dissemination of personally identifiable student data.

2. In maintaining, using, and disseminating student data received from or reported by LEAs, the LDE shall adhere to and require any contracted data storage providers to adhere to all applicable state and federal laws, including, but not limited to, the Louisiana Public Records Act, R.S. 44:1 et seq., the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232q and 45 CFR 99.1 et seq., the Individual with Disabilities Education Act, 20 U.S.C. 1400 et seq., 17:1941 et seq. and R.S. 17:1237.

3. Student identification numbers used by LDE for purposes of the assessment of student learning shall be, by the beginning of the 2014-2015 school year, distinctive numerical identifiers assigned to every student enrolled in Louisiana public schools. Such identifiers shall not include or be based on Social Security numbers and shall be used for students as they transition through or transfer between Louisiana public schools.

4. Information files and reports shall be stored with limited accessibility and shall be kept reasonably safe from damage and theft.

C. Each parish superintendent shall keep a record of all business transacted by him or her as parish superintendent; the names, numbers, and description of school districts; the tabulation of reports made monthly to him or her by the principals of his or her schools; and all other papers, books, and documents of value connected with said office, which shall be at all times subject to inspection and examination by the State Superintendent of Education, or by any officer, or citizen. In addition to the annual report to the state superintendent of education, s/he shall furnish such narrative, and such information as the state superintendent of education or BESE may from time to time require of him or her.

1. Parish superintendents and teachers of the public schools of the state shall make and keep such school records as required by the state superintendent of education, prior to receiving their monthly salaries.

2. Each principal of a school shall make reports to the parish superintendent of schools as required. If any principal willfully neglects or fails to do this, the parish superintendent of schools may withhold the salary due until the report is satisfactorily made.

D. Each LEA/school shall maintain necessary records for the effective operation of the LEA/school. The LEA shall comply with the requirements of R.S. 44:411 regarding schedules for the retention of official records. Those records for which a formal retention schedule has not been executed shall be retained by the LEA for not less than three years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:93; R.S. 17:411; R.S. 17:415.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1268 (June 2005), amended LR 37:1380, 1380 (May 2011), LR 40:

Chapter 23. Curriculum and Instruction

Subchapter A. Standards and Curricula

§2301. Content Standards

A. Each LEA shall provide instruction aligned to BESE-approved standards and shall have the autonomy and flexibility to develop, adopt, and utilize instructional materials that best support their students' achievement of the standards. LEAs may provide instruction that supplements or exceeds BESE-approved standards.

B. LEAs shall not be required to adopt or utilize any instructional materials not of their own choosing, including any that may be recommended, endorsed, or supported by any federal or state program or agency.

C. The Louisiana content standards shall be subject to review and revision to maintain rigor and high expectations for teaching and learning. Such review of each content area shall occur at least once every seven years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1288 (June 2005), amended LR 31:3070 (December 2005), LR 33:429 (March 2007), LR 39:2213 (August 2013), LR 40:

§2303. Planning and Instruction

A. Course content shall be age-appropriate and unbiased with regard to the treatment of race, sex, roles, religions, ethnic origins, and political beliefs.

1. Each LEA shall permit parents to examine texts to be used in their child's class.

2. Each LEA shall provide parents and legal custodians of students enrolled in high school English courses a list of reading materials to be used in that school year. Parents and legal custodians may request that the LEA exempt their child from reading such content.

3. The LDE shall not issue any state-required list of texts that LEAs or educators must include in course content. This shall not relieve LEAs of any obligations to provide instruction of United States historical documents specifically required by state statute.

B. - H. …

AUTHORITY NOTE: Promulgated in accordance with Louisiana Constitution Art. VIII Preamble and R.S. 17:7.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 31:1288 (June 2005), amended LR 39:2213 (August 2013), LR 40:

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? Yes.

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., February 8, 2014, 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 741—Louisiana Handbook for School Administrators

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy revisions do not impact costs for state or local governmental units.

The proposed policy revisions establish that Local Education Agencies (LEAs) have autonomy and flexibility to develop and adopt instructional materials aligned to state standards, and that LEAs may provide instruction that exceeds state-approved standards. The proposed policy revisions require LEAs to allow parents to examine texts, to review reading lists for high school English courses, and to request the LEA to exempt their child from reading such content. The proposed policy revisions also clarify and enhance compliance with federal and state laws related to the use of personal information to ensure the security and safety of personal student data. The policy ensures that any agreements between LEAs or the LDE and data storage companies or organizations shall adhere to all applicable state and federal laws. The policy further stipulates that student identification numbers in the future shall not include or be based on social security numbers.

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 cost and/or economic benefit to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This policy will have no determinable effect on competition and employment.

Beth Scioneaux
Deputy Superintendent
1401#038

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators
Emergency Planning and Procedures (LAC 28:LXXIX.121)

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 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators:* §121, Emergency Planning and Procedures. The policy revisions are proposed pursuant to the requirements imposed by Act 50 and Act 136 of the 2013 Regular Session of the Legislature relative to school crisis management and response plans.

Title 28
EDUCATION
Part LXXIX. Bulletin 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators
Chapter 1. Operation and Administration
§121. Emergency Planning and Procedures

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

1. Such plans and procedures shall, at a minimum:

a. address management and response in the event of a shooting or other violent incident on a school campus, school bus, or school-related activity; and

b. provide for a safe, secure, and orderly school that is conducive to learning for every student, teacher, and school employee.

2. All school employees shall receive training pertaining to the plan and procedures.

3. The plan and procedures shall be reviewed at least once annually.

4. Within the first 30 days of the school year, each school shall conduct a safety drill to rehearse the plan.

5. The plan shall be jointly developed with local law enforcement and emergency personnel.

6. The local law enforcement office and the fire chief whose office is in closest geographic proximity to the school shall have a copy of the plan.

B. To the extent that sufficient funds are available, each nonpublic school shall provide information regarding their facilities to their local parish office of emergency preparedness, which shall be uploaded to the virtual Louisiana system for inclusion in the system by the Governor's Office of Homeland Security and Emergency Preparedness.

1. The information shall include the following critical information:

a. building floor plans;

b. evacuation plans and other fire protection information relative to each building; and

c. any known hazards associated with the building.

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, R.S.17:416.16, and R.S. 29:726.3.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 29:2343 (November 2003), amended LR 31:3074 (December 2005), LR 40:

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., February 8, 2014, 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 741 (Nonpublic)—Louisiana Handbook for Nonpublic School Administrators Emergency Planning and Procedures

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy will have no effect on state or local governmental units.

The policy revisions are proposed pursuant to the requirements imposed by Act 50 and Act 136 of the 2013 Regular Session of the Legislature relative to school crisis management and response plans.

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 cost and/or economic benefit 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
1401#039	Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 1566—Pupil Progression Policies and Procedures
(LAC 28:XXXIX.503, 701, and 703)

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 1566—Pupil Progression Policies and Procedures:* §503.Regular Placement, §701.Promotion Standard, and §703. Retention. The proposed policy changes ease the transition to more rigorous standards and assessments.

Title 28
EDUCATION
Part XXXIX. Bulletin 1566—Pupil Progression Policies and Procedures
Chapter 5. Placement Policies—General Requirements
§503. Regular Placement

A. - A.1.d. …

B. Requirements for High School Students

1. Each plan shall include the following statements, that:

a. for incoming freshmen prior to 2010-2011, in addition to completing the required minimum number of 23 Carnegie units of credit as presented by BESE, the students must pass the required components of the graduation exit examination (GEE) in order to receive a high school diploma;

b. for incoming freshmen in 2010-2011 and beyond, in addition to completing the required minimum number of Carnegie units of credits as presented by BESE, students must pass the required end-of-course tests to receive a high school diploma;

c. any student who is at least 15 years of age or will attain the age of 15 during the next school year, who scored at least at the *Approaching Basic* level on either the English language arts or mathematics component of the eighth grade LEAP test, and meets the criteria established in the pupil progression plan of the LEA where the student is enrolled, may be promoted to the ninth grade for the purpose of pursuing a career diploma;

d. At the conclusion of the 2013-2014 school year, any first-time eighth grade student who does not meet the passing standard set forth in §701.A of this bulletin and any student not receiving any waiver pursuant to §707.C of this bulletin, after taking the state assessments in spring and summer, may be placed on a high school campus in transitional ninth grade.

e. At the conclusion of the 2014-2015 school year, LEAs shall follow the guidelines set forth in §701.B to determine, based on evidence of student learning, whether eighth grade students may be promoted to the ninth grade or placed on a high school campus in transitional ninth grade.

f. At the conclusion of the 2015-2016 school year and beyond, any eighth grade student who does not meet the passing standard pursuant to §701.C of this bulletin and who does not receive a waiver pursuant to§707.C of this bulletin, after taking the state assessments in spring and summer, may be placed on a high school campus in transitional ninth grade.

g. The following shall govern the transitional ninth grade:

i. Students placed in the transitional ninth grade shall participate in the summer remediation program offered by the LEA and the summer retest.

ii. After one full year of transitional ninth grade, students shall be included in the ninth grade graduation cohort for high school accountability.

iii. Students enrolled in transitional ninth grade shall receive remediation in any subjects in which they did not score at or above proficient, as determined by BESE. A plan outlining such remediation shall be included in the student's individual graduation plan.

iv. Students enrolled in transitional ninth grade shall have opportunities to take career and technical education courses and participate in any career training opportunities included in a high school career pathway developed by a consortium of LEAs, post-secondary colleges and universities, and local business and industry, and approved by the LDE.

v. Students enrolled in transitional ninth grade shall receive dropout prevention and mentoring services based on proven strategies to retain and graduate at-risk students. The LDE shall make available to LEAs a list of recommended strategies and technical assistance needed to offer students such services.

vi. Transitional ninth grades in charter schools authorized to serve students through eighth grade and those authorized to serve students in ninth grade and higher shall be governed by policy contained in *Bulletin 126—Charter Schools*.

C. - E.1.b. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17.7; R.S. 17:24.4.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 25:2171 (November 2000), amended LR 26:1433 (July 2000), LR 26:1576 (August 2000), LR 27:188 (February 2001), LR 27:1006 (July 2001), LR 27:1682 (October 2001), LR 29:123 (February 2003), LR 30:407 (March 2004), LR 31:1974 (August 2005), LR 31:3103 (December 2005), LR 33:2063 (October 2007), LR 34:2389 (November 2008), LR 36:2003 (September 2010), LR 40:

Chapter 7. High Stakes Testing Policy
§701. Promotion Standard

A. At the conclusion of the 2013-2014 school year, a student who is a first-time fourth or eighth grader must score at or above the *Basic* achievement level on the English language arts or mathematics components of the LEAP and at or above the *Approaching Basic* achievement level on the other (hereafter referred to as the passing standard) to be promoted to the fifth or ninth grade, respectively.

1. LEAs may promote any first-time fourth grade student who did not receive sufficient instruction needed to achieve the passing standard on the transitional state assessment, but who has demonstrated readiness for fifth grade content through evidence of student learning, to the fifth grade. Each LEA shall include guidance in its local pupil progression plan outlining the evidence of student learning used to make such promotion decisions, including but not limited to performance on classroom assignments or benchmark assessments.

2. LEAs may promote any first-time eighth grade student who fails to achieve the passing standard to the transitional ninth grade, pursuant to requirements set forth in §503.B.1.d.

B. At the conclusion of the 2014-2015 school year, due to a delay in test scores resulting from the administration of new assessments, placement decisions for fourth and eighth grade students shall be made according to local pupil progression plans, which shall outline the evidence of student learning used to make promotion decisions. Such evidence shall include, but not be limited to, performance on classroom assignments or benchmark assessments.

C. At the conclusion of the 2015-2016 school year and beyond, a student who is a first-time fourth or eighth grader must score at or above the proficient achievement level, as determined by BESE, on the English language arts or mathematics component of the LEAP and at or above one achievement level below proficient, as determined by the state board (hereinafter referred to as the passing standard) to be promoted to the fifth or ninth grade.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17.7; R.S. 17:24.4.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 36:2005 (September 2010), amended LR 40:

§703. Retention

A. The decision to retain a student in the fourth grade more than once as a result of his/her failure to achieve the passing standard on the English language arts and mathematics components of LEAP shall be made by the LEA in accordance with the local pupil progression plan.

B. Eighth grade students who do not meet the promotion standard after taking the eighth grade state assessments in spring and summer may be placed on a high school campus in the transitional ninth grade.

C. LEAs shall provide a fourth grade transitional program for students meeting the minimum criteria.

1. The purpose of a fourth grade transitional program is to provide a class setting to students who have demonstrated the ability to benefit from a combination of intensive fourth grade remedial work and fifth grade regular coursework. Students in the transitional program may be able to progress to the sixth grade the following year.

2. Minimum criteria for placement into a fourth grade transitional program:

a. the student must score at the *Approaching Basic/Approaching Basic* achievement level on the English language arts and mathematics components of LEAP;

b. the student must have met all requirements for promotion from the fourth grade as outlined in the local pupil progression plan; and

c. the student must participate in both the summer remediation program offered by the LEA and the summer retest.

3. Minimum criteria for promotion to the sixth grade from a fourth grade transitional program:

a. the student must be provided remediation in the subject area(s) on which the student scored below *Basic* on LEAP as well as instruction in the fifth grade curriculum;

b. the student must score a minimum of *Basic/Approaching Basic* on English language arts and math and a minimum of *Approaching Basic/Approaching Basic* on the in science and social studies on the fourth grade LEAP; and

c. the student must have met all requirements for promotion from the fifth grade as outlined in the local pupil progression plan.

D. A student who has repeated the fourth grade and who is 12 years old on or before September 30 may be promoted according to the local pupil progression plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17.7; R.S. 17:24.4.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 36:2005 (September 2010), amended LR 40:

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., February 8, 2014, 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 1566—Pupil Progression Policies and Procedures

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed policy will have no effect on state or local governmental units.

The proposed policy adjusts the impact of high stakes testing due to the implementation of more rigorous standards and assessments. For two years districts will be allowed to issue waivers for fourth grade students who do not pass the assessment, but who demonstrate readiness to progress. The eighth grade retention standard will permit students who do not pass the assessment to be placed on a high school campus in a transitional ninth grade.

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 cost and/or economic benefit 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
1401#040

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Student Financial Assistance Commission
Office of Student Financial Assistance

Scholarship/Grant Programs—Degree Completion
(LAC 28:IV.701, 705, 805, and 1903)

The Louisiana Student Financial Assistance Commission (LASFAC) announces its intention to amend its scholarship/grant rules (R.S. 17:3021-3025, R.S. 3041.10-3041.15, R.S. 17:3042.1, R.S. 17:3048.1, R.S. 17:3048.5 and R.S. 17:3048.6).

This rulemaking provides the TOPS continuation requirements for students who earn a certificate or diploma in a technical or nonacademic program, an associate's degree in a technical or academic program, or a baccalaureate degree and who have remaining TOPS eligibility.

This rulemaking also provides a requirement that participating colleges and universities report a student's completion of a program of study, including whether the program was technical or academic, the credential awarded (certificate, diploma, associate's, baccalaureate), and the semester of completion. (SG14152NI)

Title 28
EDUCATION
Part IV. Student Financial Assistance
Higher Education—Scholarship and Grant Programs
Chapter 7. Taylor Opportunity Program for Students (TOPS) Opportunity, Performance, and Honors Awards

§701. General Provisions

A. - E.11.c. …

12. Repealed.

F. - G.2. …

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

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), amended LR 23:1645-1648 (December 1997), repromulgated LR 24:635 (April 1998), amended LR 24:1901 (October 1998), LR 25: 256 (February 1999), LR 26:67 (January 2000), LR 26:1262 (June 2000), LR 26:1995 (September 2000), LR 26:2000 (September 2000), repromulgated LR 27:1848 (November 2001), amended LR 28:447 (March 2002), LR 28:2331 (November 2002), LR 29:880 (June 2003), LR 29:2372 (November 2003), LR 30:1161 (June 2004), LR 31:2213 (September 2005), LR 35:228 (February 2009), LR 36: 2854 (December 2010), LR 40:

§705. Maintaining Eligibility

A. - E.3. …

F.1. A student who successfully completes an undergraduate degree without having exhausted his period of award eligibility shall receive an award for the remainder of his eligibility if he enrolls in a graduate or professional school at an eligible college or university no later than the fall semester immediately following the first anniversary of the student's completion of an undergraduate degree and has met the requirements for continued eligibility set forth in §705.A.6. The remaining eligibility may not be used to pursue a second undergraduate degree.

2. Beginning with the 2012-2013 academic year (college), a student who successfully completes an associate's degree in an academic or non-academic program without having exhausted his period of award eligibility shall receive an award for the remainder of his eligibility if he enrolls in a program of study leading to a baccalaureate degree, to a vocational or technical certificate or diploma, or to a non-academic degree at an eligible college or university no later than the fall semester immediately following the first anniversary of the student's completion of an associate's degree and has met the requirements for continued eligibility set forth in §705.A.6.

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

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 24:1905 (October 1998) amended LR 25:1091 (June 1999), LR 26:68 (January 2000), LR 26:689 (April 2000), LR 26:1997, 2002 (September 2000), repromulgated LR 27:1856 (November 2001), amended LR 28:774 (April 2002), LR 28:2332 (November 2002),

LR 29:880 (June 2003), LR 29:2373 (November 2003), LR 30:781 (April 2004), LR 30:1165 (June 2004), LR 30:2019 (September 2004), LR 31:3115 (December 2005), LR 33:438 (March 2007), LR 35:1489 (August 2009), LR 38:3160 (December 2012), LR 40:

Chapter 8. TOPS-Tech Award

§805. Maintaining Eligibility

A. - D.3. …

E. A student who successfully completes a vocational or technical certificate or diploma program or a non-academic degree program without having exhausted his period of award eligibility shall receive an award for the remainder of his eligibility if he enrolls in another program of study leading to a vocational or technical certificate or diploma or to a non-academic degree no later than the fall semester immediately following the first anniversary of the student's completion of a vocational or technical certificate or diploma program or of a non-academic degree program and has met the requirements for continued eligibility set forth in §805.A.

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

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 24:1905 (October 1998) amended LR 25:1091 (June 1999), LR 26:68 (January 2000), LR 26:689 (April 2000), LR 26:1997, 2002 (September 2000), repromulgated LR 27:1856 (November 2001), amended LR 28:774 (April 2002), LR 28:2332 (November 2002), LR 29:880 (June 2003), LR 29:2373 (November 2003), LR 30:781 (April 2004), LR 30:1165 (June 2004), LR 30:2019 (September 2004), LR 31:3115 (December 2005), LR 33:438 (March 2007), LR 35:1489 (August 2009), LR 38:3160 (December 2012), LR 40:

Chapter 19. Eligibility and Responsibilities of Post-Secondary Institutions

§1903. Responsibilities of Post-Secondary Institutions

A. - A.2.h. …

3. Beginning with the 2013-2014 academic year (college), an institution shall also report:

a. a student's completion of program of study;

b. whether the program of study was academic or technical;

c. type of credential (degree, certificate, diploma, baccalaureate);

d. semester of completion.

B. - G.2. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3036, R.S. 17:3042.1, 17:3041.10-3041.15, 17:3041.21-3041.26 and R.S. 17:3048.1 and R.S. 17:3050.1-3050.4.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 22:338 (May 1996), repromulgated LR 24:645 (April 1998), amended LR 24:1914 (October 1998), LR 25:1459 (August 1999), LR 26:1998 and 2002 (September 2000), repromulgated LR 27:1864 (November 2001), amended LR 28:448 (March 2002), LR 28:775 (April 2002), LR 28:1760 (August 2002), LR 28:2333 (November 2002), LR 30:784 (April 2004), LR 30:1166 (June 2004), LR 31:40 (January 2005), LR 31:3111, 3114 (December 2005), LR 33:1340 (July 2007), LR 35:1233 (July 2009), LR 35:1490 (August 2009), LR 35:1491 (August 2009), LR 36:2857 (December 2010), LR 40:

Family Impact Statement

The proposed Rule has no known impact on family formation, stability, or autonomy, as described in R.S. 49:972.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Small Business Statement

The proposed Rule will have no adverse impact on small businesses as described in R.S. 49:965.2 et seq.

Public Comments

Interested persons may submit written comments on the proposed changes (SG14152NI) until 4:30 p.m., February 10, 2014, to Sujuan Williams Boutté, Ed.D., Executive Director, Office of Student Financial Assistance, P.O. Box 91202, Baton Rouge, LA 70821-9202.

George Badge Eldredge
General Counsel

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Scholarship/Grant Programs
Degree Completion

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rules may encourage a small number of students who currently forgo their remaining TOPS eligibility to continue their studies, but that number is estimated to be very low and will not have a material impact on TOPS expenditures. Under current rules (excluding students who have obtained a baccalaureate degree), TOPS eligibility ends when students fail to enroll in a semester or term (excluding summers) following enrollment as a TOPS awardee in a previous semester or term (excluding summers). Students in technical and community colleges frequently end their studies prior to exhausting their TOPS eligibility. Such students who have a technical certificate/diploma or associate degree must obtain an exception from LOSFA to resume their studies using their remaining TOPS eligibility. The proposed rules would allow these students to use their remaining TOPS awards without requesting exceptions from LOSFA. The proposed changes do not modify the TOPS award maximums or eligibility criteria. Institutions will incur no additional costs to report completion of program study as required by the proposed rule because an automated system for doing so is already in place.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

Revenue collections of state and local governments will not be affected by the proposed changes.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The Louisiana Board of Regents, Louisiana Workforce Commission and Louisiana Department of Education have recognized the value of "stackable" credentials in preparing Louisiana residents for the workforce. This change is designed to reduce impediments to a student's ability to obtain "stackable" credentials within the established TOPS eligibility framework.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Students with "stackable' credentials are better prepared for the anticipated changes in the Louisiana workforce and are considered more "job ready" for the higher technology jobs

coming to the state in the near future. This will give the state a larger pool of high quality Louisiana workers to fill these jobs.

George Badge Eldredge General Counsel 1401#083	Evan Brasseaux Staff Director Legislative Fiscal Office

NOTICE OF INTENT

Department of Environmental Quality
Office of the Secretary
Legal Division

Clean Water State Revolving Loan Fund
(LAC 33:IX.2101, 2103, 2105, 2107, 2109, 2111, 2113, 2115, 2117, 2119, 2121, 2123, 2125)(WQ081)

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary gives notice that rulemaking procedures have been initiated to amend the Water Quality regulations, LAC 33:IX.2101, 2103, 2105, 2107, 2109, 2111, 2113, 2115, 2117, 2119, 2121, 2123, 2125 (WQ081).

This Rule eliminates unmandated processes within the Clean Water State Revolving Fund, a low interest loan program for water quality improvement projects. The Rule will try to emulate the minimum Federal requirements and processes that loan applicants must follow. The Rule eliminates Louisiana water quality inventory: integrated report (305(b)/303(d)) text and instead includes the most up-to-date Louisiana water quality inventory: integrated report (305(b)/303(d)) by reference. The basis and rationale for this Rule is to try to align the state's water regulations with federal requirements. 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 IX. Water Quality
Subpart 1. Water Pollution Control
Chapter 21. Clean Water State Revolving Fund
Subchapter A. Clean Water State Revolving Fund
§2101. Introduction to the Clean Water State Revolving Fund (CWSRF)

A. The 1972 amendments to the Federal Water Pollution Control Act of 1956, commonly referred to as the Clean Water Act, provided for a strong federal role in the construction of publicly owned wastewater treatment works by increasing the level of federal aid and expanding the federal grant share to 75 percent in an effort to increase the pace of wastewater treatment facility construction and eliminate the backlog of needed facilities. Congress intended that states and municipalities eventually assume full responsibility for financing, building, operating, maintaining, and replacing their treatment facilities.

B. The 1977 amendments to the Clean Water Act began shifting responsibility to state and local governments by authorizing the U.S. Environmental Protection Agency (EPA) to delegate most of its construction grants management functions to the states. The 1981 amendments further reduced the federal role by reducing the annual federal authorization by half, reducing the federal grant share, narrowing the eligible funding categories, and reducing the eligible treatment capacity to that required to meet existing needs.

C. The 1987 amendments to the Clean Water Act set forth a schedule and mechanism for completing the transition to full state and municipal responsibility. The EPA continued to have the authority to allot funds to states for the award of grants to municipalities to construct wastewater treatment facilities through Federal Fiscal Year (FY) 1990. A new authority was created in the amendments that allowed EPA to make grants to capitalize clean water state revolving funds (CWSRF)s, the primary purpose of which is to provide loans and other financial assistance to municipalities for the construction of wastewater treatment facilities. Beginning in FY 1987, states were able to exercise an option to use a portion of their annual construction grants allotments for the capitalization of CWSRFs. The last year in which funds were appropriated for direct project funding through construction grants was FY 1990. Separate appropriations for CWSRF capitalization grants were authorized from FY 1989-FY 1994. Although Congress has continued to provide funding beyond FY 1994 at its discretion, the funding for CWSRFs may stop.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 13:742 (December 1987), repromulgated LR 14:862 (December 1988), amended by the Office of the Secretary, Legal Division, LR 40:

§2103. Authority

A. Act 349 of the 1986 Regular Session of the Louisiana Legislature enacted R.S. 30:2011(D)(4), 2074(A)(4) and (B)(6), and 2078 relative to the Louisiana Environmental Quality Act. Those subsections were amended by Act 296 in the 2010 Regular Session of the Louisiana Legislature. Together, Acts 349 and 296 established the CWSRF; authorized the administrative authority of the Department of Environmental Quality to apply for and accept certain grants for the CWSRF; provided for matching funds; required that money received through such grants and state matching funds be deposited into the CWSRF; provided for the use, capitalization, investment, and disposition of the funds; provided for an exemption to certain public bond trust restrictions; and provided for related matters.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 13:742 (December 1987), repromulgated LR 14:862 (December 1988), amended by the Office of the Secretary, Legal Division, LR 40:

§2105. Definitions

Act—*Act* 349 of the 1986 Louisiana Legislature enacting R.S. 30:2011(D)(4), 2074(A)(4) and (B)(6), and 2078 relative to the Louisiana Environmental Quality Act, and/or *Act* 296 of the 2010 Regular Session of the Louisiana Legislature, amending R.S. 30:2011(D)(4), 2074(A)(4) and (B)(6), and 2078.

Administrative Authority—the secretary of the department or his/her designee.

Allowable Cost—those project costs that are eligible, reasonable, necessary, and allocable to the project; permitted

by the appropriate federal cost principles, and approved in the loan agreement.

Applicant—any political subdivision, agency, commission of the state, or private entity allowed by federal act or federal regulation, that submits an application for financial assistance in accordance with these regulations.

* * *

Cost—the cost of acquisition and construction; the *cost* of all land, rights-of-way, property rights, easements, franchise rights and interests required by the department for such acquisition and construction; the *cost* of all machinery, furnishings, and equipment; all financing charges, and interest prior to and during construction; the *cost* of all engineering services and all expenses of research and development with respect to eligible projects; the *cost* of all legal services and expenses; the *cost* of all plans, specifications, land surveying and estimates of *cost* and revenues; all working capital and other expenses necessary or incident to determining the feasibility or practicability of acquisition or construction of any such project; all administrative expenses and such other expenses as may be necessary or incident to the acquisition or construction of the project, the financing of such acquisition or construction, including the amount authorized in the resolution of the department providing for the issuance of revenue bonds to be paid into any special funds from the proceeds of such bonds; and the financing of the placing of any such project in operation.

* * *

Eligible Recipient—a political subdivision, public trust, agency or commission of the state, or a private entity as allowed by the federal act and/or federal regulations.

* * *

Federal Act—the Federal Water Pollution Control Act Amendments of 1972, known as the Clean Water Act, as amended, 33 U.S.C. § 1245 et seq., (1972).

* * *

Financial Capability—the applicant shall demonstrate an unencumbered and sufficient future revenue stream to meet the annual debt service of the loan being provided by the CWSRF as determined by the administering authority. Sufficiency of a future revenue stream may be determined by examining audited financial statements, review of future net income based on increased user fees, and/or approval of the funding by the Louisiana State Bond Commission.

Initiation of Operation—for wastewater treatment projects, the date operations of the treatment works are initiated or are capable of being initiated, whichever is earlier.

* * *

Loan Program Agreement—a contractual arrangement by and between a municipality and the state acting by and through the department, providing for loans to such municipality for the purpose of paying the cost of construction of eligible projects.

Municipality—a city, town, village, district, parish, Native American tribe, or an authorized Native American tribal organization, or public body having jurisdiction over transport, treatment, and/or disposal of sewage, industrial waste, other waste.

* * *

Person—Repealed.

Pollution—

1. the discharge, release, escape, deposit or disposition, directly or indirectly, of treated or untreated sewage, industrial wastes or other wastes, of whatever kind or character, in or near any water of the state, in such condition, manner or quantity, as does, will, or is likely to contaminate or substantially contribute to the alteration of the physical, chemical or biological properties of any such waters, if such contamination or alteration where an *applicant* only contributes thereto, is to such an extent as to make any of such waters:

1.a. - 2. …

Program Loans—loans made to an applicant by the state which are required to be repaid pursuant to a loan program agreement.

Project Completion—the date a project is complete and accepted by the owner. For wastewater treatment projects, the *project completion* is the initiation of operation date.

Replacement—obtaining and installing equipment, accessories, or appurtenances which are necessary during the useful life of the treatment works to maintain the capacity and performance for which such works were designed and constructed.

Secretary—Repealed.

* * *

User Charge—a charge levied on users of a treatment works for the cost of operation and maintenance, including replacement or loan payment.

Wastewater—any water containing sewage, industrial wastes, or other wastes or contaminants derived from the prior use of such water, and shall include without limiting the generality of the foregoing, surface water of the type storm sewers are designed to collect and dispose of.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 13:742 (December 1987), repromulgated LR 14:862 (December 1988), amended by the Office of the Secretary, Legal Division, LR 40:

§2107. Eligibility for Participation in Program

A. Loans may be made only to *eligible recipients* as defined in LAC 33:IX.2105 for the construction of *wastewater facilities* as defined in LAC 33:IX.2105 necessary to serve the population designated in the approved planning area for the *municipality* as defined in LAC 33:IX.2105, or to an *applicant* as defined in LAC 33:IX.2105 to implement an approved nonpoint source management plan. Loans to applicants may be used to develop and implement estuary conservation and management plans.

B. Not every *cost* as defined in LAC 33:IX.2105 associated with an applicant's wastewater treatment project may be an *allowable cost* as defined in LAC 33:IX.2105 for loan participation. Allowable cost determinations are based on applicable law and regulations. Allowable costs may include those listed in LAC 33:IX.2121 of these rules and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 13:742 (December 1987), repromulgated LR 14:862 (December 1988), amended by the Office of the Secretary, Legal Division, LR 40:

§2109. Priority System

A. The state's *priority system* as defined in LAC 33:IX.2105 and the criteria contained therein will be used to generate an annual project priority list. The project priority list will consist of an ordered listing of all projects submitted by applicants that qualify for participation in the CWSRF program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 13:742 (December 1987), repromulgated LR 14:862 (December 1988), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2550 (November 2000), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2508 (October 2005), LR 33:2164 (October 2007), amended by the Office of the Secretary, Legal Division, LR 40:

§2111. Application Process for Funding

A. Any potential applicant applying for a project loan shall first submit a completed preapplication form and associated documentation to the department. All qualified projects for which a preapplication is submitted shall be included on the next fiscal year's project priority list in accordance with the S.T.E.T. priority system.

B. Applicants selected by the department to be tentatively funded for loan assistance in the current fiscal year shall be notified in writing.

C. An applicant notified by the department for tentative funding shall submit a completed application package to the department for review and approval. The contents of the application shall be consistent with the information detailed in the preapplication form. The application package shall include all application forms and schedules required by the department and documents necessary to demonstrate the necessity, and benefits, and costs associated with the project. Supporting documents may include, but are not limited to, the following:

1. feasibility studies, engineering reports, and environmental impact evaluations required by LAC 33:IX.2125;

2. project plans and specifications;

3. financial information (possibly including project schedules, financial audits, copies of ordinances, State Bond Commission approval, and other required forms); and

4. other documents that may be deemed necessary by the department.

D. Once all required information is received and approved by the department, a loan may be awarded.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 13:742 (December 1987), repromulgated LR 14:862 (December 1988), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2550 (November 2000), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2508 (October 2005), LR 33:2164 (October 2007), amended by the Office of the Secretary, Legal Division, LR 40:

§2113. Loans

A. Loans shall be made only to eligible applicants that:

1. meet the requirements of *financial capability* as defined in LAC 33:IX.2105 set by the department to assure sufficient revenues to operate and maintain the facility for its useful life and to repay the loan;

2. possess an acceptable source of revenue for repayment of the loan. Acceptable sources of revenue for municipalities may include; *charges* as defined in LAC 33:IX.2105, sales taxes, property taxes, other sources of revenue that may be legally dedicated, and revenue that is deemed acceptable by the department;

3. agree to operate and maintain the wastewater facility so that the facility will function properly over the design life of the facility, which shall not be less than the term of the loan;

4. agree to properly maintain financial records, to allow an audit of the project's financial records by a certified public accountant, and to make these records available to the department upon request;

5. provide a written assurance, signed by an attorney, that the applicant has proper title, easement and right-of-way to the property upon or through which the project is to be constructed or extended; and

6. agree to provide a written notice to the department of completion of the project; and

7. ensure that the expenditure of funds by loan recipients for *construction* as defined in LAC 33:IX.2105 or other eligible project costs shall begin within six months after entering into a binding commitment or on a more stringent time frame as may be required by financing agreements. Failure by the loan recipient to start the expenditure of funds within one year after entering into a binding commitment will result in the withdrawal of all financial assistance from the CWSRF.

B. Loans shall be made for a period of time not to exceed 30 years.

C. Loan repayments of the principal and interest installments will be set by the department in the executed loan agreement. Interest payments on the amount drawn shall begin within one year following the loan closing. Principal repayments shall begin within one year following completion of the project, but no later than three years after the loan closing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 13:742 (December 1987), repromulgated LR 14:862 (December 1988), amended by the Office of the Secretary, Legal Division, LR 40:

§2115. Project Construction

A. The applicant shall comply with all state and federal laws, rules and regulations related to construction of the project. These items shall include, but shall not be limited to:

1. - 3. …

4. Davis-Bacon Act (40 U.S.C. §3141 et seq.) and related acts (if applicable);

5. performance and payment *bonds* as defined in LAC 33:IX.2105;

6. noncompetitive procurement; and

7. …

B. Any project constructed in whole or in part with funds obtained with a loan through the CWSRF shall be constructed in accordance with the plans and specifications approved by the department. Any deviation from the approved plans and specifications shall be approved by the department separately through the use of addenda and/or change orders.

1. The applicant may issue, prior to bid opening, addenda to correct errors, to clarify information in bidding documents or to incorporate the current wage rate determination. The addenda shall be issued in a reasonable time prior to the deadline for the receipt of bids and the applicant shall insure that the addenda have been issued to each bidder.

2. The applicant shall be responsible for negotiation of construction contract change orders. During negotiations with the contractor, the applicant or, if authorized, his engineer shall:

a. - c. …

d. submit to the department all change orders for review and approval.

C. The applicant shall submit to the department for review a complete statement of work to be performed, the terms and conditions of the proposed contract to be awarded, a clear explanation of the methods of bidding and of evaluating bid prices and the limits of work for each item on the proposal form.

D. From the time of first submission of the loan application, throughout all stages of construction, and at any time while financial assistance from the CWSRF to the applicant is outstanding, the department, through its duly authorized representative, shall have the right to inspect any and all projects, and any and all incidental works, areas, facilities and premises otherwise pertaining to the project for which the application is made. The department shall further have the same right of inspection to inspect any and all books, accounts, records, contracts or other instruments, documents or information possessed by the applicant or entity representing the applicant which relate to the receipt, deposit and/or expenditure of financial assistance funds or to the planning, design, construction and operation of any facilities which may have been constructed as a result of such financial assistance. By submittal of a loan application to the department, the applicants shall be deemed to consent and agree to the right of reasonable inspection and all applicants shall allow the department all necessary and reasonable access and opportunity for such purposes.

E. The applicant shall provide the department with a written notification upon completion of any project for which financial assistance is provided through the CWSRF. The department shall conduct a final on-site inspection of the project and an audit of any and all financial assistance furnished to the applicant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 13:742 (December 1987), repromulgated LR 14:862 (December 1988), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2551 (November 2000), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2508 (October 2005), LR 33:2164 (October 2007), amended by the Office of the Secretary, Legal Division, LR 40:

§2119. Miscellaneous

A. The department shall have an annual audit conducted of the fiscal operation of the CWSRF for submission to the governor and the legislature.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 13:742 (December 1987), repromulgated LR 14:862 (December 1988), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2551 (November 2000), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2508 (October 2005), LR 33:2164 (October 2007), amended by the Office of the Secretary, Legal Division, LR 40:

§2121. Allowable Costs

A. *Allowable costs* as defined in LAC 33:IX.2105 may include, but may not be limited to, the following:

1. - 3. …

4. facilities planning directly related to a treatment works;

5. - 11. …

12. a reasonable inventory of laboratory chemicals and/or other supplies necessary to initiate operation of the project;

13. start-up services for new treatment works, in accordance with guidance issued by the department;

14. project identification signs, if necessary;

15. development of a municipal pre-treatment program and purchase of monitoring equipment and construction of facilities to be used by the municipal treatment works in the pre-treatment program; and

16. costs of complying with procurement requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 13:742 (December 1987), repromulgated LR 14:862 (December 1988), amended by the Office of the Secretary, Legal Division, LR 40:

Subchapter B. Clean Water State Revolving Fund Priority System

§2123. Introduction to the Clean Water State Revolving Fund (CWSRF) Priority System

A. Introduction

l. On October 18, 1972, the Federal Water Pollution Control Act Amendments became Public Law 92-500. PL 92-500 was amended by PL 95-217, the Clean Water Act of 1977, PL 97-117, the Municipal Wastewater Treatment Construction Grant Amendments of 1981, and by PL 100-4 (Water Quality Act of 1987).

2. The primary aim of the *federal act* as defined in LAC 33:IX.2105 is to "restore and maintain the chemical, physical, and biological integrity of the nation's water." The federal act states the goal of suitable water quality for recreational contact, and for protection and propagation of fish and wildlife. In addition, the federal act emphasizes the need for controlling or eliminating discharges of toxic pollutants through the control of point and nonpoint sources of *pollution* as defined in LAC 33:IX.2105. A permit program has been established to restrict pollutant discharges from factories, municipalities, and large agricultural operations. The permit program has been expanded to include pollutants entering the nation’s water through nonpoint sources, including stormwater runoff from

municipalities, factories, agricultural operations, and other sources that do not require NPDES permits.

3. The Water Quality Act of 1987 added title VI to the Clean Water Act, which provided for a program of low interest loans. Section 603(c) of the federal act states that the amounts of funds available to each state water pollution control revolving fund shall be used only for providing financial assistance:

a. to any *municipality* as defined in the LAC 33:IX.2105, intermunicipal, interstate, or state agency for *construction* as defined in the LAC 33:IX.2105 of publicly owned treatment works as defined in section 212 of the Clean Water Act;

b. for the implementation of a management program established under section 319 of the Clean Water Act; and

c. for development and implementation of a conservation and management plan under section 320 of the Clean Water Act.

4. Section 603(g) of the federal act states that the state may provide financial assistance with the state revolving loan fund only if a construction project as described in subsection (c)(1) is on the state's priority list under section 216 of the federal act. Assistance may be provided regardless of the rank of a project on the list. Section 603(g) of the federal act does not require that a project for the implementation of a management program established under section 319 of the federal act, and for development and implementation of a conservation and management plan under section 320 of the federal act shall be on the state's priority list to receive financial assistance. These projects shall be included on the priority list and assigned priority ratings in accordance with LAC 33:IX.2123.C.7.

5. Section 603(c) of the federal act states that after public comment and review, each state shall prepare an annual plan identifying the intended uses of the money to its revolving loan fund.

6. The department has established the state of Louisiana CWSRF priority system due to the federal requirements of the program.

7. This system provides a priority list of publicly owned treatment works projects that meet the definition in section 212 of the federal act, and provides for the selection of eligible projects to be included on the annual intended use plan (IUP) for each year.

B. List of Stream Subsegments and Subsegment Priority Numbers

l. The priority of the program's management is to give more importance to the areas where significant problems occur.

2. The state of Louisiana is divided into 12 water quality management basins which exhibit distinct hydrologic characteristics. Each designated basin is divided into stream segments and subsegments which exhibit common reactions to stresses (e.g., pollutants). The stream segmentation for Louisiana is contained in the area-wide *water quality management plans* as defined in LAC 33:IX.2105 and submitted under section 303(e) of the federal act.

3. In order to direct the water quality management effort, each stream subsegment is ranked according to its designated uses and the degree to which they are supported. The values from each of the category classifications, from Table B-l of this Section, are multiplied together to produce a stream subsegment priority number. If a subsegment has multiple designated uses, the single highest product of a designated use and degree of support shall be utilized as the stream subsegment priority number.

4. Information on designated uses and degree of support is taken from the latest approved Louisiana water quality inventory integrated report, which may be found on the department's website.

5. The stream priority list is used as the base for the later determination of the project priority ratings.

Table B-1:
Subsegment Priority Ranking Multipliers

Designated Uses	Multiplier
Shellfish Propagation	20
Sole Source Drinking Water Supply	15
Outstanding Natural Resource	10
Primary Contact Recreation	5
Secondary Contact Recreation	5
Fish and Wildlife Propagation	5
Agriculture	5
Limited Aquatic Wildlife Use	2
Degree of Support	**Multiplier**
Not Supported	5
Partially Supported	4
Fully Supported but Threatened	3
Fully Supported	2
Formula:	
Designated Uses X Degree of Support = Stream Subsegment Priority Number	

C. List by Priority Rank

l. In conjunction with the priority of the stream subsegments of the state of Louisiana, each municipality that requests consideration for funding is rated by its ability to comply with the federal act.

2. The priority rating for each municipality being considered for a loan is composed of the stream subsegment priority rating and the municipality factor. These numbers are added together to form the basic project priority rating.

3. The municipality factor is the summation of the category factor and the pollution reduction factor. The category factor depends on the age of a particular treatment or collection system within a project area.

a. The category factor value for treatment system only projects shall be obtained from Table C-1 of this Section.

b. The category factor value for collection system projects shall be obtained from Table C-2 of this Section.

c. The category factor value for treatment and collection system projects shall be the higher values from Table C-1 or C-2 of this Section and shall be used to calculate the municipality factor.

d. The pollution reduction factor value is an indication of the ability to reduce the pollution discharged into the receiving waters, and shall be obtained from Table C-3 of this Section.

Table C-1
Treatment System Category Factor

Age of Treatment Plant	Type of Treatment Plant			
	Mechanical Plant	Aerated Lagoon	Stabilization Pond	Other
0 - 5 years	2	1	0	0
6 - 10 years	4	2	1	0
11 - 15 years	6	4	2	1

Table C-1 Treatment System Category Factor				
Age of Treatment Plant	Type of Treatment Plant			
	Mechanical Plant	Aerated Lagoon	Stabilization Pond	Other
16 - 20 years	8	5	3	1
Over 20 years	10	7	4	2

Table C-2 Collection System Category Factor	
Age of Collection System	Points
0 - 10 years	2
11 - 20 years	4
21 - 30 years	6
31 - 40 years	8
Over 40 years	10

Table C-3 Pollution Reduction Factor				
Present Treatment Level	Future Level of Treatment			
	Secondary	Advanced (BOD≥20)	Advanced (20>BOD≥10)	Advanced (BOD<10)
Raw (from existing outfall)	80	90	90	100
Less than Secondary	60	70	80	90
Secondary	20*	60	70	80
Advanced (BOD≥20)	N/A	20*	60	70
Advanced (20>BOD≥10)	N/A	N/A	20*	60
Advanced (BOD<10)	N/A	N/A	N/A	20*
Unsewered (no outfall)	30	40	50	60
N/A- No reduction in pollution discharge anticipated				20
*If no change to treatment, but increase in capacity, change 20 to 40 Formula: Category Factor +Pollution Reduction Factor=Municipality Factor				

4. A separate municipality factor shall be determined for each treatment facility and the collection system within its service area. When two or more treatment facilities are included in a single project, the municipality factor for the project will be the weighted average, according to population served for all treatment facilities included in the project regardless of whether they are in the same or different municipalities.

Basic Project Priority Rating = Stream Subsegment Priority Rating + Municipality Factor

5. The priority rating for a municipality may be reconsidered and adjusted when new information is made available. Information may result from water quality analysis, facility planning, etc.

6. Any municipality may request a reconsideration of its priority rating. Such a request shall include the reason(s) the municipality believes the priority rating is incorrect.

7. Projects for the implementation of a management program established under section 319 of the Federal Act, and for development and implementation of a conservation and management plan under section 320 of the Federal Act, shall be assigned a stream subsegment priority number based on the most impacted by the project. These projects shall also be assigned an additional factor based on the ability of the project to reduce pollution in receiving waters. This factor shall be assigned by the department based on evaluation of individual project applications and shall not exceed 100 points. The basic priority rating for projects under sections 319 and 320 of the Federal Act are detailed in the equation below.

Basic Project Priority Rating = Stream Subsegment Priority Rating + Additional Assigned Factor

D. CWSRF Priority List

1. Upon receipt of a request by the authorized representative of an applicant, the basic priority rating will be determined and the proposed project shall be placed on the CWSRF priority list.

2. For public entities only, requests for inclusion on the CWSRF priority list shall include:

a. a resolution from the governing authority designating a project representative and authorizing him/her to submit preapplication material;

b. a completed preapplication; and

c. a map of the proposed planning area.

3. It is the responsibility of each authorized project representative to maintain current and accurate information for his/her project, and to submit any revised or updated project information to the department each year. The information will be used to prepare the CWSRF priority list.

4. The loan amount shown on the list shall be the estimated amount of the items eligible for loan assistance. Eligibility of specific items shall be based on the latest federal requirements in effect at the time the list is prepared. Should these requirements be changed subsequent to preparation of the list, all projects on the list shall be adjusted accordingly. The monetary amount of each item shall be based on the latest information supplied by the authorized project representative in accordance with Paragraph D.2 of this Section.

5. Projects normally proceed by facility planning, design, and construction. Projects that have completed facility planning and design, and are ready to begin construction may be considered for funding. Projects shall be awarded points in addition to the basic priority rating based on the readiness to proceed to construction in accordance with the Table D.1 of this Section.

Table D.1.	
Milestone	Points
Project has completed facility planning and planning documents have been approved	1000
The plan and design for the project has been completed, and the specifications have been approved	2000

6. Assistance may be offered in several phases to large projects upon request by the authorized project representative. Assistance is based on a comparison of project cost and funds available, or other factors that may require delayed funding for portions of a project. Each phase of a project shall be listed separately on the CWSRF priority list. All phases shall have the same basic priority rating, but each phase will have its own points awarded based on readiness to proceed.

7. The CWSRF priority list shall include all projects that have requested funding assistance, ranked in priority order, regardless of the amount of funds available. The priority list shall be used for the later preparation of the CWSRF intended use plan.

8. Projects on the CWSRF priority list shall be selected to receive funds from the amount expected to be available in accordance with Paragraph E.2 of this Section, less any reserves established in accordance with Subsection F of this Section.

9. The department shall provide public notice of the CWSRF priority list by publishing the availability of the list in the official state journal and by placing the notice on the DEQ website. The public shall have 30 days from the publication date of the notice to provide written comments to the department. After the end of the 30 day comment period, the department shall hold a public hearing on the CWSRF priority list. The department shall consider all comments received and make any changes deemed necessary. Afterwards, the department shall submit the CWSRF priority list to the EPA.

10. Any project or project phase shall be removed from the CWSRF priority list once funding for the project or project phase has been provided through the CWSRF. The project or project phase shall be removed after it been constructed using another source of funds.

11. Any project request without written communication with the department and no presentation of progress toward prerequisites to funding for a period of five years shall be deemed to be an inactive project and may be removed from the CWSRF priority list. Prior to removal of an inactive project from the CWSRF priority list, the department shall contact the project representative in writing to inform him/her of the impending removal.

12. The CWSRF priority list is divided into the fundable portion and the future funding portion. The fundable portion includes those projects expected to be awarded assistance during the fiscal year in which the list was prepared. The future funding portion includes those projects expected to receive funding in future fiscal years.

13. A project may be moved from the fundable portion to the future funding portion of the list, if the department determines that the project will not be ready to proceed during the funding year. The department shall contact the project representative in writing to advise him/her of the impending decision to move the project to the future funding list. The applicant shall have 30 days to present updated information to avoid being moved to the future funding list.

14. Projects from the future funding portion of the list that have completed the priority list public participation requirements may advance to the fundable portion of the list if program funding allows, or if additional funds are available. Individual projects shall advance in accordance with the provisions of Paragraph D.8 of this Section, until the available federal funding is consumed if additional funds are available.

15. If the actual amount available during the year is less than the projected amount expected to be available in accordance with Paragraph E.2 of this Section, and it is not possible to fund all projects on the fundable portion of the priority list, then those projects selected last for inclusion on the priority list will be moved from the fundable portion of the list to the future funding portion until the remaining projects can be funded with the available funds.

16. If granting the additional funds would result in insufficient funds for the remaining projects on the fundable portion, the additional funds shall not be granted. The project contact may request that additional funds be added to the future funding portion of the project.

E. Intended Use Plan (IUP)

1. An is prepared for each state fiscal year (SFY), and it details the intended use of amounts expected to be available to the CWSRF during the SFY. These intended uses shall include loans for projects and other allowable uses of the fund. This includes, but is not limited to, repayment of *bonds* as defined in LAC 33:IX.2105 issued by the fund, loan guarantees, insurance for local obligations, and payment of allowable costs of administering the fund. The priority list from Subsection D of this Section is an integral component of the IUP.

2. On July 1 of each year the *administrative authority* as defined in LAC 33:IX.2105, or his/her designee, shall determine the loan amount expected to be available for projects in the current SFY.

3. Of the amount expected to be available in accordance with Paragraph E.2 of this Section, certain amounts shall be reserved in accordance with Subsection F of this Section.

4. Projects shall be included on the current CWSRF priority list that have met public participation requirements and have been submitted to the EPA in order to be selected for the IUP. Projects on the proposed CWSRF priority list may be selected for the proposed IUP, provided that both the proposed priority list and IUP meet public participation requirements and are accepted by the EPA.

5. The department shall provide a CWSRF IUP public notice by publishing it in the official state journal and by placing the notice on the DEQ website. The public shall have 10 business days from the publication of the notice to provide written comments to the department. After the end of the 10 business-day comment period, the department may hold a public hearing on the CWSRF IUP. The department shall consider all comments received and make any changes deemed necessary.

6. The CWSRF IUP shall be submitted to the EPA for review and approval after the public comment period has expired.

F. Reserves Related to the IUP

1. Reserves for State Management Assistance

a. The state may set aside a portion of the total funds available during each SFY for use by the department in fulfilling its obligations to manage the CWSRF program.

b. The reserve shall be limited to the amount authorized by federal law as a percentage of each federal capitalization grant.

2. Reserve for Loans for Facilities Planning and Design

a. The state may set aside a portion of the total funds available during the SFY for loans to applicants for facilities planning and design.

b. The reserve is limited to applicants who meet all of the following conditions.

i. The construction portion of the project shall appear within the five year planning portion of the IUP.

ii. The loan shall be used to perform facility planning or design work that has not been previously funded.

iii. The applicant certifies that it does not have the financial capability to complete facility planning and design work without financial assistance.

c. The reserve shall be implemented only to the extent that the department deems necessary to provide assistance to applicants who are unable to complete facilities planning and design work without assistance. Applicants are expected to receive assistance for construction when facility planning and design work are completed. This reserve shall not exceed 10 percent of the funds available, in accordance with Paragraph E.2 of this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 17:342 (December 1987), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2551 (November 2000), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2508 (October 2005), LR 33:2164 (October 2007), amended by the Office of the Secretary, Legal Division, LR 40:

Subchapter C. State Environmental Review Process

§2125. Introduction to the State Environmental Review Process

A. The state environmental review process (SERP) provides the policy for conducting environmental reviews of construction projects that are funded by federal funds in Louisiana's CWSRF. The reviews shall be consistent with the requirements of the National Environmental Policy Act (NEPA) of 1969, 42 U.S.C. 4321 et seq., as implemented by the Council on Environmental Quality (CEQ) NEPA Regulations (40 CFR Parts 1500-1508). Pursuant to the 1987 amendments to the Clean Water Act, the United States Environmental Protection Agency (EPA) specified that state agencies may either develop or revise their own environmental review methods. They may also adopt and apply the procedures of 40 *Code of Federal Regulations* (CFR) Part 6. The CWSRF has adopted the procedures as outlined in 40 CFR Part 6, Procedures for Implementing the National Environmental Policy Act and Assessing the Environmental Effect Abroad of EPA Actions.

B. All terminology used in this document is consistent with the terms defined in 40 CFR Part 1508 (CEQ NEPA regulations). The following definitions are provided for clarity.

Environmental Information Document (EID)—any written analysis prepared by an applicant, or their authorized representative, describing the environmental impacts of a proposed project. This document shall be of sufficient scope to enable the CWSRF to identify potentially significant environmental concerns and the associated potential impacts of the proposed project.

Environmental Review—the process whereby an evaluation is undertaken by the CWSRF to determine whether a proposed project may have a significant impact on the environment.

Preliminary Engineering Report (PER)—any written study prepared by an applicant, or their authorized representative, describing the need and recommendations for new, expanded, or upgraded wastewater facilities. The documents shall include a study of any socioeconomic, environmental, or other unique features. It shall include a forecast of planning area future conditions a detailed economic analysis for each principal alternative, and a description of the process, design flow, effluent limits, cost, and plan for implementation of the proposed wastewater treatment works.

C. The department shall conduct a NEPA-type review of construction projects proposed for funding through the CWSRF, if required. This review shall be conducted as early as possible in project formulation to ensure that all projects comply with applicable local, state, and federal laws, and departmental rules relating to the protection and enhancement of the environment. Based upon the department's review, it shall make a formal determination regarding the potential social and environmental impacts of the proposed project. The determination shall include any necessary mitigation measures as a condition of financial assistance. No financial assistance shall be provided until a final environmental determination has been made. Any public, private, or governmental entity shall be allowed to seek any administrative or legal review provided by law from the department determinations. Applicants to the CWSRF shall obtain guidance from the department regarding the scope of the environmental review to be conducted, and the environmental information the applicant is required to submit in support of the proposed project. Applicants are strongly encouraged to consult with the department in the early stage of project formulation. This consultation is to determine whether a project is eligible to be categorically excluded from a substantive environmental review, determine alternatives to the proposed project for evaluation, and/or identify potential environmental issues which may impact its application.

1. The determinations that will apply to construction projects proposed to be implemented include a determination to:

a. issue a categorical exclusion (CE);

b. issue a finding of no significant impact (FONSI); or

c. require an environmental impact statement (EIS).

2. A project may be categorically excluded from a substantive environmental review if the project fits within a category of actions identified in Subparagraph C.2.c of this Section that are eligible for exclusion and the project does not involve any extraordinary circumstances identified in Subparagraph C.2.d of this Section. Applicants are not required to prepare an environmental information document (EID) or preliminary engineering report (PER) for projects that are being considered for CE. An environmental assessment (EA) is not required if the project is categorically excluded.

a. If a project is determined to be categorically excluded, a written CE determination shall be prepared by the department and published in the official parish journal at the location of the project. The CE determination constitutes a final decision of the administrative authority.

b. The department may identify categories of actions that do not individually, cumulatively over time, or in conjunction with other actions, have a significant effect on the quality of the human environment. These do not include projects that provide a capacity to serve a population 30

percent greater than the existing population, that directly or indirectly involve upgrading, or that extend infrastructure systems primarily for the purposes of future development.

c. Department-identified CEs include, but may not be limited to:

i. actions at facilities involving routine facility maintenance, repair, and groundskeeping; minor rehabilitation, restoration, renovation, or revitalization of existing facilities; *replacement* as defined in LAC 33:IX.2105, of equipment; acquisition and installation of equipment (including equipment needed solely for purposes of emergency preparedness); or construction of new minor ancillary facilities adjacent to or on the same property as existing facilities;

ii. actions relating to existing infrastructure systems (i.e., sewer systems, drinking water supply systems, and stormwater systems that include combined sewer overflow systems) that involve minor upgrading, minor expansion of system capacity or rehabilitation (i.e., functional replacement) of the existing system and system components, (i.e., sewer collection network and treatment system; the system to collect, treat, store, and distribute drinking water; and stormwater systems, including combined sewer overflow systems) or construction of new minor ancillary facilities adjacent to or on the same property as existing facilities. This category does not include actions that:

(a). involve new or relocated discharges to surface or ground water;

(b). will likely result in the substantial increase in the volume or the loading of pollutant to the receiving water;

(c). will provide capacity to serve a population 30 percent greater than the existing population;

(d). are not supported by the state, other regional growth plan, or strategy; or

(e). directly or indirectly involve or relate to upgrading or extending infrastructure systems primarily for the purposes of future development; and

iii. actions in unsewered communities involving the replacement of existing on-site systems, providing the new on-site systems do not result in substantial increases in the volume of discharge, or the loadings of pollutants from existing sources, or relocating an existing discharge.

d. Extraordinary circumstances that would preclude issuance of a CE include, but are not limited to, the following:

i. the proposed project is likely to have potentially significant environmental impacts on the quality of the human environment either individually or cumulatively over time;

ii. the proposed project is likely to have disproportionately high and adverse human health or environmental effects on any community including minority communities, low income communities, or federally-recognized Native American tribal communities;

iii. the proposed project is likely to significantly affect federally listed, threatened, endangered species, or their critical habitat;

iv. the proposed project is likely to significantly affect national natural landmarks or any property with nationally significant architectural, historic, prehistoric, archeological, or cultural value, including but not limited to, property listed on or eligible for the National Register of Historic Places;

v. the proposed project is likely to significantly affect environmentally important natural resource areas such as wetlands, floodplains, significant agricultural lands, aquifer recharge zones, coastal zones, barrier islands, wild and scenic rivers, and significant fish or wildlife habitat;

vi. the proposed project is likely to cause significant adverse air quality effects;

vii. the proposed project is likely to have a significant effect on the pattern, type of land use (i.e., industrial, commercial, agricultural, recreational, or residential), growth and distribution of population including altering the character of existing residential areas, or not consistent with state government, local government, or federally-recognized Native American tribe approved land use plans, or federal land management plans;

viii. the proposed project is likely to cause significant public controversy about a potential environmental impact of the proposed project; and

ix. the proposed project is likely to conflict with federal, state, local government, federally-recognized Native American tribe, federal environmental, resource protection, or land use laws or regulations.

e. A CE determination shall be rescinded if:

i. the proposed project no longer complies with the applicable 40 CFR Part 6 criteria for CE due to project changes; or

ii. new information involves or relates to at least one of the extraordinary circumstances, or otherwise indicates serious environmental issues exist.

f. When the department has determined that a CE is to be rescinded based upon this criteria, the department shall prepare a notice of intent (NOI) to rescind the CE previously applied to the project and require the preparation of an EID or EIS.

3. A FONSI may be prepared based on a proposed project's EA, which will be prepared based on a substantive environmental review conducted by the department and supported by an EID prepared in conjunction with the facility plan (FP) prepared by the applicant. If the EA supports the finding that the proposed project will not have a significant effect on the human environment or includes any commitments to mitigation that render the impacts of the proposed project insignificant, then the administrative authority will issue a FONSI. If the EA does not support a FONSI, then an EIS shall be prepared.

4. An EIS may be required based on a proposed project's EA, which will be prepared based on a substantive environmental review conducted by the department and supported by an EID prepared in conjunction with the PER prepared by the applicant. An EIS may also be required without an EA when the proposed project is deemed a major action significantly affecting the quality of the human environment. A project normally requires an EIS if the administrative authority determines:

a. the project will significantly affect the pattern and type of land use (i.e., industrial, commercial, recreational, or residential), or growth and distribution of the population;

b. the proposed project is inconsistent with federal, state, local government, federally-recognized Native

American tribe, or federal environmental, resource protection, or land-use laws and management plans for protection of the environment;

c. the project is likely to significantly affect environmentally important resources such as:

i. wetlands;

ii. significant agricultural lands;

iii. aquifer recharge zones;

iv. threatened and endangered species or their habitats;

v. coastal zones;

vi. barrier islands;

vii. wild and scenic rivers;

viii. significant fish or wildlife habitat;

ix. national natural landmarks; and/or

x. any property on or eligible for the National Register of Historic Places; or

d. the project is likely to directly or indirectly, through induced development, involve uncertain environmental effects, produce significant cumulative impacts in conjunction with other government projects, or have significant adverse effects upon local ambient air quality, local noise levels, surface water reservoirs, or navigation projects.

5. Amended Projects, Previous Environmental Determinations, and Usage of Other Relevant Environmental Documents by the Department

a. In the event that changes are made to a project after an environmental determination has been issued, the administrative authority shall, prior to approval, examine the plans and specifications, loan application, and related documents for consistency with the environmental determination. Based upon the department's review of the amended project, the administrative authority shall:

i. reaffirm and amend, as necessary, the original determination through the issuance of a statement of findings;

ii. rescind a CE and issue a NOI that the preparation of an EID or an EIS will be required;

iii. revise a FONSI and make available to the public;

iv. rescind a FONSI and issue a NOI that the preparation of an EIS will be required;

v. revise a record of decision (ROD) associated with an EIS and make available to the public; or

vi. rescind a ROD via the issuance of a NOI that financial assistance will not be provided.

b. The administrative authority may accept and adopt previous NEPA environmental determinations (i.e., CE, EA/FONSI, and EIS/ROD) issued within the last five years with the submittal of an application to the CWSRF. Acceptance of previous environmental determinations shall be affirmed through the issuance of a statement of findings. Otherwise, the administrative authority shall re-evaluate the project, environmental conditions, public views, and may reaffirm the original environmental determination, or have a new environmental review conducted in accordance with Subsection A of this Section.

c. The administrative authority may review relevant planning, decision making, and/or environmental review documents to determine if the proposed project or any of its alternatives have previously been considered. The department may adopt the existing document, or incorporate by reference, any pertinent part of that document.

6. Construction Prior to Environmental Review

a. An applicant may, at the applicant's risk, commence construction of part of the proposed project prior to completion of the necessary environmental review when that part of the project will:

i. immediately remedy a severe public health, water quality, or environmental problem;

ii. not preclude any identified reasonable alternatives;

iii. not cause significant direct or indirect environmental impacts including those which cannot be acceptably mitigated without completing the entire project;

iv. not be significantly controversial concerning a potential environmental impact; and

v. all other parts of the proposed project remain subject to the completion of the environmental review process prior to construction.

b. The administrative authority shall make a determination of eligibility for work performed under Subparagraph C.6.a of this Section after submittal, approval of the PER, and completion of the environmental review. There is no guarantee that work undertaken prior to the loan award will be eligible for funding.

D. Environmental Information Requirements

1. A minimum of one copy of the information required in this Subsection shall be submitted to the department by the applicant.

a. Categorical Exclusions (CE). Applicants seeking a CE shall provide the department with sufficient documentation to demonstrate compliance with the criteria listed under Subparagraph C.2.c of this Section. If requested by the administrative authority the applicant shall submit additional information to support the application of a CE to the applicant's project and/or whether any extraordinary circumstance applies. At a minimum, additional information consists of:

i. a brief description of the proposed project, including maps and drawings;

ii. a brief description of the no action alternative;

iii. a statement specifying the department-identified CE, as listed in Subparagraph C.2.c of this Section which applies to the proposed project; and

iv. a statement that no extraordinary circumstances, as identified in Subparagraph C.2.d of this Section, apply to the proposed project.

b. Environmental Information Documents (EID). An EID is not required when the project is categorically excluded and does not involve extraordinary circumstances, or when the project has already been determined to require the preparation of an EIS. Otherwise, the applicant shall submit an EID that provides sufficient information for the administrative authority to undertake an environmental review and prepare either an EA/FONSI and/or request the preparation of an EIS for the project. The EID may be incorporated into the PER or submitted separately, and the administrative authority shall provide guidance to applicants on both the format and contents of the EID.

i. Contents. At a minimum the contents of the EID shall include:

(a). the purpose and need for the project;

(b). the existing environmental setting of the project;

(c). the alternatives to the project, including the no action alternative;

(d). a description of the proposed project;

(e). the potential environmental impacts of the proposed project, including those which cannot be avoided;

(f). a description of public participation activities conducted, issues raised, and changes to the project which may be made as a result of the public participation process; and

(g). documentation of coordination with appropriate governmental agencies.

ii. Availability to the Public. At least 30 days in advance of submittal and availability of the PER and EID, the applicant shall provide a public notice of the availability of the PER and EID for public review and comment in a newspaper of general circulation in the project area. The applicant shall make the PER and EID available to all federal, state, local agencies, the affected public, and others that may have previously expressed an interest in the project. A public hearing may be required by the department if there is substantial public interest in conducting a hearing, or a hearing is requested by another agency with jurisdiction over the proposed project. In the event that a public hearing is required, the administrative authority shall provide guidance to the applicant regarding the contents of the public hearing notice and of the public hearing. The public hearing and the availability of the PER for public review shall be advertised by the applicant at least 30 days in advance in the newspaper of general circulation in the project area. Following the public hearing the applicant shall provide the department with a verbatim transcript of the hearing, a copy of the public hearing notice with proof of publication, a list of all applicants and agencies notified of the public hearing, a list of all attendees, and responses to any substantive comments received.

c. Environmental Impact Statements (EIS). In the event that an EIS is required, the applicant shall provide sound analysis and clear presentation of alternatives, including the no action alternative, the selected alternative, and their environmental, economic, and social impacts. The administrative authority may request the applicant to prepare an EIS without first undertaking an EA. The EIS format shall be followed by the applicant unless the administrative authority determines otherwise. The EIS format shall include:

i. a cover sheet identifying the applicant, the project(s), and the program through which financial assistance is requested; and

ii. an executive summary of the critical issues of the EIS in sufficient detail that the reader may become familiar with the proposed project and its cumulative effects. The summary shall include:

(a). a description of the existing problem;

(b). a description of each alternative, including the no action alternative;

(c). a listing of each alternative's potential environmental impacts, mitigation measures, and any areas of concern; and

(d). any conclusions;

iii. the body of the EIS shall contain the following information:

(a). a complete and clear description of the purpose and need for the proposed project that clearly identifies its goals and objectives;

(b). a discussion of alternatives including, but not limited to:

(i). a balanced description of each alternative considered by the applicant including the no action alternative;

(ii). description including the size and location of the facilities, water lines, land requirements, and construction schedules; and

(iii). the preferred alternative identified, and any alternatives that are eliminated from examination along with the reasons for their elimination;

(c). a description of the alternatives available to the department including:

(i). providing financial assistance to the proposed project;

(ii). requiring that the proposed project be modified prior to providing financial assistance with conditions requiring the implementation of mitigation measures; and

(iii). not providing financial assistance to the proposed project;

(d). a description of the alternatives available to other local, state, and federal agencies which may have the ability to issue or deny a permit, provide financial assistance, or otherwise affect or have an interest in any of the alternatives; and

(e). a description of the affected environment and environmental impacts of each alternative, including, but not limited to:

(i). the alternative evaluation of the affected environment, which shall be based on, but not be limited to: hydrology, geology, air quality, noise, biology, socioeconomic factors, land use, and cultural resources of the planning area;

(ii). analysis of the total impact of each alternative in a manner that will facilitate comparison;

(iii). the effect of the no action alternative to serve as a baseline for comparison of the adverse and beneficial impacts of the other alternatives; and

(iv). description of the existing environment in the no action section for background information;

iv. the draft EIS shall be public noticed for a period of 30 days. The final EIS shall include a list of comments, a list of commenters, a commenter key, responses, and the final decision(s) of the department on any such comments pertinent to the project or the EIS;

v. material incorporated by reference into an EIS shall be organized to the extent possible into a supplemental information document and be made available for public review upon request. No material may be incorporated by reference unless it is reasonably available for inspection by interested applicants within the comment periods specified in Clause D.1.c.iv of this Section and Subclause D.1.c.vii.(b) of this Section;

vi. when an EIS is prepared by contractors either for the department or the applicant, the department shall independently evaluate the EIS prior to issuance of the

record of decision and take responsibility for its scope and contents. The department staff who reviews this evaluation shall be identified under the list of preparers, along with those of the contractor, and any other parties responsible for the content of the EIS;

vii. public participation required for an EIS shall be conducted by the department, but may be supplemented by the applicant depending upon the nature and scope of the proposed project. The following requirements represent the minimum allowable to the applicant and the department:

(a). as soon as practicable, and in accordance with Subparagraph E.2.c of this Section, the department shall convene a scoping meeting of the affected federal, state, and local agencies; the applicant; and other interested parties to determine the scope of the EIS after a determination has been made that an EIS is required. As part of the scoping meeting the department shall, at a minimum:

(i). determine the significant issues and the scope of analysis required of those issues in the EIS;

(ii). identify the preliminary range of alternatives to be considered;

(iii). identify potential cooperating agencies and determine the information or analyses that may be needed from cooperating agencies or other parties;

(iv). discuss the method of EIS preparation and the public participation strategy;

(v). identify consultation requirements of other laws and regulations; and

(vi). determine the relationship between the preparation of the EIS and the completion of the PER, and any necessary arrangements for coordination of the preparation of both documents;

(b). following the scoping process the administrative authority shall begin the identification and evaluation of all potential available alternatives to adequately address the range of issues developed in the scoping process. A summary, including a list of the significant issues identified, shall be provided to the applicant and other interested parties. Preparation of the EIS shall be done at the discretion of the department, by the staff, consultants to the department, or a consultant contracted by the applicant subject to approval by the department. When a consultant is used for the preparation of the EIS, the consultant shall be required to execute a disclosure statement signifying it has no financial or other conflicting interest in the outcome of the project. Both the draft EIS and the final EIS shall be distributed and made available for public review in a manner consistent with the requirements of Clause D.1.b.ii of this Section. The department shall publish, in the *Louisiana Register* and a newspaper(s) of general circulation in the project area, a notice of availability of the final EIS giving locations at which it will be available for public review for at least 30 days prior to making the decision to provide or deny financial assistance to the proposed project;

(c). at the time of its decision to provide or deny financial assistance to the proposed project, the administrative authority shall prepare a concise public ROD that shall:

(i). include a brief description of the proposed project and all alternatives considered in the EIS, specifying the alternative that was considered to be environmentally preferable;

(ii). clearly state the decision being made and provide an explanation behind the decision; and

(iii). identify, if necessary, any commitments to mitigation.

E. Environmental Reviews and Determinations

1. A substantial environmental review resulting in the preparation of an EA is required for proposed projects that are expected to result in environmental impacts and where the significance of the impacts is not known. An EA is not required if the proposed project is categorically excluded, or if the administrative authority has determined that an EIS is required. The environmental review, supported by the applicant's EID and PER, shall be conducted by the administrative authority to determine whether any significant environmental impacts are anticipated and whether any changes may be made to the proposed project in order to eliminate significant adverse environmental impacts. As part of the review, the administrative authority may require the applicant to submit additional information or undertake additional public participation and coordination to support its environmental determination. Based on the environmental review, the administrative authority shall prepare an EA that provides sufficient information and analysis for determining whether to issue a FONSI or require the preparation of an EIS. The EA shall include:

a. a brief discussion of the:

i. need for the proposed project;

ii. alternatives considered, including the no action alternative;

iii. existing environment; and

iv. environmental impacts of the proposed project;

b. identification and description of any mitigation measures considered, including any mitigation measures that shall be adopted to ensure the action will not have significant impacts; and

c. incorporation of documents by reference, if appropriate, including the EID and PER for the proposed project.

2. Based on the EA, the administrative authority shall issue a FONSI or a NOI to prepare an EIS.

a. The FONSI shall include a brief description of:

i. the proposed project;

ii. any mitigation measures required of the applicant as a condition of its receipt of financial assistance; and

iii. a statement to the effect that comments supporting or opposing with the FONSI may be submitted for consideration by the department.

b. The FONSI and EA shall be distributed to all public and private parties, governmental entities, and agencies that have previously expressed an interest in the proposed project. The availability of the FONSI and EA shall be public noticed in a newspaper of general circulation in the project area and invite the affected public to review and provide comments. The public notice initiates the required 30-day public comment period. No action regarding approval of the PER or the provision of financial assistance shall be taken by the department until the end of the public comment period.

c. The NOI to prepare an EIS shall include a brief description of the:

i. proposed project and possible alternatives;

ii. department's proposed scoping process (see Clause D.1.c.vii of this Section) including an invitation for comments and suggestions on the scope of the EIS, if available, when, and where any scoping meeting will be held; and

iii. name and contact information for the applicant's representative designated by the department to answer questions about the proposed project and the EIS.

d. The NOI to prepare an EIS shall be public noticed in a newspaper of general circulation in the project area and shall be distributed to all public and private parties, governmental entities, and agencies that have previously expressed an interest in the proposed project. Distribution of the NOI begins the scoping process for the EIS, which shall allow for a public comment period of 30 days. The department shall announce the location, date, and time of any scoping meetings in the NOI, or by other appropriate means, at least 15 days before the scoping meeting is held.

F. Cross-Cutting Environmental Laws

1. All projects receiving funding from the CWSRF shall comply with the following nonexclusive applicable laws respecting the human environment:

a. Archeological and Historic Preservation Act, as amended;

b. Clean Air Act, as amended;

c. Clean Water Act, as amended;

d. Coastal Barrier Resources Act, as amended;

e. Coastal Zone Management Act, as amended;

f. Endangered Species Act, as amended;

g. Environmental Justice, Executive Order 12898, as amended;

h. Farmland Protection Policy Act, as amended;

i. Fish and Wildlife Coordination Act, as amended;

j. Floodplain Management, Executive Order 11988, as amended;

k. National Historic Preservation Act, as amended;

l. Protection of Wetlands, Executive Order 11990, as amended;

m. Safe Drinking Water Act, as amended;

n. Demonstration Cities and Metropolitan Development Act, as amended;

o. Wild and Scenic Rivers Act, as amended; and

p. Wilderness Act, as amended.

2. Because particular federal, state, and/or local agencies are charged with enforcement and/or permitting required under these laws, applicants shall be provided guidance regarding agency contact information and consultation. The department shall require appropriate coordination and project planning with these agencies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2011(D)(1).

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Water Resources, LR 14:862 (December 1988), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2551 (November 2000), amended by the Office of the Secretary, Legal Affairs Division, LR 31:2509 (October 2005), LR 33:2165 (October 2007) amended by the Office of the Secretary, Legal Division, LR 40:

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 WQ081. Such comments must be received no later than March 3, 2014, at 4:30 p.m., and should be sent to Deidra Johnson, Attorney Supervisor, Office of the Secretary, Legal Division, Box 4302, Baton Rouge, LA 70821-4302 or to fax (225) 219-4068 or by e-mail to deidra.johnson@la.gov. Copies of these proposed regulations can be purchased by contacting the DEQ Public Records Center at (225) 219-3168. Check or money order is required in advance for each copy of WQ081. These proposed regulations are available on the internet at www.deq.louisiana.gov/portal/tabid/1669/default.aspx.

These proposed regulations are available for inspection at the following DEQ office locations from 8 a.m. until 4:30 p.m.: 602 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.

Public Hearing

A public hearing will be held on February 24, 2014, 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.

Herman Robinson, CPM
Executive Counsel

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Clean Water State Revolving Loan Fund

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed Rules have no implementation costs or savings to state or local governmental units because the changes merely update regulations and represent policies and practices as currently administered by the Department of Environmental Quality. The Rule is being amended to eliminate unmandated processes within the Clean Water State Revolving Fund, a low interest loan program for water quality improvement projects. The proposed Rule will more closely emulate the minimum federal requirements and processes that loan applicants must follow.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no estimated effect on revenue collections of state or local governmental units as a result of the proposed Rule because the changes merely update regulations and represent

policies and practices a currently administered by the Department of Environmental Quality.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There will be no significant costs and/or economic benefits to directly affected persons or non-governmental groups from the proposed Rule change.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no effect on competition and employment related to this Rule change.

Herman Robinson	Evan Brasseaux
Executive Counsel	Staff Director
1401#047	Legislative Fiscal Office

NOTICE OF INTENT

Office of the Governor
Board of Architectural Examiners

Reinstatement (LAC 46:I.1315)

Notice is hereby given in accordance with the provisions of R.S. 49:950 et seq., and through the authority granted in R.S. 37:144(C), that the Board of Architectural Examiners proposes to amend its continuing education rules (LAC 46:I.1315) to reduce the number of continuing education hours which must be earned: (i) by a former registrant seeking to reinstate his or her architectural license; or (ii) by an architect emeritus seeking to return to the active practice of architecture. Existing §1315.D.4 provides that if an architect is being re-registered after having been unregistered then, in addition to all other requirements, the architect must have acquired that number of total continuing education hours that would have been required if registration had been regularly renewed. The proposed Rule amends the existing rules and provides that a former registrant may only apply for reinstatement if he has earned all delinquent continuing education hours in the year preceding the application, or the current year; however, the maximum number of continuing education hours to be earned shall not exceed 24 hours. Similarly, the proposed Rule provides that an architect who has been granted emeritus or other honorific status may only return to the active practice of architecture if he has completed the continuing education requirements for each exempted year in the year preceding the application, or the current year; however, the maximum number of continuing education hours to be earned shall not exceed 24 hours.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part I. Architects

Chapter 13. Administration

§1315. Continuing Education

A. - C. …

* * *

D. Continuing Education Requirements

1. - 3. …

4. Repealed.

E. - I.2. …

* * *

J. Reinstatement

1. A former registrant may only apply for reinstatement if he has earned all delinquent continuing education hours in the year preceding the application, or the current year. However, if the total number of delinquent continuing education hours exceeds 24, then 24 shall be the maximum number of hours required.

2. An architect who has been granted emeritus or other similar honorific but inactive status by the board may only return to the active practice of architecture if he has earned the continuing education requirements for each exempted year in the year preceding the application, or the current year. However, if the total number of delinquent continuing education hours exceeds 24, then 24 shall be the maximum number of hours required.

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

HISTORICAL NOTE: Promulgated by the Office of the Governor, Board of Architectural Examiners LR 29:565 (April 2003), amended LR 33:2419 (November 2007), 38:1012 (April 2012), LR 40:

Family Impact Statement

The proposed Rule will have no known impact on family formation, stability, or autonomy, as described in R.S. 40:972.

Poverty Impact Statement

The proposed Rule will have no known 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 on these proposed Rule amendments to Ms. Mary "Teeny" Simmons, Executive Director, Board of Architectural Examiners, 9625 Fenway Avenue, Suite B, Baton Rouge, LA 70809, by February 10, 2014.

Mary "Teeny" Simmons
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Reinstatement

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There are no estimated implementation costs (savings) to state or local governmental units associated with the proposed Rule change. The proposed Rule change merely limits the maximum number of continuing education hours (24 hours max) that must be earned by a registrant seeking to reinstate his architectural license and by an architect who has obtained emeritus or other honorific status from the board seeking to return to the active practice of architecture.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no estimated effect on revenue collections of state or local governmental units associated with the proposed Rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed Rule change may provide an economic benefit to registrants seeking to reinstate their architectural licenses and to architects who have obtained emeritus or other

honorific status from the board seeking to return to the active practice of architecture. For such persons, the economic benefits may be substantial as continuing education is often expensive depending upon its location, venue, delivery method, and other factors. Although the benefits vary with each individual and circumstance, at the upper end the benefits may approximate $6000 or more, where the architect has not renewed his or her license for a number of years.

In addition, the proposed Rule change will make the reinstatement process less burdensome and faster. The board estimates that in some cases the proposed Rules may shorten the reinstatement process by approximately four to six weeks, or more. If one assumes the value of being able to practice architecture is $5,000-$7,500 per month, an estimate of increased receipts and/or income resulting from these proposed Rules changes is approximately $5,000-$11,250.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed Rule change may cause increased competition within the architectural profession, since registrants who reinstate their architectural licenses and architects emeritus who return to the active practice of architecture may compete with other architects for architectural projects or employment. However, the board believes that virtually all such registrants and architects emeritus desiring reinstatement will earn the required number of continuing education hours. Therefore, the board estimates that the actual effect of the proposed Rules on competition and employment will be minimal.

Mary "Teeny" Simmons	Evan Brasseaux
Executive Director	Staff Director
1401#041	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Board of Dentistry

Examination of Dentists (LAC 46:XXXIII.1709)

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Dental Practice Act, R.S. 37:751, et seq., and particularly R.S. 37:760 (8), notice is hereby given that the Department of Health and Hospitals, Board of Dentistry intends to amend LAC 46:XXXIII.1709.

The Louisiana State Board of Dentistry is amending LAC 46:XXXIII.1709 to allow the acceptance of the American Board of Dental Examiners (ADEX) Dental Examination for initial licensure by examination.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXXIII. Dental Health Profession
Chapter 17. Licensure Examinations
§1709. Examination of Dentists

A. Any person desiring to be licensed as a dentist shall apply to the agency conducting the board approved dental examination and shall verify the information required on the application by oath. There shall be an application fee set by the testing agency.

B. - C.1. …

2. the Louisiana State Board of Dentistry approved clinical examination. This examination will be named by the board and this approval may be changed or amended as deemed necessary by the board.

D. Examination scores are valid for initial licensure for three years following the candidate's successful completion of an accepted licensing examination. The examinations accepted by the Louisiana State Board of Dentistry for initial licensure by examination are as follows:

1. Examinations conducted prior to January 1, 2012, by Council of Interstate Testing Agencies (CITA), Central Regional Dental Testing Service (CRDTS), Northeast Regional Examining Board (NERB), Southern Regional Testing Agency (SRTA), and Western Regional Examining Board (WREB);

2. Examinations conducted after January 1, 2012, by Council of Interstate Testing Agencies (CITA);

3. The American Board of Dental Examiners (ADEX) dental examination.

E. - G. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(1) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1119 (June 1998), amended LR 28:2513 (December 2002), LR 33:2654 (December 2007), LR 37:1407 (May 2011), LR 37:2151 (July 2011), LR 37:3516 (December 2011), repromulgated LR 38:356 (February 2012), amended LR 38:1959 (August 2012), LR 39:86 (January 2013), LR 39:1282 (May 2013), LR 40:

Family Impact

There will be no family impact in regard to issues set forth in R.S. 49:972.

Poverty Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Public Comments

Interested persons may submit written comments on the proposed Rule change to Peyton B. Burkhalter, Executive Director, Louisiana State Board of Dentistry, One Canal Place, Suite 2680, 365 Canal Street, New Orleans, LA 70130. Written comments must be submitted to and received by the board within 20 days of the date of 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 board within 20 days of the date of the publication of this notice.

Peyton B. Burkhalter
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Examination of Dentists

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change will allow acceptance of the American Board of Dental Examiners (ADEX) Dental Examination for purposes of licensure by examination, in addition to existing approved examinations. There will be a one-time cost of $500 in FY 14 for publication of the proposed

rules in the State Register. There are no estimated costs or savings to local governmental units from the proposed rule change.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no estimated effect on revenue collections by the board, state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The acceptance of the American Board of Dental Examiners (ADEX) Dental Examination for initial licensure will allow licensees who take the examination to obtain a license in 45 states including Louisiana. Therefore, licensees will benefit from the mobility allowed by completing this examination.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule may increase competition and employment opportunities as individuals successfully completing the ADEX Dental Examination accepted in 45 states may also seek licensure in Louisiana.

Peyton B. Burkhalter Executive Director 1401#084	Evan Brasseaux Staff Director Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Dental Benefits Prepaid Ambulatory Health Plan
(LAC 50:I.Chapter 21)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:I.Chapter 21 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 currently provides coverage and reimbursement for dental services rendered to Medicaid recipients through its fee-for-service delivery system. In June 2010, the department implemented a coordinated system of care in the Medicaid Program designed to improve quality of care 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).

In order to build on the successes achieved in the establishment of the BAYOU HEALTH Program, the department has now determined that it is necessary to adopt provisions to implement a coordinated dental services system under the Medicaid Program to provide dental services through a statewide dental benefits prepaid ambulatory health plan (PAHP) administrator. Dental services administered through the PAHP are expected to enhance service quality, facilitate access to dental services, and effectively manage costs in the Dental Program.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part I. Administration
Subpart 3. Medicaid Coordinated Care
Chapter 21. Dental Benefits Prepaid Ambulatory Health Plan

§2101. General Provisions

A. Effective May 1, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing shall adopt provisions to establish a comprehensive system of delivery for dental services covered under the Medicaid Program. The dental benefits plan shall be administered under the authority of a 1915(b) waiver by implementing a prepaid ambulatory health plan (PAHP) which shall be responsible for the necessary operational and administrative functions to ensure adequate service coordination and delivery.

B. All Medicaid recipients that are receiving dental services through the fee-for-service system will receive dental services administered by a dental benefit plan manager (DBPM).

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 40:

§2103. Participation Requirements

A. In order to participate in the Medicaid Program, a DBPM must be a successful bidder, be awarded a contract with the department, and complete the readiness review.

B. A DBPM must:

1. meet the federal definition of a PAHP as defined in 42 CFR §438.2;

2. have a license or certificate of authority issued by the Louisiana Department of Insurance to operate as a Medicaid risk bearing "prepaid entity" pursuant to R.S. 22:1016 and submit with the proposal response;

3. have a certificate from the Louisiana Secretary of State, to conduct business in the state;

4. meet solvency standards as specified in federal regulations and title 22 of the *Louisiana Revised Statutes*;

5. have a network capacity to enroll a minimum of 1,288,625 Medicaid members into the network;

6. is without an actual or perceived conflict of interest that would interfere or give the appearance of impropriety or of interfering with the contractual duties and obligations under this contract or any other contract with DHH, and any and all applicable DHH written policies. Conflict of interest shall include, but is not limited to, the contractor serving, as the Medicaid fiscal intermediary contractor for DHH;

7. is awarded a contract with DHH, and successfully completed the readiness review prior to the start date of operations; and

8. have the ability to provide core dental benefits and services to all assigned members on the day the Dental Benefits Program is implemented.

C. A DBPM shall ensure the provision of core dental benefits and services to all eligible enrollees when the Dental Benefit Program is implemented.

D. Upon request by the Centers for Medicare and Medicaid Services, the Office of Inspector General, the Government Accounting Office, the department or its

designee, a DBPM shall make all of its records pertaining to its contract (services provided thereunder and payment for services) with the department available for review, evaluation and audit. The records shall include, but are not limited to the following:

1. pertinent books and documents;
2. financial records;
3. dental records and documents; and
4. provider records and documents involving financial transactions related to the contract.

E. A DBPM shall maintain an automated management information system that collects, analyzes, integrates, and reports data that complies with department and federal reporting requirements.

F. A DBPM shall obtain insurance coverage(s) as specified in the terms of the contract. Subcontractors, if any, shall be covered under these policies or have insurance comparable to the DBPM's required coverage.

G. A DBPM shall provide all financial reporting as specified in the terms of the contract.

H. A DBPM shall be subject to a retainage of 10 percent from all billings under the contract as surety for performance as specified in the terms of the contract during the life of the contract.

I. In the event of noncompliance with the contract and the department's guidelines, a DBPM shall be subject to the sanctions specified in the terms of the contract including, but not limited to:

1. corrective action plans;
2. monetary penalties; or
3. suspension and/or termination of the DBPM's contract.

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 40:

§2105. Prepaid Ambulatory Health Plan Responsibilities

A. The DBPM shall be responsible for the administration and management of its requirements and responsibilities under the contract with the department and any and all department issued guidance. This includes all subcontracts, employees, agents and anyone acting for or on behalf of the DBPM.

1. No subcontract or delegation of responsibility shall terminate the legal obligation of the DBPM to the department to ensure that all requirements are carried out.

B. A DBPM shall possess the expertise and resources to ensure the delivery of dental benefits and services to members and to assist in the coordination of covered dental services, as specified in the terms of the contract.

C. A DBPM shall have written policies and procedures governing its operation as specified in the contract and department issued guidance.

D. A DBPM shall not discriminate against enrollees on the basis of race, gender, color, national origin, age, health status or need for dental services, and shall not use any policy or practice that has the effect of discriminating on any such basis.

E. A DBPM shall be required to provide service authorization, referrals, coordination, and/or assistance in scheduling the covered dental services as specified in the terms of the contract.

F. The DBPM shall establish and implement a quality assessment and performance improvement program as specified in the terms of the contract and department issued guidance.

G. A DBPM shall develop and maintain a utilization management program including policies and procedures with defined structures and processes as specified in the terms of the contract and department issued guides.

H. The DBPM must have administrative and management arrangements or procedures, including a mandatory compliance plan, that are designed to guard against fraud and abuse. The DBPM shall comply with all state and federal laws and regulations relating to fraud, abuse, and waste in the Medicaid programs as well all requirements set forth in the contract and department issued guidance.

I. A DBPM shall collect data on enrollees and provider characteristics and on services furnished to members through an encounter data system as specified in the contract and all department issued guidance.

J. A DBPM shall be responsible for conducting routine provider monitoring to ensure:

1. continued access to dental care for eligible Medicaid recipients; and
2. compliance with departmental and contract requirements.

K. A DBPM shall not engage the services of a provider who is in non-payment status with the department or is excluded from participation in federal health care programs (i.e., Medicare, Medicaid, CHIP, etc.).

L. Dental records shall be maintained in accordance with the terms and conditions of the contract. These records shall be safeguarded in such a manner as to protect confidentiality and avoid inappropriate disclosure according to federal and state law.

M. The DBPM shall provide both member and provider services in accordance with the terms of the contract and department issued guides.

1. The DBPM shall submit provider manuals and provider directory to the department for approval prior to distribution, annually and subsequent to any revisions.

a. The DBPM must provide a minimum of 60 days' notice to the department of any proposed material changes to the member handbooks and/or provider manuals.

b. After approval has been received from the department, the DBPM must provide a minimum of 30 days' notice to the members and/or providers of any proposed material changes to the required member education materials and/or provider manuals.

N. Member education materials shall include, but not be limited to:

1. a welcome packet including, but not limited to:

a. a welcome letter highlighting major program features and contact information for the DBPM; and

b. a provider directory when specifically requested by the member (also must be available in searchable format on-line);

2. member rights and protections as specified in 42 CFR §438.100 and the DBPM's contract with the department including, but not limited to:

a. a member's right to change providers within the DBPM;

b. any restrictions on the member's freedom of choice among DBPM providers; and

c. a member's right to refuse to undergo any dental service, diagnoses, or treatment or to accept any service provided by the DBPM if the member objects (or in the case of a child, if the parent or guardian objects) on religious grounds;

3. member responsibilities, appropriate and inappropriate behavior, and any other information deemed essential by the DBPM or the department including, but not limited to reporting to the department's Medicaid Customer Service Unit if the member has or obtains another health insurance policy, including employer sponsored insurance; and

4. the amount, duration, and scope of benefits available under the DBPM's contract with the department in sufficient detail to ensure that members understand the benefits to which they are entitled, including, but not limited to:

a. information about oral health education and promotion programs;

b. the procedures for obtaining benefits, including prior authorization requirements and benefit limits;

c. how members may obtain benefits, including emergency services, from out-of-network providers;

d. the policy on referrals for specialty care; and

e. the extent to which, and how, after-hour services are provided;

5. information to call the Medicaid Customer Service Unit toll free telephone number or visit a local Medicaid eligibility office to report changes in parish of residence, mailing address or family size changes;

6. a description of the DBPM's member services and the toll-free telephone number, fax telephone number, e-mail address and mailing address to contact DBPM's member services department;

7. instructions on how to request multi-lingual interpretation and translation services when needed at no cost to the member. This information shall be included in all versions of the handbook in English, Spanish and Vietnamese; and

8. grievance, appeal and state fair hearing procedures and time frames as described in 42 CFR §438.400 through §438.424 and in the DBPM's contract with the department.

O. The provider manual shall include but not be limited to:

1. description of the DBPM;

2. core dental benefits and services the DBPM must provide;

3. emergency dental service responsibilities;

4. policies and procedures that cover the provider complaint system. This information shall include, but not be limited to:

a. specific instructions regarding how to contact the DBPM to file a provider complaint; and

b. which individual(s) has the authority to review a provider complaint;

5. information about the DBPM's grievance system, that the provider may file a grievance or appeal on behalf of the member with the member's written consent, the time frames and requirements, the availability of assistance in filing, the toll-free telephone numbers and the member's right to request continuation of services while utilizing the grievance system;

6. medical necessity standards as defined by DHH and practice guidelines;

7. practice protocols, including guidelines pertaining to the treatment of chronic and complex conditions;

8. primary care dentist responsibilities;

9. other provider responsibilities under the subcontract with the DBPM;

10. prior authorization and referral procedures;

11. dental records standards;

12. claims submission protocols and standards, including instructions and all information necessary for a clean and complete claim and samples of clean and complete claims;

13. DBPM prompt pay requirements;

14. notice that provider complaints regarding claims payment shall be sent to the DBPM;

15. quality performance requirements; and

16. provider rights and responsibilities.

P. The provider directory for members shall be developed in two formats:

1. a hard copy directory for members and, upon request, potential members; and

2. a web-based online directory for members and the public.

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 40:

§2107. Network Access Standards and Guidelines

A. The DBPM must maintain and monitor a provider network that is supported by written agreements and is sufficient to provide adequate access to enrollees as required by federal law and the terms as set forth in the contract. The DBPM shall adhere to the federal regulations governing access standards, as well as the specific requirements of the contract and all department-issued guides.

B. The DBPM shall cover all necessary services to treat an emergency dental condition.

1. *Emergency Dental Condition*—a dental or oral condition that requires immediate services for relief of symptoms and stabilization of the condition. Such conditions include:

a. severe pain;

b. hemorrhage;

c. acute infection;

d. traumatic injury to the teeth and surrounding tissue; or

e. unusual swelling of the face or gums.

2. Emergency dental services are those services necessary for the treatment of any condition requiring immediate attention for the relief of pain, hemorrhage, acute infection, or traumatic injury to the teeth, supporting structures (periodontal membrane, gingival, alveolar bone), jaws, and tissue of the oral cavity.

C. The DBPM must maintain a provider network and in-area referral providers in sufficient numbers, as determined by the department, to ensure that all of the required core dental benefits and services are available and accessible in a timely manner in accordance with the terms and conditions in the contract and department issued guide.

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 40:

§2109. Benefits and Services

A. Core benefits and services shall be furnished in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to enrollees under the Louisiana Medicaid state plan.

1. Core benefits and services shall be defined as those oral health care services and benefits required to be provided to Medicaid eligible individuals as specified under the terms of the contract and department-issued guides.

B. The following is a summary listing of the core dental benefits and services that a DBPM is required to provide:

1. diagnostic services which include oral examinations, radiographs and oral/facial images, diagnostic casts and accession of tissue—gross and microscopic examinations;

2. preventive services which include:
   a. prophylaxis;
   b. topical fluoride treatments;
   c. sealants;
   d. fixed space maintainers; and
   e. re-cementation of space maintainers;

3. restorative services which include:
   a. amalgam restorations;
   b. composite restorations;
   c. stainless steel and polycarbonate crowns;
   d. stainless steel crowns with resin window;
   e. pins, core build-ups, pre-fabricated posts and cores;
   f. resin-based composite restorations;
   g. appliance removal;
   h. unspecified restorative procedures; and
   i. ancillary medical services;

4. endodontic services which include:
   a. pulp capping;
   b. pulpotomy;
   c. endodontic therapy on primary and permanent teeth (including treatment plan, clinical procedures, and follow-up care);
   d. apexification/recalcification;
   e. apicoectomy/periradicular services;
   f. unspecified endodontic procedures; and
   g. organ transplant-related services;

5. periodontal services which include:
   a. gingivectomy;
   b. periodontal scaling and root planning;
   c. full mouth debridement; and
   d. unspecified periodontal procedures;

6. removable prosthodontics services which include:
   a. complete dentures;
   b. partial dentures;
   c. denture repairs;
   d. denture relines; and
   e. unspecified prosthodontics procedures;

7. maxillofacial prosthetics services which include fluoride gel carrier;

8. fixed prosthodontics services which include:
   a. fixed partial denture pontic;
   b. fixed partial denture retainer; and
   c. other unspecified fixed partial denture services;

9. oral and maxillofacial surgery services which include:
   a. non-surgical extractions;
   b. surgical extractions;
   c. coronal remnants extractions;
   d. other surgical procedures;
   e. alveoloplasty;
   f. surgical incision;
   g. temporomandibular joint (TMJ) procedure;
   h. other unspecified repair procedures;
   i. durable medical equipment and certain supplies;

10. orthodontic services which include:
   a. interceptive and comprehensive orthodontic treatments;
   b. minor treatment to control harmful habits; and
   c. other orthodontic services; and

11. adjunctive general services which include:
   a. palliative (emergency) treatment;
   b. anesthesia;
   c. professional visits;
   d. miscellaneous services; and
   e. unspecified adjunctive procedures.

NOTE: This overview is not all inclusive. The contract, policy transmittals, approved Medicaid State Plan, regulations, provider bulletins, provider manuals, published fee schedules, and guides issued by the department are the final authority regarding services.

C. The core benefits and services provided to the members shall include, but are not limited to, those services specified in the contract policy transmittals, approved Medicaid state plan, regulations, provider bulletins, provider manuals, and fee schedules, issued by the department are the final authority regarding services.

D. Excluded Services. The DBPM is not obligated to provide for services that are experimental, non-FDA approved, investigational, or cosmetic and are specifically excluded from Medicaid coverage and will be deemed "not medically necessary." The Medicaid director, in consultation with the Medicaid dental director, may consider authorizing services at his/her discretion on a case-by-case basis.

E. Utilization Management

1. The DBPM shall develop and maintain policies and procedures with defined structures and processes for a utilization management (UM) program that incorporates utilization review and service authorization, which include, at minimum, procedures to evaluate medical necessity and the process used to review and approve the provision of dental services. The DBPM shall submit an electronic copy of the UM policies and procedures to DHH for written approval within thirty calendar days from the date the contract is signed by the DBPM, but no later than prior to the readiness review, annually thereafter, and prior to any revisions.

2. The UM Program policies and procedures shall meet all Utilization Review Accreditation Commission (URAC) standards or equivalent and include medical management criteria and practice guidelines that:
   a. are adopted in consultation with a contracting dental care professionals;
   b. are objective and based on valid and reliable clinical evidence or a consensus of dental care professionals in the particular field;
   c. are considering the needs of the members; and

d. are reviewed annually and updated periodically as appropriate.

3. The policies and procedures shall include, but not be limited to:

a. the methodology utilized to evaluate the medical necessity, appropriateness, efficacy, or efficiency of dental care services;

b. the data sources and clinical review criteria used in decision making;

c. the appropriateness of clinical review shall be fully documented;

d. the process for conducting informal reconsiderations for adverse determinations;

e. mechanisms to ensure consistent application of review criteria and compatible decisions;

f. data collection processes and analytical methods used in assessing utilization of dental care services; and

g. provisions for assuring confidentiality of clinical and proprietary information.

4. The DBPM shall disseminate the practice guidelines to all affected providers and, upon request, to members. The DBPM shall take steps to encourage adoption of the guidelines.

5. The DBPM must identify the source of the dental management criteria used for the review of service authorization requests, including but not limited to:

a. the vendor must be identified if the criteria were purchased;

b. the association or society must be identified if the criteria are developed/recommended or endorsed by a national or state dental care provider association or society;

c. the guideline source must be identified if the criteria are based on national best practice guidelines; and

d. the individuals who will make medical necessity determinations must be identified if the criteria are based on the dental/medical training, qualifications, and experience of the DBPM dental director or other qualified and trained professionals.

6. UM Program dental management criteria and practice guidelines shall be disseminated to all affected providers and members upon request. Decisions for utilization management, enrollee education, coverage of services, and other areas to which the guidelines apply should be consistent with the guidelines.

7. The DBPM shall have written procedures listing the information required from a member or dental care provider in order to make medical necessity determinations. Such procedures shall be given verbally to the covered person or healthcare provider when requested. The procedures shall outline the process to be followed in the event the DBPM determines the need for additional information not initially requested.

8. The DBPM shall have written procedures to address the failure or inability of a provider or member to provide all the necessary information for review. In cases where the provider or member will not release necessary information, the DBPM may deny authorization of the requested service(s).

9. The DBPM shall have sufficient staff with clinical expertise and training to apply service authorization medical management criteria and practice guidelines.

10. The DBPM shall use the department's definition of medical necessity for medical necessity determinations. The DBPM shall make medical necessity determinations that are consistent with the department's definition.

11. The DBPM shall submit written policies and processes for DHH approval, within thirty calendar days, but no later than prior to the readiness review, of the contract signed by the DBPM, on how the core dental benefits and services the DBPM provides ensure:

a. the prevention, diagnosis, and treatment of health impairments;

b. the ability to achieve age-appropriate growth and development; and

c. the ability to attain, maintain, or regain functional capacity.

12. The DBPM must identify the qualification of staff who will determine medical necessity. Determinations of medical necessity must be made by qualified and trained practitioners in accordance with state and federal regulations.

13. The DBPM shall ensure that only licensed clinical professionals with appropriate clinical expertise in the treatment of a member's condition or disease shall determine service authorization request denials or authorize a service in an amount, duration or scope that is less than requested.

14. The individual(s) making these determinations shall have no history of disciplinary action or sanctions, including loss of staff privileges or participation restrictions, that have been taken or are pending by any hospital, governmental agency or unit, or regulatory body that raise a substantial question as to the clinical peer reviewer's physical, mental, or professional or moral character.

15. The individual making these determinations is required to attest that no adverse determination will be made regarding any dental procedure or service outside of the scope of such individual's expertise.

16. The DBPM shall provide a mechanism to reduce inappropriate and duplicative use of healthcare services. Services shall be sufficient in an amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished and that are no less than the amount, duration or scope for the same services furnished to eligibles under the Medicaid State Plan. The DBPM shall not arbitrarily deny or reduce the amount, duration or scope of required services solely because of diagnosis, type of illness or condition of the member. The DBPM may place appropriate limits on a service on the basis of medical necessity or for the purposes of utilization control (with the exception of EPSDT services), provided the services furnished can reasonably be expected to achieve their purpose in accordance with 42 CFR 438.210.

17. The DBPM shall ensure that compensation to individuals or entities that conduct UM activities is not structured to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary covered services to any member.

18. The DBPM shall report fraud and abuse information identified through the UM program to DHH's Program Integrity Unit.

19. In accordance with 42 CFR §456.111 and 456.211, the DBPM utilization review plan must provide that each enrollee's record includes information needed for the UR

committee to perform UR required under this Section. This information must include, at least, the following:

a. identification of the enrollee;

b. the name of the enrollee's dentist;

c. date of admission and dates of application for, and authorization of, Medicaid benefits if application is made after admission;

d. the plan of care required under 42 CFR 456.80 and 456.180;

e. initial and subsequent continued stay review dates described under 42 CFR 456.128, 456.133; 456.233 and 456.234;

f. date of operating room reservation, if applicable; and

g. justification of emergency admission, if applicable.

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 40:

§2111. Payment Methodology

A. Payments to the Dental Benefit Plan. The department, or its fiscal intermediary, shall make monthly capitation payments to the dental benefit plan based on a per member, per month (PMPM) rate.

1. The department reserves the right to re-negotiate the PMPM rates:

a. if the rate floor is removed;

b. as a result of federal or state budget reductions or increases;

c. due to the inclusion or removal of a Medicaid covered dental service(s) not incorporated into the monthly capitation rates; or

d. in order to comply with federal requirements.

2. The rates may also be adjusted based on legislative appropriations and budgetary constraints. Any adjusted rates must continue to be actuarially sound as determined by the department's actuarial contractor and will require an amendment to the contract that is mutually agreed upon by both parties.

B. The DBPM must agree to accept the PMPM rate as payment-in-full from the department and agree not to seek additional payment from a member for any unpaid cost.

C. A DBPM shall assume 100 percent liability for any expenditure above the prepaid premium.

D. A DBPM shall meet all financial reporting requirements specified in the terms of the contract.

E. Any cost sharing imposed on Medicaid members must be in accordance with the federal regulations governing cost sharing and cannot exceed the amounts reflected in the Medicaid state plan, but the amounts can be less than the cost sharing levels in the state plan.

F. The DBPM shall not assign its rights to receive the PMPM payment, or it obligation to pay, to any other entity.

G. In the event that an incorrect payment is made to the DBPM, all parties agree that reconciliation will occur. If an error or overcharge is discovered by the department, it will be handled in accordance with the terms and conditions of the DBPM's contract.

H. Network Provider Reimbursement

1. The DBPM shall provide reimbursement for defined core dental benefits and services provided by an in-network provider. The DBPM rate of reimbursement shall be no less than the published Medicaid fee-for-service rate in effect on July 1, 2013, unless the department has granted an exception for a provider-initiated alternative payment arrangement.

2. The network provider may enter into alternative reimbursement arrangements with the DBPM if the network provider initiates the request and it is approved in advance by the department.

I. Emergency or Out-of-Network Provider Reimbursement. The DBPM shall make prompt payment for covered emergency dental services that are furnished by providers that have no arrangements with the DBPM for the provision of such services. Reimbursement by the DBPM to out-of-network providers for the provision of emergency dental services shall be no more than what would be paid under Medicaid FFS.

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 40:

§2113. Prompt Payment of Claims

A. Network Providers. All subcontracts executed by the DBPM shall comply with the terms in the contract. Requirements shall include at a minimum:

1. the name and address of the official payee to whom payment shall be made;

2. the full disclosure of the method and amount of compensation or other consideration to be received from the DBPM; and

3. the standards for the receipt and processing of claims as specified by the department in the DBPM's contract with the department and department-issued guides.

B. Network and Out-of-Network Providers

1. The DBPM shall make payments to its network providers, and out-of-network providers, subject to conditions outlined in the contract and department-issued guides.

a. The DBPM shall pay 90 percent of all clean claims, as defined by the department, received from each provider type within 15 business days of the date of receipt.

b. The DBPM shall pay 99 percent of all clean claims within 30 calendar days of the date of receipt.

2. The provider must submit all claims for payment no later than 12 months from the date of service.

3. The DBPM and all providers shall retain any and all supporting financial information and documents that are adequate to ensure that payment is made in accordance with applicable federal and state laws.

a. Any such documents shall be retained for a period of at least six years or until the final resolution of all litigation, claims, financial management reviews, or audits pertaining to the contract.

4. There shall not be any restrictions on the right of the state and federal government to conduct inspections and/or audits as deemed necessary to assure quality, appropriateness or timeliness of services and reasonableness of costs.

C. Claims Management

1. The DBPM shall process a provider's claims for covered services provided to members in compliance with all applicable state and federal laws, rules, and regulations as well as all applicable DBPM policies and procedures including, but not limited to:

a. claims format requirements;

b. claims processing methodology requirements;

c. explanation of benefits and related function requirements;

d. processing of payment errors;

e. notification to providers requirements; and

f. timely filing.

D. Provider Claims Dispute

1. The DBPM shall:

a. have an internal claims dispute procedure that is in compliance with the contract and must be approved by the department;

b. contract with independent reviewers to review disputed claims;

c. systematically capture the status and resolution of all claim disputes as well as all associate documentation; and

d. report the status of all disputes and their resolution to the department on a monthly basis as specified in the contract.

E. Claims Payment Accuracy Report

1. The DBPM shall submit an audited claims payment accuracy percentage report to the department on a monthly basis as specified in the contract and department-issued DBPM guides.

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 40:

§2115. Grievance and Appeals Processes

A. The DBPM shall adhere to the provisions governing the grievance and appeals processes for coordinated care network prepaid models outlined in LAC 50:I.Chapter 37, Subparts B and 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, Bureau of Health Services Financing, LR 40:

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 access to dental services, care coordination, and enhancing the quality of care Medicaid recipients will receive.

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 provide better coordination of services which will reduce the family's costs associated with the treatment of dental conditions and 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. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, February 26, 2014 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.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Dental Benefits
Prepaid Ambulatory Health Plan

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 $9,187,980 for FY 13-14, $57,324,817 for FY 14-15 and $60,851,300 for FY 15-16. It is anticipated that $3,362 ($1,681 SGF and $1,681 FED) will be expended in FY 13-14 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 61.48 percent in FY 14-15. 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 $15,616,404 for FY 13-14, $93,768,533 for FY 14-15 and $99,494,682 for FY 15-16. It is anticipated that $1,681 will be expended in FY 13-14 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 61.48 percent in FY 14-15. 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 adopts provisions to implement a coordinated dental system under the Medicaid Program to provide dental services through a statewide dental benefits prepaid ambulatory health plan administrator. It is anticipated that implementation of this proposed rule will increase program expenditures in the Medicaid Program by approximately

$24,801,022 for FY 13-14, $151,093,350 for FY 14-15 and $160,345,982 for FY 15-16.

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
Medicaid Director
1401#065

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Disproportionate Share Hospital Payments
(LAC 50:V.2501 and Chapter 27)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 50:V.2501 and Chapter 27 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amended the provisions governing disproportionate share hospital (DSH) payments to revise the provisions governing non-rural community hospitals and federally mandated statutory hospitals to clarify that hospitals qualifying as a non-rural community hospital in state fiscal year 2007-08 may also qualify in the federally mandated statutory hospital category, and to revise the definition of a non-rural community hospital (*Louisiana Register,* Volume 34, Number 11). In compliance with Act 228 of the 2009 Regular Session of the Louisiana Legislature, the department promulgated an Emergency Rule which amended the provisions governing disproportionate share hospital payments to reallocate any remaining funds from the fiscal year 2009 DSH appropriation to non-rural community hospitals and issue a supplemental payment to these hospitals for their uncompensated care costs (*Louisiana Register,* Volume 35, Number 7).

Act 10 of the 2009 Regular Session of the Louisiana Legislature directed the department to amend the DSH qualifying criteria and payment methodologies for non-rural community hospitals. In compliance with Act 10, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions of the June 26, 2009 Emergency Rule governing supplemental DSH payments to non-rural community hospitals (*Louisiana Register*, Volume 36, Number 1). The department promulgated an Emergency Rule which amended the January 20, 2010 Emergency Rule to amend the provisions governing supplemental DSH payments to non-rural community hospitals in order to redistribute the funds allocated for the state fiscal year 2010 DSH appropriation (*Louisiana Register*, Volume 36, Number 7).

The department promulgated an Emergency Rule which amended the June 29, 2010 Emergency Rule to revise the provisions governing DSH payments to allow for additional payments after completion of the Centers for Medicare and Medicaid Services' mandated independent audit for the state fiscal year (*Louisiana Register*, Volume 37, Number 6). Due to a budgetary shortfall in state fiscal year 2013, the department promulgated an Emergency Rule which amended the provisions governing DSH payments to non-rural community hospitals to eliminate the community hospital psychiatric DSH pool (*Louisiana Register*, Volume 39, Number 1).

The department subsequently promulgated an Emergency Rule to amend the provisions of the June 20, 2011 Emergency Rule in order to revise the formatting as a result of the promulgation of the February 1, 2013 Emergency Rule governing non-rural community hospitals (*Louisiana Register*, Volume 39, Number 11). This proposed Rule is being promulgated to continue the provisions of the November 20, 2013 Emergency Rule.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Medical Assistance Program—Hospital Services
Subpart 3. Disproportionate Share Hospital Payments
Chapter 25. Disproportionate Share Hospital Payment Methodologies

§2501. General Provisions

A. - B.3. ...

4. Qualification is based on the hospital's latest filed cost report and related uncompensated cost data as required by the Department. Qualification for small rural hospitals is based on the latest filed cost report. Hospitals must file cost reports in accordance with Medicare deadlines, including extensions. Hospitals that fail to timely file Medicare cost reports and related uncompensated cost data will be assumed to be ineligible for disproportionate share payments. Only hospitals that return timely disproportionate share qualification documentation will be considered for disproportionate share payments. After the final payment during the state fiscal year has been issued, no adjustment will be given on DSH payments with the exception of public state-operated hospitals, even if subsequently submitted documentation demonstrates an increase in uncompensated care costs for the qualifying hospital. After completion of a Center for Medicare and Medicaid Services' (CMS) mandated independent audit for the state fiscal year, additional payments may occur subject to the conditions specified in §2705.D.2 and §2707.B. For hospitals with distinct part psychiatric units, qualification is based on the entire hospital's utilization.

B.5. - E. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:654 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:65 (January 2010), amended LR 36:512 (March 2010), LR 40:

Chapter 27. Qualifying Hospitals

§2701. Non-Rural Community Hospitals

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 34:655 (April 2008), amended LR 34:2402

(November 2008), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

§2705. Small Rural Hospitals

A. - D.1.b. ...

2. Additional payments shall only be made after finalization of the CMS mandated DSH audit for the state fiscal year. Payments shall be limited to the aggregate amount recouped from small rural hospitals based on these reported audit results. If the small rural hospitals' aggregate amount of underpayments reported per the audit results exceeds the aggregate amount overpaid, the payment redistribution to underpaid shall be paid on a pro rata basis calculated using each hospital's amount underpaid divided by the sum of underpayments for all small rural hospitals.

E. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:657 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

§2707. Public State-Operated Hospitals

A. ...

* * *

B. DSH payments to individual public state-owned or operated hospitals shall be up to 100 percent of the hospital's net uncompensated costs. Final payment shall be made in accordance with final uncompensated care costs as calculated per the CMS mandated audit for the state fiscal year.

C. - D.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 34:658 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:

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 Wednesday, February 26, 2014 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
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Disproportionate Share Hospital Payments

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 13-14. It is anticipated that $574 ($287 SGF and $287 FED) will be expended in FY 13-14 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 13-14. It is anticipated that $287 will be collected in FY 13-14 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, continues the provisions of the November 20, 2013 Emergency Rule, which amended the provisions governing disproportionate share (DSH) payments to allow for additional payments non-rural community hospitals after completion of the Centers for Medicare and Medicaid Services' mandated independent audit for the state fiscal year. This proposed Rule also repeals the provisions governing DSH payments to non-rural community hospitals to eliminate the community hospital DSH pool. It is anticipated that implementation of this proposed Rule will not have economic costs or benefits to non-rural community hospitals for FY 13-14, FY 14-15 and FY 15-16 since the DSH pool for the non-rural community hospitals has been eliminated.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This Rule has no known effect on competition and employment.

J. Ruth Kennedy
Medicaid Director
1401#066

Evan Brasseaux
Staff Director
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
Covered Services
(LAC 50:XXI.2301)

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.2301 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 in order to clarify the service definitions, the provider responsibilities, and the admissions and discharge criteria (*Louisiana Register*, Volume 39, Number 9).

The department now proposes to amend the provisions governing the ADHC waiver in order to incorporate the revisions that were inadvertently omitted from the September 20, 2013 final Rule.

Title 50
PUBLIC HEALTH-MEDICAL ASSISTANCE
Part XXI. Home and Community-Based Services Waivers
Subpart 3. Adult Day Health Care
Chapter 23. Services
§2301. Covered Services

A. …

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. - g. …

i. monitoring vital signs appropriate to the diagnosis and medication regimen of each recipient no less frequently than monthly;

ii. administering medications and treatments in accordance with physicians' orders;

iii. monitoring self-administration of medications while the recipient is at the ADHC center;

NOTE: All nursing services shall be provided in accordance with acceptable professional practice standards.

A.1.h. - E. …

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:2036 (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 39:2495 (September 2013), LR 40:

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. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, February 26, 2014 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.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Home and Community-Based Services Waivers—Adult Day Health Care Covered Services

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 13-14. It is anticipated that $328 ($164 SGF and $164 FED) will be expended in FY 13-14 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 13-14. It is anticipated that $164 will be collected in FY 13-14 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 amends the provisions governing the ADHC Waiver in order to incorporate revisions that were inadvertently omitted from the September 20, 2013 final Rule. It is anticipated that implementation of this proposed rule will not have economic cost or benefits to ADHC providers for FY 13-14, FY 14-15, and FY 15-16.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

J. Ruth Kennedy
Medicaid Director
1401#067

Evan Brasseaux
Staff Director
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
Community Choices Waiver
(LAC 50:XXI.8101, 8307,
8313, 8329, Chapter 86, and 9501)

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.8101, §8307, §8313 and §9501 and to adopt §8329 and Chapter 86 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 community choices waiver to add two new waiver services, to incorporate a new service delivery method, and to clarify the provisions governing personal assistance services (*Louisiana Register*, Volume 39, Number 7). The department now proposes to amend the provisions governing the community choices waiver to further clarify these provisions, and to adopt a new waiver service and a new service delivery option.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community-Based Services Waivers
Subpart 7. Community Choices Waiver
Chapter 81. General Provisions
§8101. Introduction

A. - D.2.b. ...

3. No individual may concurrently serve as a responsible representative for more than two participants in OAAS-operated Medicaid home and community-based service programs. This includes but is not limited to:

a. the Program of All-Inclusive Care for the Elderly;

b. long-term personal care services;

c. the community choices waiver; and

d. the adult day health care 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, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3517 (December 2011), amended LR 40:

Chapter 83. Covered Services
§8307. Personal Assistance Services

A. - I.6. ...

J. Participants are not permitted to receive PAS while living in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of long-term care services and providers are prohibited from providing and billing for services under these circumstances. Participants may not live in the home of a direct support worker unless the direct support is related by blood or marriage to the participant.

1. The provisions of §8307.J may be waived with prior written approval by OAAS or its designee.

K. ...

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 37:3519 (December 2011), amended LR 39:320 (February 2013), LR 39:1778 (July 2013), LR 40:

§8313. Caregiver Temporary Support Services

A. - H. ...

I. Caregiver temporary support may be provided for the relief of the principal caregiver for participants who receive monitored in-home caregiving 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 of Aging and Adult Services, LR 37:3521 (December 2011), amended LR 39:321 (February 2013), LR 40:

§8329. Monitored In-Home Caregiving Services

A. Monitored in-home caregiving services are services provided to a participant living in a private home with a principal caregiver. The goal of this service is to provide a community-based option that provides continuous care, supports, and professional oversight. This goal is achieved by promoting a cooperative relationship between a participant, a principal caregiver, the professional staff of a monitored in-home caregiving agency provider, and the participant's support coordinator.

B. The principal caregiver is responsible for supporting the participant to maximize the highest level of independence possible by providing necessary care and supports that may include:

1. supervision or assistance in performing activities of daily living;

2. supervision or assistance in performing instrumental activities of daily living;

3. protective supervision provided solely to assure the health and welfare of a participant;

4. supervision or assistance with health related tasks (any health related procedures governed under the Nurse Practice Act) in accordance with applicable laws governing the delegation of medical tasks/medication administration;

5. supervision or assistance while escorting/ accompanying the individual outside of the home to perform tasks, including instrumental activities of daily living, health maintenance or other needs as identified in the plan of care and to provide the same supervision or assistance as would be rendered in the home; and

6. extension of therapy services to maximize independence when the caregiver has been instructed in the performance of the activities by a licensed therapist or registered nurse.

C. The following individuals are prohibited from being paid as a monitored in-home caregiving principal caregiver:

1. the participant's curator;
2. the participant's tutor;
3. the participant's legal guardian;
4. the participant's responsible representative; or
5. the person to whom the participant has given representative and mandate authority (also known as power of attorney).

D. Participants electing monitored in-home caregiving services are not eligible to receive the following community choices waiver services during the period of time that the participant is receiving monitored in-home caregiving services:

1. personal assistance services;
2. adult day health care services; or
3. home delivered meal services.

E. Monitored in-home caregiving providers must be agency providers who employ professional nursing staff and other professionals to train and support caregivers to perform the direct care activities performed in the home. The agency provider must assess and approve the home in which services will be provided, and shall enter into contractual agreements with caregivers who the agency has approved and trained. The agency provider will pay per diem foster care stipends to caregivers.

F. The agency provider must:

1. capture daily notes electronically;
2. use the information collected to monitor participant health and caregiver performance; and
3. make daily notes available to support coordinators and the state, upon request.

G. The Department of Health and Hospitals (DHH) shall reimburse for monitored in-home caregiving services based upon a two-tiered model which is designed to address the participant's acuity.

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 40:

Chapter 86. Organized Health Care Delivery System

§8601. General Provisions

A. An organized health care delivery system (OHCDS) is an entity with an identifiable component within its mission to provide services to individuals receiving community choices waiver services. The entity must be a qualified and enrolled Medicaid provider and must directly render at least one service offered in the community choices waiver. As long as the entity furnishes at least one waiver service itself, it may contract with other qualified providers to furnish the other required waiver services.

B. Entities that function as an OHCDS must ensure that subcontracted entities meet all of the applicable provider qualification standards for the services they are rendering.

C. The OHCDS must attest that all provider qualifications are met in accordance with all of the applicable waiver provider qualifications as set forth in the waiver document.

D. Prior to enrollment, an OHCDS must show the ability to provide all of the services available in the community choices waiver on December 1, 2012, with the exceptions of support coordination, transition intensive support coordination, transition services, and adult day health care if there is no licensed adult day health care provider in the service area.

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 40:

Chapter 95. Reimbursement

§9501. Reimbursement Methodology

A. - A.6. ...

B. The following services shall be reimbursed at the authorized rate or approved amount of the assessment, inspection, installation/fitting, maintenance, repairs, adaptation, device, equipment, or supply item and when the service has been prior authorized by the plan of care:

1. - 2. ...

3. home delivered meals (not to exceed the maximum limit set by OAAS);

4. transition expenses up to a lifetime maximum of $1500; and

5. the assessment performed by the monitored in-home caregiving provider.

C. The following services shall be reimbursed at a per diem rate:

1. caregiver temporary support services when rendered by the following providers:

a. ...
b. nursing facility; or
c. respite center; and

2. monitored in-home caregiving services.

a. The per diem rate for monitored in-home caregiving services does not include payment for room and board, and federal financial participation is not claimed for room and board.

D. - L.1. ...

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 37:3525 (December 2011), amended LR 39:322 (February 2013), LR 39:508, (March 2013), repromulgated LR 39:1048 (April 2013), amended LR 39:1779 (July 2013), LR 40:

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 providing additional support services to waiver participants.

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 by providing access to additional Medicaid covered support services for waiver participants which may reduce the health care costs to 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. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, February 26, 2014 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.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Home and Community-Based Services Waivers—Community Choices Waiver

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 13-14 since Community Choice Waiver participants have a set annual service budget. The additional service option will not change the annual cap on a waiver participant's total service budget. It is anticipated that $820 ($410 SGF and $410 FED) will be expended in FY 13-14 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 13-14. It is anticipated that $410 will be collected in FY 13-14 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 amends the provisions governing the Community Choices Waiver to clarify these provisions, and to adopt a new waiver service and a new service delivery option. The additional service option will not increase the cost cap on a participant's annual total service budget. It is anticipated that implementation of this proposed rule will not have economic cost or benefits to Community Choices Waiver providers for FY 13-14, FY 14-15 and FY 15-16.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

J. Ruth Kennedy
Medicaid Director
1401#068

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

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 proposes to adopt 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 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 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 proposed Rule is being promulgated to continue the provisions of the November 1, 2011 Emergency Rule.

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 40:

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 a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 as it will ensure sufficient provider participation in the Nursing Facilities program.

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 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 will secure new federal funding to ensure sufficient provider participation which will increase access to Medicaid-covered nursing services and may reduce the costs to families for health care services.

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. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, February 26, 2014 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.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Nursing Facilities—Reimbursement Methodology—Low Income and Needy Care Collaboration

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 programmatic costs of $221,280,770 for FY 13-14 $233,457,014 for FY 14-15 and $240,524,103 for FY 15-16; however, the state match shall be funded through an intergovernmental transfer of non-state funds from local governmental entities to the department to secure federal match to fund the supplemental payments. It is anticipated that $328 ($164 SGF and $164 FED) will be expended in FY 13-14 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will increase federal revenue collections by approximately $376,129,402 for FY 13-14 $381,875,126 for FY 14-15 and $393,268,001 for FY 15-16. It is anticipated that $164 will be expended in FY 13-14 for the federal administrative expenses for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule continues the provisions of the November 1, 2011 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. It is anticipated that implementation of this proposed rule will increase programmatic expenditures for nursing facility services by approximately $597,409,844 for FY 13-14, $615,332,140 for FY 14-15 and $633,792,104 for FY 15-16

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
Medicaid Director
1401#069

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

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 proposes to amend 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 proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing 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 proposed Rule is being promulgated to continue the provisions of the November 1, 2011 Emergency Rule.

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 40:

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. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, February 26, 2014 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.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Nursing Facilities—Reimbursement Methodology—Private Room Conversions

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 $44,005 for FY 13-14, $46,556 for FY 14-15 and $47,965 for FY 15-16. It is anticipated that $246 ($123 SGF and $123 FED) will be expended in FY 13-14 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 61.48 percent in FY 14-15. 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 $74,884 for FY 13-14, $76,153 for FY 14-15 and $78,425 for FY 15-16. It is anticipated that $123 will be expended in FY 13-14 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 61.48 percent in FY 14-15. 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 continues the provisions of the November 1, 2011 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. It is anticipated that implementation of this proposed rule will reduce program expenditures in the Medicaid Program by approximately $119,135 for FY 13-14, $122,709 for FY 14-15 and $126,390 for FY 15-16.

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	Evan Brasseaux
Medicaid Director	Staff Director
1401#070	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals
Bureau of Health Services Financing

Pregnant Women Extended Services
Substance Abuse Screening and Intervention Services
(LAC 50:XV.Chapter 163)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt LAC 50:XV.Chapter 163 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 Hospital, Bureau of Health Services Financing, in collaboration with the Office of Behavioral Health, promulgated an Emergency Rule which adopted provisions to establish Medicaid coverage for substance abuse screening and brief intervention services rendered to Medicaid eligible pregnant women as part of the department's ongoing initiative to improve birth outcomes in the state (*Louisiana Register*, Volume 37, Number 4). Research has shown that tobacco dependence and substance abuse intervention programs targeted to pregnant women improves the overall health of the mother and reduces the occurrences of low birth-weight babies and perinatal deaths. It is anticipated that these new services will improve birth outcomes and subsequently reduce Medicaid costs associated with the care of pregnant women and their babies.

The department promulgated an Emergency Rule which amended the April 1, 2011 Emergency Rule in order to require providers to use the Louisiana health assessment referral and treatment system (LaHART) to receive payment for substance abuse screening and brief intervention services rendered to Medicaid-eligible pregnant women (*Louisiana Register*, Volume 38, Number 11). LaHART is a web-based, prenatal behavioral health screening system that screens for tobacco, drug and alcohol abuse as well as domestic violence.

The department subsequently promulgated an Emergency Rule which amended the November 20, 2012 Emergency Rule in order to allow additional LaHART screening and brief intervention services during the service limit time period under certain circumstances (*Louisiana Register*, Volume 39, Number 1). This proposed Rule is being promulgated to continue the provisions of the January 20, 2013 Emergency Rule.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 13. Pregnant Women Extended Services
Chapter 163. Substance Abuse Screening and Intervention Services

§16301. General Provisions

A. Effective for dates of service on or after April 1, 2011, the department shall provide coverage of substance abuse screening and brief intervention services rendered to Medicaid-eligible pregnant women with the Louisiana health assessment referral and treatment system.

B. Substance abuse screening and intervention services may be performed with the Louisiana health assessment referral and treatment system at the discretion of the medical professional providing care to the pregnant woman.

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 40:

§16303. Scope of Services

A. Screening services shall include the screening of pregnant women with the Louisiana health assessment referral and treatment system for the use of:

1. alcohol;
2. tobacco;
3. drugs; and/or
4. domestic violence.

B. Intervention services shall include a brief 15-30 minute counseling session with a health care professional intended to help motivate the recipient to develop a plan to moderate or cease their use of alcohol, tobacco, or drugs.

C. Service Limits. Substance abuse screening and intervention services shall be limited to one occurrence each per pregnancy, or once every 270 days.

1. If the patient experiences a miscarriage or fetal death and becomes pregnant within the 270-day period, all LaHART screening and brief intervention services will be reimbursed for the subsequent pregnancy.

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 40:

§16305. Reimbursement Methodology

A. Effective for dates of service on or after April 1, 2011, the Medicaid Program shall provide reimbursement for substance abuse screening and intervention services rendered to Medicaid-eligible pregnant women.

B. Reimbursement for these services shall be a flat fee based on the appropriate healthcare common procedure coding (HCPC) code.

C. Effective for dates of service on or after January 1, 2013, Medicaid reimbursement for substance abuse screening and intervention services shall only be made to providers with documented use of the LaHART system.

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 40:

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 reducing the pregnancy complications and childhood health/behavioral problems associated with substance abuse, which would place stressors on the family unit.

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 of pregnancy complications associated with substance abuse, 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. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, February 26, 2014 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.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Pregnant Women Extended Services Substance Abuse Screening and Intervention Services

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 programmatic costs of $314,443 for FY 13-14, $331,487 for FY 14-15 and $341,521 for FY 15-16. It is anticipated that $492 ($246 SGF and $246 FED) will be expended in FY 13-14 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 61.48 percent in 14-15. 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 $534,313 for FY 13-14, $542,225 for FY 14-15 and $558,402 for FY 15-16. It is anticipated that $246 will be expended in FY 13-14 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 61.48 percent in 14-15. 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 continues the provisions of the January 20, 2013 Emergency Rule, which adopted provisions to provide Medicaid coverage of substance abuse screening and brief intervention services and require providers to use the Louisiana Health Assessment Referral and Treatment (LaHART) System to receive payment for services rendered to Medicaid eligible pregnant women. It is anticipated that implementation of this proposed rule will increase program expenditures for pregnant women extended services by approximately $848,264 for FY 13-14, $873,712 for FY 14-15 and $899,923 for FY 15-16.

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
Medicaid Director
1401#071

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Natural Resources
Office of Coastal Management

Mitigation (LAC 43:I.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 proposes to amend LAC 43:724 relative to the rules and procedures for mitigation.

This proposed Rule is intended to remove extraneous information and is not a substantive change.

Title 43
NATURAL RESOURCES
Part I. Office of the Secretary
Subpart 1. General
Chapter 7. Coastal Management
Subchapter C. Coastal Use Permits and Mitigation
§724. Rules and Procedures for Mitigation

A. - E.1.b. ...

c. monetary contribution to the Louisiana Wetlands Conservation and Restoration Fund (coastal mitigation account), pursuant to §724.I; and

E.1.d. - K.7.c.ii. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 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), LR 39:2775 (October 2013), LR 40:

Family Impact Statement

This proposed Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Poverty Impact Statement

This proposed Rule has no known impact on poverty as described in R.S. 49:973.

Small Business Statement

In accordance with R.S. 49:965.6, the Department of Natural Resources, Office of Coastal Management has conducted a Regulatory Flexibility Analysis and found that the proposed amendment of this Rule will have negligible impact on small businesses.

Public Comment

All interested persons are invited to submit written comments on the proposed regulation amendment. Persons commenting should reference this proposed regulation by "Rules and Procedures for Mitigation." Such comments must be received no later than February 10, 2014, at 4:30 p.m., and should be sent to Kelley Templet, Manager, Office of Coastal Management P.O. Box 44487, Baton Rouge, LA 70804-4487 or by email to kelley.templet@la.gov. Copies of this proposed regulation can be purchased by contacting OCM at (225) 342-7360, and is available for viewing and copying on the internet at http://dnr.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&pid=85&ngid=5.

Public Hearing

Requests for a public hearing must be received by 4:30 p.m. February 10, 2014. If determined a public hearing is warranted, the public hearing will be held on February 26, 2014 from 10 a.m. to 12 p.m. in the Griffon Room of the LaSalle Building, 617 North Third Street, Baton Rouge, LA 70802, so that interested persons may submit oral comments on the proposed amendments.

Stephen Chustz
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Mitigation

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change will have no anticipated implementation costs to state or local governmental units. The changes included in this proposed rule makes changes to Section 724 that provides the methods available for accomplishing compensatory mitigation. The proposed change to Section 724 is to remove extraneous information and is not a substantive change.

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)

Since the rule change is to remove extraneous information and is not a substantive change, there are no anticipated costs and/or economic benefits to directly affected persons or nongovernmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment as a result of this proposed rule change.

Keith Lovell
Assistant Secretary
1401#028

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Public Safety and Corrections
Office of State Police

Underground Utilities (LAC 55:I.Chapter 21)

The Department of Public Safety and Corrections, Office of State Police, in accordance with R.S. 49:950 et seq., and R.S. 40:1749.11 et seq., gives notice of its intent to amend its rules pertaining to Underground Utilities and Facilities Damage Prevention by providing for procedures for investigating complaints as authorized in R.S. 40:1749.23D.

Title 55
PUBLIC SAFETY
Part I. State Police

Chapter 21. Underground Utilities

§2103. Definitions

A. For the purposes of these rules, the following terms shall have the meanings ascribed to them in this Section.

* * *

Locator—any person employed to determine the specific location of the operator's underground facility or utility within the area specified through a notice served by a regional notification center.

* * *

AUTHORITY NOTE: Promulgated in accordance with R. S. 40:1749.11 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 26:92 (January 2000), amended LR 40:

§2106. Investigation Procedure

A. In accordance with R.S. 40:1749.23(D)(5), established investigative procedures shall adhere to the minimal standards established by the Police Officer Standards and Training (POST) and be demonstrated by an officer's completion of a certified law enforcement training course. The procedures may include, but are not limited to; observation, interrogation, documentation, collection, intervention, interdiction, mitigation, remediation, litigation, analyzation and recommendation.

B. Investigative procedures permit department investigators to collect and record information, as outlined in LAC 55:I.2106.C, on a standard investigation form; empowering the department to investigate a complaint, issue a citation and adjudicate the complaint.

C. The department's standard investigation form, titled hazardous materials incident report, may include, but is not limited to, the following.

1. Excavator:
   a. name;
   b. address;
   c. representative and title;
   d. primary and secondary contact phone numbers;
   e. regional notification center dig ticket number;
   f. status of dig ticket;
   g. status of markings.
2. Operator:
   a. name;
   b. address;
   c. representative and title;
   d. primary and secondary contact phone numbers;
   e. regional notification center dig ticket number;
   f. status of dig ticket;
   g. status of markings.
3. Effects on general public:
   a. chemical name;
   b. hazard class;
   c. amount released – potential;
   d. injuries;
   e. fatalities;
   f. fire;
   g. road closures;
   h. evacuations;
   i shelter in place;
   j. remediation, mutual aid, and additional agencies on-scene.
4. Details:
   a. The department's investigator may provide additional information and data relevant to the investigation.

AUTHORITY NOTE: Promulgated in accordance with R. S. 40:1749.11 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 40:

§2107. Citation

A. The citation issued to a party alleged to be in violation of R.S. 40:1479 et seq., or these rules shall be uniform as developed by the department and may include the following:

1. the violation number;
2. the date of the incident;
3. the location of the incident;
4. the specific statute or regulation which is alleged to have been violated;
5. the penalty assessed to the responsible party based on the results of the department's investigation;
6. a brief description of the violation; and
7. an explanation of the responsible party's right to an administrative hearing.

AUTHORITY NOTE: Promulgated in accordance with R. S. 40:1749.11 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 26:93 (January 2000), amended LR 40:

§2109. Collection of Data by the Department

A. The department may collect such data that will allow law enforcement agencies to determine the number of existing violations and the results of the adjudication process.

AUTHORITY NOTE: Promulgated in accordance with R. S. 40:1749.11 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 26:93 (January 2000), LR 40:

§2117. Collection and Distribution of Fees, Fines, or Civil Penalties: Underground Damages Prevention Fund

A. All civil penalties shall be paid to the state treasury for credit to the underground damage prevention fund, and shall be disbursed as follows:

1. 34 percent shall be retained by the underground damages prevention fund;
2. upon request for disbursement by the agency, within one year of the civil penalty being deposited into the underground damages prevention fund, funds shall be disbursed as follows:
   a. 50 percent shall be disbursed to the local law enforcement agency that issued the citation if the citation was adjudicated by the local governmental subdivision; or
   b. 50 percent shall be disbursed to the state law enforcement agency that issued the citation if the citation was adjudicated by the state; or
   c. 25 percent shall be disbursed to the local law enforcement agency that issued the citation and 25 percent retained in the fund if such citation was adjudicated by the state;
3. If the local governing authority;
   a. is a member of or participates in a regional notification center; upon request for disbursement by the local governing authority within one year of the civil penalty deposited into the underground damages prevention fund, 16 percent shall be disbursed to the local governing authority of the area in which the violation occurred to be used solely for purposes of compliance with Louisiana Underground Utilities/Facilities Damage Prevention Law;
   b. is not a member of nor participates in a regional notification center, but establishes and operates a violations bureau pursuant to R.S. 1749.23(D), then upon request for disbursement by the local governing authority within one year of the civil penalty deposited into the underground damage prevention fund, 16 percent shall be disbursed to the local governing authority for each violation adjudicated by the violations bureau of that local governing authority;
   c. otherwise, the amount shall be retained in the underground damages prevention fund and distributed per 2117.A.1 and 2 of this Part.

B. - D. …

AUTHORITY NOTE: Promulgated in accordance with R. S. 40:1749.11 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 26:94 (January 2000), LR 40:

Family Impact Statement

1. The Effect of this Rule on the Stability of the Family. This Rule should not have any 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 should not have any 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 should not have any effect on the functioning of the family.
4. The effect of this Rule on Family Earnings and Family Budget. This Rule should not have any effect on family earnings and family budget.

5. The Effect of this Rule on the Behavior and Personal Responsibility of Children. This Rule should not have any 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 should not have any effect on the ability of the family or local government to perform the function as contained in the proposed Rule.

Poverty Statement

1. 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 R.S. 49:973.

2. 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.

Small Business Impact

1. 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.

2. 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 to Paul Schexnayder, Post Office Box 66614, Baton Rouge, LA 70896. Written comments will be accepted through February 15, 2014.

Jill Boudreaux
Undersecretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Underground Utilities

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change will not result in any estimated implementation costs or savings to state or local governmental units. The proposed rule establishes procedures for investigating complaints of violations of the Louisiana Underground Utilities and Facilities Damage Prevention Law. These procedures outlined in the proposed rule change are currently used and are being codified into rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change is not anticipated to have an effect on revenue collections of state or local governmental units as the proposed rule change will not change the number of reports or violations.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule change is not anticipated to have an effect on the costs and/or 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 as a result of the proposed rule change.

Jill P. Boudreaux
Undersecretary
1401#049

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Office of Transportation and Development
Office of Engineering

Access Connection Permits (LAC 70:I.Chapter 15)

Notice is hereby given in accordance with the applicable provisions of the Administrative Procedures Act, R.S. 49:750 et seq., and through the authority granted in R.S. 48:344, that the Department of Transportation and Development, Office of Engineering intends to amend LAC 70:I. Chapter 15, entitled "Access Connection Permits," to allow the department more flexibility in issuing access connection permits to the public.

Title 70
TRANSPORATION
Part I. Highway Construction
Chapter 15. Access Connection Permits
§1513. Process for Acquiring an Access Permit

A. - B. …

C. At the direction of the DOTD district office, a request for an access connection permit may require the submission of any required supporting documentation to the DOTD district office. Actual work on an access connection shall not begin until the application has been approved by the DOTD. Required permit application supporting documentation may include some or all of the following:

1. detailed property location, including but not limited to:

a. location address;

b. legal property description (with professional land surveyor stamp);

c. property frontage dimensions;

d. relative locations of all access connections, intersecting streets, signals, railways, and crossovers within a specified distance from the property lines. This distance shall be specified by the DOTD district engineering administrator (DA) and/or DTOE;

e. information on any nearby or adjacent properties owned and/or controlled by the applicant(s), including anticipated future land use(s);

f. posted speed limit of adjacent roadways;

2. right-of-way information, including but not limited to:

a. measured rights-of-way for the subject property;

b. easements (utility, drainage, etc.) and locations of same;

c. known existing access restrictions;

d. property lines;

e. right-of-way widths for all adjacent roadways (state, parish, local, private, etc.);

3. proposed site plan drawing, fully dimensioned to-scale on 11" x 17" or 24" x 36" paper, showing all, but not limited to, the following:

a. existing roadway alignment for all adjacent roadways;

b. requested access connection location;

c. distance from requested access connection to nearest property line(s) and nearest intersecting roadways (in all directions along the roadway from the subject property);

d. distance from right-of-way to all buildings, structures, gas pumps, etc. on the proposed site;

e. plan for internal parking, drives, traffic flow patterns, traffic control devices, markings, truck/service vehicle routing, emergency access, etc. Autoturn or similar analysis must be shown for adequate design vehicle(s);

f. detailed geometry of proposed access connection (width, radii, lane use, etc.)—must conform to DOTD standard plans. Autoturn or similar analysis must be shown for adequate design vehicle(s);

g. detailed pavement design of proposed access connection (base type and thickness, pavement thickness, curb treatment, etc.);

h. sidewalk and ADA ramps, where required;

i. proposed treatment of right-of-way area between and adjacent to proposed and existing access connection(s);

j. sight distance triangles for proposed access connection;

4. temporary traffic control plan for work within the right-of-way—see Section entitled Construction Requirements;

5. railroad crossing permit—see Section entitled Railroad Crossings;

6. copies of permits obtained for access and building rights from local authorities;

7. permanent signing and pavement marking plans which conform to DOTD standards and the most current edition of the manual on uniform traffic control devices;

8. detailed plans of required or proposed mitigation (turn lanes, etc.);

9. additional information, drawings, or documents as required by the district engineer administrator or his/her designee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:344.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, LR 37:348 (January 2011), amended by the Office of Engineering, LR 40:

§1515. Permit Conditions

A. - C. …

D. The applicant may be required to post a bond in order to secure an access connection permit. If required, this bond shall be posted in accordance with DOTD policy, and shall be an amount as identified by the DOTD district office as sufficient to cover the expenses of all work or improvements required within the DOTD right-of-way as a condition of an access connection permit. The cost of restoration shall be borne by the applicant.

E. - F. …

G. After having been constructed, access connection(s) shall at all times be subject to inspection with the right reserved to require changes, additions, repairs, and relocations at any time considered necessary to permit the location and/or to provide proper and safe protection to life and property on or adjacent to the highway. The cost of making such mandated changes, additions, repairs, and relocations shall be borne by the applicant.

H. The relocations or alterations of any access, approach, or other improvement constructed on the right-of-way shall require a re-evaluation of the access connection(s).

I. If the applicant is unable to commence construction within 12 months of the permit issue date, the applicant may request a six month extension from the DOTD. No more than two six-month extensions may be granted under any circumstances. If the access connection is not constructed within 24 months from the permit issue date, the permit shall be considered expired. Any person wishing to reestablish an access connection permit that has expired shall begin again with the application procedures.

J. When the adjacent highway is under construction, a letter of no objection shall be obtained from the highway contractor before the application can be approved and the permit can be issued. A copy of this letter shall be attached to the permit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:344.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, LR 37:349 (January 2011), amended by the Office of Engineering, LR 40:

§1519. Permit Reapplication and Modifications to Existing Commercial Access Connections

A. …

B. If the property is reconstructed/remodeled /redeveloped, the owner shall submit a request for a re-evaluation of the access connection(s). The re-evaluation shall contain all necessary information and documentation as required by DOTD in accordance with its policies, as well as a copy of the old access connection permit.

C. If the property owner reconstructs the access connection, a request for re-evaluation shall be submitted. The DOTD reserves the right to make changes to the original permit during this process in order to improve safety and operations.

D. If DOTD road maintenance and/or construction operations affect the condition or necessitate the reconstruction, improvement, modification, or removal of an existing access connection, a re-evaluation of the access connection geometrics, location, etc. may be performed by the district traffic operations engineer. The access connection permit may be re-issued according to the most current DOTD standards, and DOTD reconstruction efforts shall follow these standards. The cost to reconstruct the access connection to the right-of-way shall be borne by the DOTD. Any additional costs to improve on-site conditions may be borne by the property owner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:344.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, LR 37:349 (January 2011), amended by the Office of Engineering, LR 40:

§1521. Access Connection Requirements

A. - A.2. …

a. Full access should not be granted within the functional influence area of the intersection. The influence area shall be required by DOTD in accordance with its policies. For purposes of this Chapter, the functional influence area of an intersection shall be defined as the area beyond the physical intersection of two roadways and/or access connection points that:

i. comprises decision and maneuvering distances;

ii. comprises any required vehicle storage lengths, either determined by length of existing storage lanes, observed queue lengths, or anticipated post-development queue lengths, all as determined by the district traffic operations engineer;

iii. includes the length of road upstream from an oncoming intersection needed by motorists to perceive the intersection and begin maneuvers to negotiate it.

3. …

4. If the subject property is located at the intersection of two routes, an access connection may be permitted on both routes however, one must be limited to right-in/right-out access. The determination of the access connection locations and restrictions on each shall be at the discretion of the DOTD according to this rule and other applicable DOTD policies.

5. The applicant shall provide sufficient on-site circulation to ensure the safe ingress and egress of vehicles on the site. This on-site circulation shall be contained within the owner's property boundaries and shall not encroach upon the right-of-way in any way. Adequate on-site vehicle storage shall be provided in order to prevent any overflow of queued/waiting traffic in the travel lane(s) of the adjacent roadway(s).

A.6. - B. …

1. Each property or group of adjacent properties with a single owner or development plan should be granted no more than one access point, unless Paragraphs 4 and 5 of this Section are completed and approved. The DOTD reserves the right to limit access to adjacent properties to those access connections which already exist. All properties shall receive adequate access, but that may be accomplished through required access sharing with a neighboring property.

2. …

3. If shared access is required by the DOTD, a copy of the shared access agreement shall be submitted to the DOTD as part of the driveway permit and shall be signed by all involved property owners.

C. - D. …

E. Gates, fences, signage, landscaping, or other decorative or access-control features (i.e. gated subdivision) shall not be located within the right-of-way. Any such access-control feature shall be located so that a minimum storage of two vehicles (50' storage length minimum unless greater distances are required by DOTD) is provided outside of the limits of the right-of-way. Gated access shall not be permitted as an approach to a traffic signal.

F. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:344.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, LR 37:350 (January 2011), amended by the Office of Engineering, LR 40:

§1525. Access Connections—Spacing and Sharing

A. …

B. A minimum spacing as defined in DOTD policy should be maintained between access connections. If frontage is not available to maintain minimum spacing of access connections, the DOTD reserves the right to require adjacent property owners to share a single access connection.

C. - F. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:344.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, LR 37:351 (January 2011), amended by the Office of Engineering, LR 40:

§1529. Access Connections on Roadways with Medians

A. On roadways with center medians of any type, access connections should not be permitted to align with median cuts or crossovers, and should be located as far from these cuts and crossovers as possible within property limit constraints.

B. …

C. All access on roadways with medians may be restricted to right-in/right-out movements only, and, if required, shall be constructed in such a way as to prevent any other movements. This shall apply to both residential and commercial access.

D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:344.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, LR 37:351 (January 2011), amended by the Office of Engineering, LR 40:

§1531. Design Requirements

A. …

B. All traffic generator access connections shall be constructed with permanent hard surface type materials (i.e. asphalt or concrete) for a distance as required by DOTD in accordance with its policies. Aggregate access connections shall not be permitted within the right-of-way for these types of connections.

C. All entrances and exits shall be located so that drivers approaching or using them will have adequate sight distance in all directions along the highway in order to maneuver safely and without interfering with traffic. Minimum required sight distance shall be calculated using the methods required by DOTD in accordance with its policies.

D. All access connections shall be designed and constructed in accordance with all DOTD plans and specifications regarding drainage requirements. Culvert sizes, proposed elevations and proposed slopes shall be approved by the DOTD prior to issuance of an access connection permit. The DOTD may require a drainage study to be performed at the expense of the applicant.

E. Access connections shall be constructed according to DOTD standard plans and other applicable policies and provision.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:344.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, LR 37:351 (January 2011), amended by the Office of Engineering, LR 40:

§1533. Construction Requirements

A. - D. …

E. The services of an independent DOTD-approved inspector may be required to inspect the construction of all DOTD-required improvements in the DOTD right-of-way. The inspection process shall be in accordance with current DOTD policy. The DOTD district office may elect to perform independent inspections of work. Satisfactory completion and acceptance of the improvements by DOTD will be based upon the reports received from the inspector(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:344.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, LR 37:352 (January 2011), amended by the Office of Engineering, LR 40:

§1535. Improvements to the Adjacent Transportation System

A. …

B. Mitigation, which may be required by the DOTD, may be determined through a complete traffic impact study and/or traffic signal study review process. Required mitigation shall be reviewed by the district engineer administrator. Any required mitigation shall be noted on the permit(s), as required by DOTD in accordance with its policies, and bond amounts shall be appropriate for such mitigation, if required.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:344.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, LR 37:352 (January 2011), amended by the Office of Engineering, LR 40:

§1541. Appeals Process

A. …

B. Appeals shall be filed in accordance with the DOTD appeals policies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:344.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, LR 37:352 (January 2011), amended by the Office of Engineering LR 40:

Family Impact Statement

Implementation of this 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

The implementation of 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.

Small Business Statement

The implementation of this proposed Rule change on small businesses, as defined in the Regulatory Flexibility Act, has been considered. The proposed Rule change is not expected to have a significant adverse impact on small businesses. The department, 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 the proposed statutes while minimizing the adverse impact of the Rule on small businesses.

Interested Persons Statement

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 Peter Allain, Traffic Engineering Division Administrator, Office of Engineering, Department of Transportation and Development, P.O. Box 94245, Baton Rouge, LA 70804-9245, or by telephone (225) 242-4631.

Sherri H. LeBas
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Access Connection Permits

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

There will be no implementation costs or savings to state or local governmental units as a result of this proposed rule change. The rule, as it currently exists, prevents the Department

of Transportation and Development (DOTD) from exercising discretion in the issuance of access connection permits. In many instances the information required by the rules is not needed to adequately assess the impact an access connection will have on a particular location. This inflexibility places undue burdens and unreasonable delays resulting in potential financial hardships on many property owners wishing to obtain access connection permits. The proposed rule change provides appropriate flexibility and guidance to DOTD staff determining the issuance of access connection permits.

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 change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There are no anticipated costs to directly affected persons or non-governmental groups as a result of this proposed rule change. Property owners may realize economic benefits associated with a flexible access connection permit review process that will expedite approval in some instances that currently experience significant and unnecessary delays.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

All businesses affected by this proposed rule change will be affected equitably. No development will have an economic advantage over any competitor as a result of this proposed rule change. The proposed rule change may expedite approval of access connection permits in some instances that are currently delayed unnecessarily, which may have short-term positive effects on employment if a business can open or expand faster than under the current rule.

Richard L.Savoie, P.E.	Evan Brasseaux
Chief Engineer	Staff Director
1401#026	Legislative Fiscal Office

NOTICE OF INTENT

Department of Transportation and Development
Office of Operations

Noncritical Off-Road Equipment (LAC 73:I.1703)

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. 32:385.12(A), that the Department of Transportation and Development, Office of Operations proposes to amend Chapter 17, §1703 to add "single-triple" and "triple axles" to the definition of *noncritical off-road equipment*.

Title 73
WEIGHTS, MEASURES AND STANDARDS
Part I. Weights and Standards
Chapter 17 Requirements for Permitting Off-Road Equipment
§1703. Noncritical Off-Road Equipment

A. *Noncritical off-road equipment* is defined as:

1. vehicles or combinations of vehicles without booster units;

2. vehicles with a single-single, single-tandem, single-triple, or tandem-tandem axle configuration in which no single axle is in excess of 30,000 pounds nor tandem or triple axles in excess of 54,000 pounds;

3. vehicles or combinations of vehicles without booster units which are determined to be acceptable in this classification by the department's evaluation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 32:2 et seq.

HISTORICAL NOTE: Promulgated by the Department of Transportation and Development, Office of Highways, LR 5:26 (February 1979), amended by the Office of Weights, Measures and Standards, LR 22:120 (February 1996), amended by the Office of Operations, LR 40:

Family Impact Statement

Implementation of this 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

The implementation of 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.

Small Business Statement

The implementation of this proposed Rule change on small businesses, as defined in the Regulatory Flexibility Act, has been considered. The proposed Rule change is not expected to have a significant adverse impact on small businesses. The department, 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 the proposed statutes while minimizing the adverse impact of the Rule on small businesses.

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 David Miller, Bridge Maintenance Administrator, Office of Operations, Department of Transportation and Development, P.O. Box 94245, Baton Rouge, LA 70804-9245, or by telephone (225) 379-1552.

Sherri H. LeBas
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Noncritical Off-Road Equipment

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The rule change is being proposed to comply with Act 130 of the 2013 Regular Legislative Session which amended R.S. 32:387.12(A) to allow noncritical off-road equipment with an additional axle configuration to obtain an annual permit at a cost of $1000 per year. (See R.S. 32:387.12(B)) These vehicles were previously classified as critical off-road equipment and were issued permits based upon miles traveled. Over the past year, the department issued permits for approximately sixty three critical off-road permits for these additional axle vehicles at an average cost of $1500 per permit.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The reclassification of these vehicles to noncritical off-road will result in a reduction of revenue to the department of approximately $500 per permit per year or a total loss of $31,500 per year.

The annual cost for a non-critical off-road equipment permit is statutorily set at $1000 per year. (See R.S. 32:387.12(B)). The revenue impact on the department will be determined by the actual number of permits purchased for this purpose which is estimated to be sixty three per year. These vehicles, previously classified as critical off-road, were issued permits at an average cost of $1,500 per permit. There will be no effect on revenue collections of local governmental units as a result of the proposed rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Non-governmental groups and persons will benefit by the proposed rule change which will reduce the annual cost of a permit by $500 per year.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change will have no effect on competition and employment.

Eric Kalivoda
Deputy Secretary
1401#016

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Bird Dog Training Areas and
Resident Game Hunting Season
(LAC 76:V.321 and XIX.101, 103, 111, 113, and 115)

The Wildlife and Fisheries Commission does hereby give notice of its intent to amend the general and wildlife management area rules and regulations for the 2014-2015 season, the resident game hunting season for the 2014-2016 hunting seasons, the general and wildlife management area rules and regulations for the 2015 turkey season, the turkey hunting areas, seasons, and bag limits for the 2015 turkey season, and regulations for bird dog training areas.

Title 76
WILDLIFE AND FISHERIES
Part V. Wild Quadrupeds and Wild Birds
Chapter 3. Wild Birds
§321. Bird Dog Training Areas

A. Purpose. Bird dog training areas (BDTA) are established to afford users of Wildlife Management Areas (WMA) and other public land an opportunity to train pointing dogs and flushing retrievers or spaniels with live released birds. The BDTA is not intended to serve as a hunting preserve. The following regulations are adopted to ensure that users of the BDTA utilize the area as intended, and to minimize the potential for negative impacts on wildlife.

B. Establishment and Posting. BDTAs may be established on any WMA or other public land with written consent of the managing agency. Portions of the WMA/public land without significant wild quail populations, and where wildlife will not be negatively impacted are suitable for establishment of BDTAs. BDTAs must be marked with signs and/or paint clearly indicating the boundaries.

C. Permits and Licenses. Each person using the BDTA for dog training must have a valid self-clearing permit in his/her possession while engaged in dog training on the BDTA. Said permit must indicate the number and species of birds released for training purposes in the comments section. For purposes of this rule, a person or party will be considered to be engaged in dog training if they possess or release live bobwhite quail, mallards or pigeons at any time, or if they are present on the BDTA with pointing dogs, spaniels or retrievers during the time quail, woodcock, dove or waterfowl season is closed on the WMA/public land. All users of the BDTA must comply with the WMA/public land self-clearing permit requirements. Any person who takes or attempts to take released or wild bobwhite quail, mallards or pigeons on the BDTA must comply with applicable hunting license and WMA/public land permit requirements.

D. Dogs. Only recognizable breeds of pointing dogs, spaniels, and retrievers may be trained on the BDTA. All dogs must wear a collar or tag imprinted with the name and

phone number of the owner or trainer. Trainers shall not knowingly allow or encourage their dogs to pursue rabbits, raccoons, or other wildlife.

E. Birds. Only bobwhite quail, mallards or pigeons may be released for dog training activities on the BDTA. However, use of pigeons and mallards may be prohibited on specific BDTAs. Bobwhite quail, mallards and pigeons may only be released within the boundaries of the BDTA. Bobwhite quail, mallards and pigeons may be shot in conjunction with dog training activities. When WMA/public land hunting seasons are closed, only bobwhite quail, mallards and pigeons may be taken and possessed. When the WMA/public land quail, waterfowl or woodcock hunting season is closed, bobwhite quail, mallards and pigeons may only be shot within the boundaries of the BDTA. No more than 6 quail or mallards per day may be released, taken, or possessed per permittee. Wild quail may be taken on the BDTA at any time the BDTA is open to dog training and must be included in the 6-bird limit. There is no limit on the number of pigeons that may be taken, released, or possessed. All mallards must be toe-clipped, or fitted with a seamless band, or otherwise marked in accordance with federal regulations. Pigeons are not required to be banded. Persons in possession of live bobwhite quail or mallards must have a valid game breeders license or bill of sale from a licensed game breeder.

F. Firearms. When the WMA/public land hunting seasons are closed, only shotguns with shells containing shot not larger than lead size 8 or steel size 6 are permitted on the BDTA. Mallards may only be taken with steel or other approved non-toxic shot. Firearms must be encased or broken down upon entering and leaving the BDTA when the WMA hunting seasons are closed. Pistols capable of firing only blanks are also permitted.

G. Seasons. Unless specified, BDTAs are open to dog training all year. Closure periods may be adopted for some BDTAs. Such closure periods will be noted in the Louisiana Hunting Regulations brochure.

H. Hunter Orange Requirements. Persons engaged in dog training on BDTAs during WMA hunting seasons must comply with WMA/public land hunter orange requirements.

I. Wildlife Management Area/Pubic Land Regulations. Except as provided herein, all rules and hunting seasons applicable to the WMA/public land on which the BDTA is located are also applicable to the BDTA. Additional regulations may be adopted for some BDTAs and will be listed for each BDTA within the Louisiana Hunting Regulations brochure.

J. Violation of Rules. A person who is convicted or enters a guilty plea for violation of any provision of this rule shall be guilty of a Class 2 violation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:109(B), R.S. 56:115, and R.S. 56:141(C).

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 31:2268 (September 2005), amended LR 33:1151 (June 2007), LR 40:

Part XIX. Hunting and WMA Regulations

Chapter 1. Resident Game Hunting Season

§101. General

A. the resident game hunting season regulations are hereby adopted by the Wildlife and Fisheries Commission. A complete copy of the regulation pamphlet may be obtained from the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 21:707 (July 1995), amended LR 22:585 (July 1996), LR 23:871 (July 1997), LR 24:1324 (July 1998), LR 25:1290 (July 1999), LR 26:1506 (July 2000), LR 27:1061 (July 2001), LR 28:1615 (July 2002), LR 29:1122 (July 2003), LR 30:1493 (July 2004), LR 31:1627 (July 2005), LR 32:1253 (July 2006), LR 33:1399 (July 2007), LR 34:1447 (July 2008), LR 35:1278 (July 2009), LR 36:1580 (July 2010), LR 37:2206 (July 2011), LR 38:1747 (July 2012), LR 40:

§103. Resident Game Birds and Animals

A. Shooting Hours—one-half hour before sunrise to one-half hour after sunset.

B. Consult regulation pamphlet for seasons or specific regulations on wildlife management areas or specific localities.

Species	Season Dates	Daily Bag Limit	Possession Limit
Quail	OPENS: 3rd Saturday of November CLOSES: Last Day of February	10	20
Rabbit and Squirrel	OPENS: 1st Saturday of October CLOSES: Last Day of February	8	16
Squirrel*	OPENS: 1st Saturday of May for 23 days	3	6
Deer 2014-16	See Schedule	1 antlered and 1 antlerless (when legal)	6/season (not to exceed 3 antlered deer or 4 antlerless deer)

*NOTE: Spring squirrel season is closed on the Kisatchie National Forest, National Wildlife Refuges, U.S. Army Corps of Engineers property. Some state wildlife management areas will be open, check WMA season schedule.

C. Deer Hunting Schedule—2014-2015

Area	Archery	Primitive Firearms (All Either Sex Except as Noted)	Still Hunt (No dogs allowed)	With or Without Dogs
1	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Nov. CLOSES: Fri. after 2nd Sat. of Nov. OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. OPENS: Mon. after 1st Sat. of Jan. CLOSES: next to last Sun. of Jan.	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Jan.
2	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: Next to last Sat. of Oct. CLOSES: Fri. before last Sat. of Oct. OPENS: Mon. after the last day of Modern Firearm Season in Jan. CLOSES: After 7 days.	OPENS: Last Sat. of Oct. CLOSES: Tues. before 2nd Sat. of Dec. in odd numbered years and on Wed. during even numbered years EXCEPT when there are 5 Sats. in Nov. and then it will close on the Tues. in odd numbered years or Wed. during even numbered years before the 1st Sat. of Dec.	OPENS: Wed. before the 2nd Sat. of Dec. in odd numbered years and on Thurs. during even numbered years EXCEPT when there are 5 Sats. in Nov., then it will open on the Wed. before the 1st Sat. of Dec. on odd years and Thurs. during even numbered years CLOSES: 40 days after opening in odd numbered years or 39 days after opening in even numbered years
3	OPENS: 3rd Sat. of Sept. CLOSES: Jan. 15	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct. OPENS: Mon. after Thanksgiving Day CLOSES: Fri. before 1st Sat. of Dec.	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after Thanksgiving Day OPENS: 1st Sat. of Dec. CLOSES: After 37 days	
4	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Nov. CLOSES: Fri. after 2nd Sat. of Nov.(EITHER SEX) OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan. (EITHER SEX FOR 1ST 7 DAYS, BUCKS ONLY FOR REMAINDER OF SEASON)	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Mon. after 1st Sat. of Jan. CLOSES: next to last Sun. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 3rd Sat. of Nov. CLOSES: Sun. after 3rd Sat. of Nov. (EITHER SEX) OPENS: Friday after Thanksgiving CLOSES: Sun. after Thanksgiving. (EITHER SEX) OPENS: 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Dec. (EITHER SEX) OPENS: 2nd Sat. of Jan. CLOSES: Sun. after 2nd Sat. of Jan. (EITHER SEX) OPENS: 3rd Sat. of Jan. CLOSES: Sun. after 3rd Sat. of Jan. (EITHER SEX)	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 2nd Sat. of Dec. CLOSES: Sun. after 2nd Sat. of Dec. (EITHER SEX) OPENS: 3rd Sat. of Dec. CLOSES: Sun. after 3rd Sat. of Dec. (EITHER SEX) OPENS: 4th Sat. of Dec. CLOSES: Sun. after 4th Sat. of Dec. (EITHER SEX) OPENS: 1st Sat. of Jan. CLOSES: Sun. after 1st Sat. of Jan. (EITHER SEX)
5	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Nov. CLOSES: Fri. before 3rd Sat. of Nov. (EITHER SEX) OPENS: Day after the close of Modern Firearm Season CLOSES: After 7 consecutive days (EITHER SEX)	OPENS: Day after Thanksgiving Day CLOSES: 4th Sun. of Dec.(BUCKS ONLY)	

Area	Archery	Primitive Firearms (All Either Sex Except as Noted)	Still Hunt (No dogs allowed)	With or Without Dogs
6	OPENS: 1st day of Oct. CLOSES: Feb. 15 (1st 15 days are BUCKS ONLY)	OPENS: 2nd Sat. of Nov. CLOSES: Fri. before 3rd Sat. of Nov. OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec.	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Next to last Sun. of Jan.
7	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct.(EITHER SEX) OPENS: 1st Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Nov. (BUCKS ONLY).	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after 3rd Sat. of Oct. (EITHER SEX) OPENS: Mon. after 3rd Sun. of Oct. CLOSES: Fri Before 1st Sat. of Nov. (BUCKS ONLY) OPENS: 2nd Sat of Nov. CLOSES: Sun. after Thanksgiving (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 3rd Sat. of Nov. CLOSES: Sun. after 3rd Sat. of Nov. (EITHER SEX) OPENS: Fri. after Thanksgiving. CLOSES: Sun. after Thanksgiving. (EITHER SEX)	OPENS: Mon. after Thanksgiving Day CLOSES: After 35 days(BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Sat. after Christmas. CLOSES: Sun. after Christmas. (EITHER SEX)
8	OPENS: 3rd Sat. of Sept. CLOSES: Jan. 15	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct. OPENS: Mon. after Thanksgiving Day CLOSES: Fri. before 1st Sat. of Dec.	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after Thanksgiving Day.	OPENS: 1st Sat. of Dec. CLOSES: After 37 days.
9	OPENS: 1st day of Oct. CLOSES: Feb. 15 (1st 15 days are BUCKS ONLY)	OPENS: 2nd Sat. of Nov. CLOSES: Fri. before 3rd Sat. of Nov.(BUCKS ONLY) OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.(EITHER SEX 1ST 7 DAYS, BUCKS ONLY FOR REMAINDER OF SEASON)	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Fri. after Thanksgiving Day. CLOSES: Sun. after Thanksgiving day. (EITHER SEX)	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Next to last Sun. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 2nd Sat. of Dec. CLOSES: Sun. after 2nd Sat. of Dec. (EITHER SEX) OPENS: Sat. after Christmas. CLOSES: Sun. after Christmas. (EITHER SEX) OPENS: 2nd Sat. in Jan. CLOSES: Sun. after 2nd Sat. in Jan. (EITHER SEX)
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D. Modern Firearm Schedule—2014-2015 (either sex seasons)

Parish	Area	Modern Firearm Either-Sex Days
West Carroll	Area 5	Opens Friday after Thanksgiving Day for 3 days.

E. Deer Hunting Schedule 2015-2016

Area	Archery	Primitive Firearms (All Either Sex Except as Noted)	Still Hunt (No dogs allowed)	With or Without Dogs
1	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Nov. CLOSES: Fri. after 2nd Sat. of Nov. OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. OPENS: Mon. after 1st Sat. of Jan. CLOSES: next to last Sun. of Jan.	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Jan.
2	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: Next to last Sat. of Oct. CLOSES: Fri. before last Sat. of Oct. OPENS: Mon. after the last day of Modern Firearm Season in Jan. CLOSES: After 7 days.	OPENS: Last Sat. of Oct. CLOSES: Tues. before 2nd Sat. of Dec. in odd numbered years and on Wed. during even numbered years EXCEPT when there are 5 Sats. in Nov. and then it will close on the Tues. in odd numbered years or Wed. during even numbered years before the 1st Sat. of Dec.	OPENS: Wed. before the 2nd Sat. of Dec. in odd numbered years and on Thurs. during even numbered years EXCEPT when there are 5 Sats. in Nov., then it will open on the Wed. before the 1st Sat. of Dec. on odd years and Thurs. during even numbered years CLOSES: 40 days after opening in odd numbered years or 39 days after opening in even numbered years
3	OPENS: 3rd Sat. of Sept. CLOSES: Jan. 15	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct. OPENS: Mon. after Thanksgiving Day CLOSES: Fri. before 1st Sat. of Dec.	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after Thanksgiving Day OPENS: 1st Sat. of Dec. CLOSES: After 37 days	
4	OPENS: 1st day of Oct. CLOSES: Last day of Jan.	OPENS: 2nd Sat. of Nov. CLOSES: Fri. after 2nd Sat. of Nov. OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan. (EITHER SEX FOR 1ST 7 DAYS, BUCKS ONLY FOR REMAINDER OF SEASON)	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Mon. after 1st Sat. of Jan. CLOSES: next to last Sun. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 3rd Sat. of Nov. CLOSES: Sun. after 3rd Sat. of Nov. (EITHER SEX) OPENS: Friday after Thanksgiving CLOSES: Sun. after Thanksgiving. (EITHER SEX) OPENS: 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Dec. (EITHER SEX) OPENS: 2nd Sat. of Jan. CLOSES: Sun. after 2nd Sat. of Jan. (EITHER SEX) OPENS: 3rd Sat. of Jan. CLOSES: Sun. after 3rd Sat. of Jan. (EITHER SEX)	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Sun. after 1st Sat. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 2nd Sat. of Dec. CLOSES: Sun. after 2nd Sat. of Dec. (EITHER SEX) OPENS: 3rd Sat. of Dec. CLOSES: Sun. after 3rd Sat. of Dec. (EITHER SEX) OPENS: 4th Sat. of Dec. CLOSES: Sun. after 4th Sat. of Dec. (EITHER SEX) OPENS: 1st Sat. of Jan. CLOSES: Sun. after 1st Sat. of Jan. (EITHER SEX)

Area	Archery	Primitive Firearms (All Either Sex Except as Noted)	Still Hunt (No dogs allowed)	With or Without Dogs
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8	OPENS: 3rd Sat. of Sept. CLOSES: Jan. 15	OPENS: 2nd Sat. of Oct. CLOSES: Fri. before 3rd Sat. of Oct. OPENS: Mon. after Thanksgiving Day CLOSES: Fri. before 1st Sat. of Dec.	OPENS: 3rd Sat. of Oct. CLOSES: Sun. after Thanksgiving Day.	OPENS: 1st Sat. of Dec. CLOSES: After 37 days.
9	OPENS: 1st day of Oct. CLOSES: Feb. 15 (1st 15 days are BUCKS ONLY)	OPENS: 2nd Sat. of Nov. CLOSES: Fri. before 3rd Sat. of Nov.(BUCKS ONLY) OPENS: Mon. after the next to last Sun. of Jan. CLOSES: Last day of Jan.(EITHER SEX 1ST 7 DAYS, BUCKS ONLY FOR REMAINDER OF SEASON)	OPENS: Sat. before Thanksgiving Day EXCEPT when there are 5 Sats. in Nov., then it will open on the 3rd Sat. of Nov. CLOSES: Fri. before 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov. and then it will close on the Fri. before the 1st Sat. of Dec. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: Fri. after Thanksgiving Day. CLOSES: Sun. after Thanksgiving day. (EITHER SEX)	OPENS: 2nd Sat. of Dec. EXCEPT when there are 5 Sats. in Nov., then it will open on the 1st Sat. of Dec. CLOSES: Next to last Sun. of Jan. (BUCKS ONLY UNLESS EITHER SEX SEASON IS IN PROGRESS) OPENS: 2nd Sat. of Dec. CLOSES: Sun. after 2nd Sat. of Dec. (EITHER SEX) OPENS: Sat. after Christmas. CLOSES: Sun. after Christmas. (EITHER SEX) OPENS: 2nd Sat. in Jan. CLOSES: Sun. after 2nd Sat. in Jan. (EITHER SEX)
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F. 2015-2016 Modern Firearm Schedule (Either Sex Seasons)

Parish	Area	Modern Firearm Either-sex Days
West Carroll	Area 5	Opens Friday after Thanksgiving Day for days, and 1st Sat of Dec. for 2 days.

G. Farm-raised white-tailed deer on supplemented shooting preserves:

1. archery, firearm, primitive firearms—October 1-January 31 (either-sex).

H. Exotics on supplemented shooting preserves:

1. either sex—no closed season.

I. Spring Squirrel Hunting

1. season dates—opens 1st Saturday of May for 23 days.

2. Closed Areas

a. Kisatchie National Forest, national wildlife refuges, and U.S. Army Corps of Engineers property and all WMAs except as provided in Paragraph 3 below.

3. Wildlife management area schedule—opens 1st Saturday of May for nine days on all WMAs except Fort Polk, Peason Ridge, Camp Beauregard, Pass-a-Loutre and Salvador. Dogs are allowed during this season for squirrel hunting. Feral hogs may be taken on wildlife management areas during this season.

4. Limits—daily bag limit is three and possession limit is six.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115, R.S. 56:109(B) and R.S. 56:141(C).

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 21:707 (July 1995), amended LR 22:585 (July 1996), LR 23:871 (July 1997), LR 24:1324 (July 1998), LR 25:1290 (July 1999), repromulgated LR 25:1526 (August 1999), LR 26:1506 (July 2000), LR 27:1061 (July 2001), LR 28:1615 (July 2002), LR 29:1122 (July 2003), repromulgated LR 29:1521 (August 2003), LR 30:1494 (July 2004), LR 31:1627 (July 2005), LR 32:1254 (July 2006), LR 33:115 (January 2007), LR 33:1399 (July 2007), LR 34:1447 (July 2008), LR 35:1280 (July 2009), LR 35:2856 (December 2009), LR 36:1580 (July 2010), LR 37: 2207 (July 2011), LR 38:1747 (July 2012), LR 40:

§111. General and Wildlife Management Area Hunting Rules and Regulations

A. Hunting Seasons and Wildlife Management Area (WMA) Regulations

1. The rules and regulations contained within this digest have been officially approved and adopted by the Wildlife and Fisheries Commission under authority vested by Sections 115 and 116 of Title 56 of the *Louisiana Revised Statutes* of 1950 and are in full force and effect in conjunction with all applicable statutory laws. The Secretary of the Department of Wildlife and Fisheries (LDWF) has the authority to close or alter seasons in emergency situations in order to protect fish and wildlife resources.

2. Pursuant to Section 40.1 of Title 56 of the Louisiana Revised Statutes of 1950, the Wildlife and Fisheries Commission has adopted monetary values which are assigned to all illegally taken, possessed, injured or destroyed fish, wild birds, wild quadrupeds and other wildlife and aquatic life. Anyone taking, possessing, injuring or destroying fish, wild birds, wild quadrupeds and other wildlife and aquatic life shall be required to reimburse the LDWF a sum of money equal to the value of the wildlife illegally taken, possessed, injured or destroyed. This monetary reimbursement shall be in addition to any and all criminal penalties imposed for the illegal act.

B. Resident Game Birds and Animals

1. Shooting hours: one-half hour before sunrise to one-half hour after sunset.

C. Other Season Dates

1. Turkey. Please refer to Turkey Regulations.

2. Raccoon and Opossum. No closed season. Raccoon and opossum can be taken at night by one or more licensed hunters with one or more dogs and one .22 caliber or smaller rimfire firearm. A licensed hunter may take raccoon or opossum with .22 caliber or smaller rimfire firearm, .36 caliber or smaller muzzleloader rifle or shotgun during daylight hours. Hunting from boats or motor vehicles is prohibited. No bag limit for nighttime or daytime raccoon or opossum hunting during the open trapping season except on certain WMAs as listed. The remainder of the year, the raccoon and opossum bag limit for daytime or nighttime is two per person per day or night. No one who hunts raccoons or opossums as prescribed above shall pelt during the closed trapping season nor sell skins or carcasses of raccoons and opossums taken during the open trapping season unless he is the holder of a valid trapping license which shall be required in addition to his basic hunting license. Pelting or selling carcasses is illegal during closed trapping season.

3. Nutria. On WMAs and private property nutria may be taken recreationally by licensed hunters from September 1 through the last day of February, during legal shooting hours by any legal hunting method with a daily limit of five. Except nutria may be taken on Atchafalaya Delta, Salvador/Timken, Pointe-Aux-Chenes and Pass-a-Loutre WMAs from September 1 to March 31. When taken with a shotgun, steel shot must be used. On WMAs during waterfowl seasons, nutria may be taken only with the use of shotguns with shot no larger than F steel, and during gun deer seasons, anyone taking nutria must display 400 square inches of “hunter orange” and wear a “hunter orange” cap or hat. Recreational nutria hunters must remove each nutria carcass in whole condition from the hunting area, except that nutria may be gutted. Possession of detached nutria parts, including nutria tails, by recreational hunters is illegal. Nutria harvested recreationally may not be pelted nor may such nutria or any nutria parts from recreationally taken nutria be sold, including the tail. Trespassing upon private property for the purpose of taking nutria or other furbearing animals is punishable by fines and possible jail time (R.S. 56:265). The Coastwide Nutria Control Program is a separate program and is in no way related to the nutria recreational season. For questions on the Coastwide Nutria Control Program, call the New Iberia office (337) 373-0032.

4. Blackbirds and Crows. The season for crows shall be September 1 through January 1 with no limit; however crows, blackbirds, cowbirds and grackles may be taken year round during legal shooting hours if they are depredating or about to depredate upon ornamentals or shade trees, agricultural crops, livestock, wildlife, or when concentrated

in such numbers as to cause a health hazard. Louisiana has determined that the birds listed above are crop depredators and that crows have been implicated in the spread of the West Nile virus in humans. As described in 50 CFR Part 21, non-toxic shot must be used for the take of crows, blackbirds, cowbirds and grackles under the special depredation order. In addition an annual report has to be submitted to the U.S. Fish and Wildlife Service for those that participate in the take of these species.

5. Pheasant. Open concurrently with the quail season; no limit.

6. Falconry. Special permit required. Resident and migratory game species may be taken except turkeys. Seasons and bag limits are the same as for statewide and WMA regulations. Refer to LAC 76:V.301 for specific Falconry Rules.

7. Licensed Hunting Preserve, October 1 - April 30, Pen-Raised Birds Only. No limit entire season. Refer to LAC 76:V.305 for specific hunting preserve rules.

8. Deer Management Assistance Program (DMAP). Refer to LAC 76:V.111 for specific DMAP Rules. Deer management assistance tags must be in the possession of the hunter in order to harvest an antlerless deer. The tag shall be attached through the hock in such a manner that it cannot be removed before the deer is transported (including those taken on either-sex days and those taken with approved archery equipment or primitive firearms). Antlerless deer harvested on property enrolled in DMAP does not count in the season or daily bag limit for hunters. Failure to do so is a violation of R.S. 56:115. Failing to follow DMAP rules and regulations may result in suspension and cancellation of the program on those lands involved. DMAP participants must follow the deer season schedule established for their respective areas.

9. Farm Raised White-Tailed Deer and Exotics on Licensed Supplemented Shooting Preserves

a. Definitions

Exotics—for purposes of this Section means any animal of the family Bovidae (except the Tribe Bovini [cattle]) or Cervidae which is not indigenous to Louisiana and which is confined on a Supplemented Hunting Preserve. Exotics shall include, but are not limited to, fallow deer, red deer, elk, sika deer, axis deer, and black buck antelope.

Hunting—in its different tenses and for purposes of this Section means to take or attempt to take, in accordance with R.S. 56:8.

Same as Outside—for purposes of this Section means hunting on a Supplemented Hunting Preserve must conform to applicable statutes and rules governing hunting and deer hunting, as provided for in Title 56 of the Louisiana Revised Statutes and as established annually by the Wildlife and Fisheries Commission.

Supplemented Hunting Preserve—for purposes of this Section means any enclosure for which a current farm-raising license has been issued by the Department of Agriculture and Forestry (LDAF) with concurrence of the LDWF and is authorized in writing by the LDAF and LDWF to permit hunting.

White-Tailed Deer—for purposes of this rule means any animal of the species Odocoileus virginianus which is confined on a Supplemented Hunting Preserve.

b. Seasons

i. Farm-Raised White-Tailed Deer: consult the regulations pamphlet.

ii. Exotics: year round.

c. Methods of Take

i. White-Tailed Deer: same as outside.

ii. Exotics: exotics may be taken with longbow (including compound bow and crossbow) and arrow; shotguns not larger than 10 gauge, loaded with buckshot or rifled slug; handguns and rifles no smaller than .22 caliber centerfire; or muzzleloading rifles or pistols, .44 caliber minimum, or shotguns 10 gauge or smaller, all of which must load exclusively from the muzzle or cap and ball cylinder, using black powder or an approved substitute only, and using ball or bullet projectile, including saboted bullets only and other approved primitive firearms.

d. Shooting Hours

i. White-Tailed Deer: same as outside.

ii. Exotics: one-half hour before sunrise to one-half hour after sunset.

e. Bag Limit

i. Farm-Raised White-Tailed Deer: same as outside.

ii. Exotics: No limit.

f. Hunting Licenses

i. White-Tailed Deer: same as outside.

ii. Exotics: no person shall hunt any exotic without possessing a valid basic and big game hunting license.

g. Tagging. White-Tailed Deer and Exotics: each animal shall be tagged in the left ear or left antler immediately upon being killed and before being moved from the site of the kill with a tag provided by the LDAF. The tag shall remain with the carcass at all times.

10. Bobcat. No person other than the holder of a valid big game license may take or possess bobcat, except licensed trappers who may take or possess bobcat during the open trapping season. A big game licensee shall only take bobcat during the time period from one-half hour before sunrise to one-half hour after sunset with approved archery equipment, shotgun, muzzleloader or centerfire firearm. A big game licensee shall not take more than one bobcat per calendar year. This regulation applies only to property that is privately owned, state WMAs, Kisatchie National Forest, and the Bayou des Ourses, Bodcau, Bonnet Carre, and Indian Bayou tracts owned by the Corps of Engineers, but does not apply to state wildlife refuges, or other federally owned refuges and lands. On state WMAs, the take of bobcat is restricted to those open seasons on the WMAs which require the respective legal weapons noted above.

D. Hunting-General Provisions

1. A basic resident or non-resident hunting license is required of all persons to hunt, take, possess or cause to be transported by any other person any wild bird or quadruped. See information below for exceptions.

2. No person born on or after September 1, 1969, shall hunt unless that person has first been issued a certificate of satisfactory completion of a firearm and hunter education course approved by the department, except any active or veteran member of the United States armed services or any POST-certified law enforcement officer. Application for the exemption shall be filed in person at the LDWF main office building in the city of Baton Rouge. A person under sixteen

years of age may hunt without such certificate if he/she is accompanied by and is under the direct supervision of a person who was born before September 1, 1969, and has a valid hunting license or who is eighteen years of age or older and has proof of successful completion of a firearm and hunter education course approved by the department.

3. A big game license is required in addition to the basic hunting license to hunt, take, possess or cause to be transported any deer. A separate wild turkey license is required in addition to the basic hunting license and the big game license to hunt, take, possess or cause to be transported any turkey.

4. Taking game quadrupeds or birds from aircraft or participating in the taking of deer with the aid of aircraft or from automobiles or other moving land vehicles is prohibited.

5. Methods of Taking Resident Game Birds and Quadrupeds

a. It is illegal to intentionally feed, deposit, place, distribute, expose, scatter, or cause to be fed, deposited, placed, distributed, exposed, or scattered raw sweet potatoes to wild game quadrupeds.

b. Use of a bow and arrow or a shotgun not larger than a 10 gauge fired from the shoulder without a rest shall be legal for taking all resident game birds and quadrupeds. Also, the use of a handgun, rifle and falconry (special permit required) shall be legal for taking all game species except turkey. It shall be illegal to hunt or take squirrels or rabbits at any time with a breech-loaded rifle or handgun larger than .22 caliber , any centerfire firearm, or a muzzleloading firearm larger than .36 caliber. It shall be legal to hunt or take squirrels, rabbits, and outlaw quadrupeds with air rifles.

c. Still hunting is defined as stalking or stationary stand hunting without the use of dog(s). Pursuing, driving or hunting deer with dogs is prohibited when or where a still hunting season or area is designated, and will be strictly enforced. Shotguns larger than 10 gauge or capable of holding more than three shells shall be prohibited. Plugs used in shotguns must be incapable of being removed without disassembly. Refer to game schedules contained within these regulations for specific restrictions on the use of firearms and other devices.

d. No person shall take or kill any game bird or wild quadruped with a firearm fitted with any device to deaden or silence the sound of the discharge thereof; or fitted with an infrared sight, laser sight, or except as provided in R.S. 56:116(A)(8) any sighting device which projects a beam of light to the target or otherwise electronically illuminates the target, or device specifically designed to enhance vision at night [R.S. 56:116.1.B(3)].

6. Nuisance Animals. Landowners or their designees may remove beaver and nutria causing damage to their property without a special permit. Water set traps and firearms may be used to remove beaver; nutria may be removed by any means except that nutria cannot be taken by the use of headlight and gun between the hours of sunset and sunrise. With a special permit issued by the LDWF, beavers may be taken between one-half hour after official sunset to one-half hour before official sunrise for a period of three consecutive calendar evenings from the effective date of the permit. For specific details contact a region office near you. Any nuisance beaver or nutria trapped or shot outside open trapping season cannot be pelted or sold. A trapping license is required to sell or pelt nuisance beavers or nutria taken during open trapping season. Squirrels found destroying commercial crops of pecans may be taken year-round by permit issued by the LDWF. This permit shall be valid for 30 days from the date of issuance. Contact the local region office for details.

7. Threatened and endangered species: Louisiana black bear, Louisiana pearl shell (mussel), sea turtles, gopher tortoise, ringed sawback turtle, brown pelican, bald eagle, peregrine falcon, whooping crane, Eskimo curlew, piping plover, interior least tern, ivory-billed woodpecker, red-cockaded woodpecker, Bachman's warbler, West Indian manatee, Florida panther, pallid sturgeon, Gulf sturgeon, Atwater’s greater prairie chicken, whales and red wolf. Taking or harassment of any of these species is a violation of state and federal laws.

8. Outlaw Quadrupeds. Holders of a legal hunting license may take coyotes, feral hogs, and armadillos year round during legal daylight shooting hours. The running of coyotes with dogs is prohibited in all turkey hunting areas during the open turkey season. Coyote hunting is restricted to chase only when using dogs during still hunting segments of the firearm and archery only seasons for deer. Foxes are protected quadrupeds and may be taken only with traps by licensed trappers during the trapping season. Remainder of the year "chase only" allowed by licensed hunters.

9. Nighttime take of nuisance animals and outlaw quadrupeds. On private property, the landowner, or his lessee or agent with written permission and the landowner’s contact information in his possession, may take outlaw quadrupeds (coyotes, armadillos and feral hogs), nutria, or beaver during the nighttime hours from one-half hour after official sunset on the last day of February to one-half hour after official sunset the last day of August of that same year. Such taking may be with or without the aid of artificial light, infrared or laser sighting devices, or night vision devices. In addition, pursuant to R.S. 56:116(D)(3) any person who is authorized to possess a firearm suppressor may use a firearm fitted with a sound suppressor when taking outlaw quadrupeds, nutria, or beaver. Any person attempting to take outlaw quadrupeds under the provisions of the paragraph, within 24 hours prior to the attempted taking, shall notify the sheriff of the parish in which the property is located, and the LDWF Enforcement Division by calling 1-800-442-2511 of their intention to attempt to take outlaw quadrupeds under the provision of this paragraph.

10. Hunting and/or Discharging Firearms on Public Roads. Hunting, standing, loitering or shooting game quadrupeds or game birds while on a public road or public road right-of-way is prohibited. Hunting or the discharge of firearms on roads or highways located on public levees or within 100 feet from the centerline of such levee roads or highways is prohibited. Spot lighting or shining from public roads is prohibited by state law. Hunting from all public roads and public road rights-of-way is prohibited 11. Tags.

Any part of the deer or wild turkey divided shall have affixed thereto the name, date, address and big game license number of the person killing the deer or wild turkey and the sex of that animal. This information shall be legibly written in pen or pencil, on any piece of paper or cardboard or any material, which is attached or secured to or enclosing the

part or parts. On lands enrolled in DMAP, deer management assistance tags must be attached and locked through the hock of antlerless deer, (including those taken with approved archery and primitive firearms, and those antlerless deer taken on either-sex days) in a manner that it cannot be removed, before the deer is moved from the site of the kill.

12. Sex Identification. Positive evidence of sex identification, including the head or sex organs, shall remain on any deer taken or killed within the state of Louisiana, or on all turkeys taken or killed during any special gobbler season when killing of turkey hens is prohibited, so long as such deer or turkey is kept in camp or field, or is in route to the domicile of its possessor, or until such deer or turkey has been stored at the domicile of its possessor or divided at a cold storage facility and has become identifiable as food rather than as wild game.

E. General Deer Hunting Regulations

1. Prior to hunting deer, all deer hunters, regardless of age or license status, must obtain deer tags and have in possession when hunting deer. Immediately upon harvesting a deer, the hunter must tag the deer with the appropriate carcass tag and document the kill on the deer tag license. Within seven days the hunter must validate the kill. Hunters harvesting deer on DMAP lands can validate deer per instructions by LDWF using the DMAP harvest data sheets. Hunters on WMAS can validate deer during mandatory deer check hunts, when deer check stations are in operation. Hunters may validate deer by calling the validation toll free number or using the validation web site.

2. 2014-2015 Season. One antlered and one antlerless deer per day (when legal) except on Kisatchie National Forest , Indian Bayou Area owned by the US Army Corps of Engineers, and some Federal Refuges (check refuge regulations) where the daily limit shall be one deer per day. Season limit is six, not to exceed three antlered deer or four antlerless deer (all segments included) by all methods of take, except antlerless harvest on property enrolled in DMAP does not count in the season or daily bag limit for hunters. Antlerless deer may be harvested during entire deer season on private lands (all seasons included) except as specified in deer hunting schedule. Consult deer hunting schedule in the regulations pamphlet for either-sex days for these parishes and areas. This does not apply to public lands (WMAs, National Forest Lands, and Federal Refuges) which will have specified either-sex days.

3. 2015-2016 Season. One antlered and one antlerless deer per day (when legal) except on Kisatchie National Forest, Indian Bayou Area owned by the US Army Corps of Engineers, and some Federal Refuges (check refuge regulations) where the daily limit shall be one deer per day. Season limit is six, not to exceed three antlered deer or four antlerless deer (all segments included) by all methods of take, except antlerless harvest on property enrolled in DMAP does not count in the season or daily bag limit for hunters. Antlerless deer may be harvested during entire deer season on private lands (all seasons included) except as specified in deer hunting schedule. Consult deer hunting schedule in the regulations pamphlet for either-sex days for these parishes and areas. This does not apply to public lands (WMAs, National Forest Lands, and Federal Refuges) which will have specified either-sex days.

4. A legal antlered deer is a deer with at least one visible antler of hardened bony material, broken naturally through the skin, except on Alexander State Forest WMA, Bayou Macon WMA, Big Lake WMA, Bodcau WMA, Boeuf WMA, Buckhorn WMA, Dewey Wills WMA, Jackson-Bienville WMA, Loggy Bayou WMA, Ouachita WMA, Pearl River WMA, Pomme de Terre WMA, Red River WMA, Russell Sage WMA, Sicily Island Hills WMA, Spring Bayou WMA, Three Rivers WMA and Union WMA during the Experimental Quality Deer Season (See the specific WMA schedule for more information). A legal antlered deer during the Experimental Quality Deer Season shall be defined as a deer with at least four points on one side. To be counted as a point, a projection must be at least on inch long and its length must exceed the length of its base. The beam tip is counted as a point but not measured as a point. Killing antlerless deer is prohibited except where specifically allowed.

5. Either-sex deer is defined as male or female deer. Taking or possessing spotted fawns is prohibited.

6. It is illegal to hunt or shoot deer with firearms smaller than .22 caliber centerfire or a shotgun loaded with anything other than buckshot or rifled slug. Handguns may be used for hunting.

7. Taking game quadrupeds or birds from aircraft, participating in the taking of deer with the aid of aircraft or from automobiles or other moving land vehicles is prohibited.

8. Still hunting is defined as stalking or stationary stand hunting without the use of dog(s). Pursuing, driving or hunting deer with dogs or moving vehicles, including ATVs, when or where a still hunting season or area is designated, is prohibited and will be strictly enforced. The training of deer dogs is prohibited in all still hunting areas during the gun still hunting and archery only season. Deer hunting with dogs is allowed in all other areas having open deer seasons that are not specifically designated as still hunting only. A leashed dog may be used to trail and retrieve wounded or unrecovered deer during legal hunting hours. Any dog used to trail or retrieve wounded or unrecovered deer shall have on a collar with owner's name, address, and phone number. In addition, a dog may be used to trail and retrieve unrecovered deer after legal hunting hours; however, no person accompanying a dog after legal hunting hours may carry a firearm of any sort.

9. It is illegal to take deer while deer are swimming or while the hunter is in a boat with motor attached in operating position; however the restriction in this paragraph shall not apply to any person who has lost one or more limbs.

10. Areas not specifically designated as open are closed.

11. Primitive Firearms Season: still hunt only. Specific WMAs will also be open, check WMA schedule for specific details. Primitive firearms license is required for resident hunters between the ages of 16 and 59 inclusive and non-residents 16 years of age and older. Either-sex deer may be taken in all deer hunting areas except as specified on public areas. It is unlawful to carry a gun, other than a primitive firearm, including those powered by air or other means, while hunting during the special primitive firearms segment. Except, it is lawful to carry a .22 caliber rimfire pistol loaded with #12 shot (ratshot only).

a. Legal Firearms for Primitive Firearms Season

i. Rifles or pistols, .44 caliber minimum, or shotguns 10 gauge or smaller, all of which must load exclusively from the muzzle, use black powder or approved substitute only, take ball, shot, or bullet projectile only, including saboted bullets, and may be fitted with magnified scopes.

ii. Single shot, breech loading rifles, .35 caliber or larger, having an exposed hammer, that use metallic cartridges loaded either with black powder or modern smokeless powder, and may be fitted with magnified scopes.

iii. Single shot, breech loading shotguns, 10 gauge or smaller, having an exposed hammer, loaded with buckshot or rifled slug.

iv. Youth Deer Season on Private Land (either-sex): youths 17 or younger may hunt deer with any legal weapon during the Primitive Firearms Season in each deer hunting area.

12. Archery Season. Archery license required for resident bow hunters between the ages of 16 and 59 inclusive and non-residents 16 years of age and older. Either-sex deer may be taken in all areas open for deer hunting except when a bucks only season is in progress for gun hunting, and except in Area 6 from October 1-15. Archer's must conform to the bucks only regulations. Either-sex deer may be taken on WMAs at any time during archery season except when bucks only seasons are in progress on the respective WMA. Also, archery season restricted on Atchafalaya Delta, Salvador, Lake Boeuf, and Pointe-aux-Chenes WMAs (see schedule).

a. Bow and Arrow Regulations. Traditional bow, compound bow and crossbow or any bow drawn, held or released by mechanical means will be a legal means of take for all properly licensed hunters. Hunting arrows for deer must have well-sharpened broadhead points. Bow and arrow fishermen must have a sport fishing license and may not carry any arrows with broadhead points unless a big game season is in progress.

i. It is unlawful:

(a). to carry a gun, including those powered by air or other means, while hunting with bow and arrow during the special bow and arrow deer season except it is lawful to carry a .22 caliber rimfire pistol loaded with #12 shot (ratshot) only;

(b). to have in possession or use any poisoned or drugged arrow or arrows with explosive tips;

(c). to hunt deer with a bow having a pull less than 30 pounds;

(d). to hunt with a bow or crossbow fitted with an infrared, laser sight, electrically-operated sight or device specifically designed to enhance vision at night (does not include non-projecting red dot sights) [R.S. 56:116.1.B.(4)].

13. Hunter Orange. Any person hunting any wildlife during the open gun deer hunting season and possessing buckshot, slugs, a primitive firearm, or a centerfire rifle shall display on his head, chest and/or back a total of not less than 400 square inches of "hunter orange". Persons hunting on privately owned, legally posted land may wear a hunter orange cap or hat in lieu of the 400 square inches. These provisions shall not apply to persons hunting deer from elevated stands on property that is privately owned and legally posted or to archery deer hunters hunting on legally posted lands where firearm hunting is not allowed by agreement of the landowner or lessee. However, anyone hunting deer on such lands where hunting with firearms is allowed shall be required to display the 400 square inches or a hunter orange cap or hat while walking to and from elevated stands. While a person is hunting from an elevated stand, the 400 square inches or cap or hat may be concealed. Warning: deer hunters are cautioned to watch for persons hunting other game or engaged in activities not requiring "hunter orange".

14. Physically Challenged Season on Private Lands (Either-Sex): 1st Saturday of October for 2 days. Restricted to individuals with Physically Challenged Hunter Permit.

15. Youth Season on Private Lands (Either-Sex). Areas 1, 4, 5, 6 and 9 - last Saturday of October for seven days; Area 2 - 2nd Saturday of October for seven days; and Areas 3, 7, 8 and 10 - 4th Saturday of September for seven days. Youths 17 or younger only. Youths must be accompanied by an adult 18 years of age or older. Youths must possess a hunter safety certification or proof of successful completion of a hunter safety course. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for the youth. Adults may not possess a firearm. Youths may possess only one firearm while hunting. Legal firearms are the same as described for deer hunting. The supervising adult shall maintain visual and voice contact with the youth at all times. Except properly licensed youths 16-17 years old and youths 12 years old or older who have successfully completed a hunter safety course may hunt without a supervising adult. In addition,

F. Description of Areas, 2013-2015

1. Area 1

a. All of the following parishes are open: Concordia, East Carroll, Franklin, Madison, Richland, Tensas.

b. Portions of the following parishes are also open:

i. Catahoula—east of Boeuf River to Ouachita River, east of Ouachita River from its confluence with Boeuf River to LA 8, south and east of LA 8 southwesterly to Parish line.

ii. Grant—east of US 165 and south of LA 8.

iii. LaSalle—south of a line beginning where Little River enters Catahoula Lake following the center of the lake eastward to Old River then to US 84, east of US 84 northward to LA 8, south of LA 8 eastward to Parish line.

iv. Ouachita—south of US 80 and east of Ouachita River, east of LA 139 from Sicard to junction of LA 134, south of LA 134 to Morehouse line at Wham Bake.

v. Rapides—east of US 165 and north of Red River.

c. Still hunting only in all or portions of the following parishes:

i. Catahoula—south of Deer Creek to Boeuf River, east of Boeuf and Ouachita Rivers to LA 8 at Harrisonburg, west of LA 8 to LA 913, west of LA 913 and LA 15 to Deer Creek.

ii. East Carroll—all.

iii. Franklin—all.

iv. Morehouse—east of US 165 (from Arkansas state line) to Bonita, south and east of LA 140 to junction of LA 830-4 (Cooper Lake Road), east of LA 830-4 to Bastrop,

east of LA 139 at Bastrop to junction of LA 593, east and north of LA 593 to Collinston, east of LA 138 to junction of LA 134 and south of LA 134 to Ouachita line at Wham Brake.

v. Ouachita—south of US 80 and east of Ouachita River, east of LA 139 from Sicard to junction of LA 134, south of LA 134 to Morehouse line at Wham Bake.

vi. Richland—all.

2. Area 2

a. All of the following parishes are open:

i. Bienville, Bossier, Caddo, Caldwell, Claiborne, DeSoto, Jackson, Lincoln, Natchitoches, Red River, Sabine, Union, Webster, Winn;

ii. except: Kisatchie National Forest which has special regulations. Caney, Corney, Middlefork tracts of Kisatchie have the same regulations as Area 2, except still hunting only for deer .

b. Portions of the following parishes are also open:

i. Allen—north of US 190 from parish line westward to Kinder, east of US 165 from Kinder northward to LA 10 at Oakdale, north of LA 10 from Oakdale westward to the parish line;

ii. Avoyelles—that portion west of I-49;

iii. Catahoula—west of Boeuf River to Ouachita River, west of Ouachita River from its confluence with Boeuf River to LA 8, north and west of LA 8 southwesterly to Parish line;

iv. Evangeline—all except the following portions: east of I-49 to junction of LA 29, east of LA 29 south of I-49 to Ville Platte, and north of US 167 east of Ville Platte;

v. Grant—all except that portion south of LA 8 and east of US 165;

vi. Jefferson Davis—north of US 190;

vii. LaSalle—north of a line beginning where Little River enters Catahoula Lake, following the center of the lake eastward to Old River then to US 84, west of US 84 northward to LA 8, north of LA 8 eastward to Parish line;

viii. Morehouse—west of US 165 (from Arkansas state line) to Bonita, north and west of LA 140 to junction of LA 830-4 (Cooper Lake Road), west of LA 830-4 to Bastrop, west of LA 139 to junction of LA 593, west and south of LA 593 to Collinston, west of LA 138 to junction of LA 134 and north of LA 134 to Ouachita Parish line at Wham Brake;

ix. Ouachita—all except south of US 80 and east of Ouachita River, east of LA 139 from Sicard to junction of LA 134, south of LA 134 to Morehouse Parish line at Wham Brake;

x. Rapides—all except north of Red River and east of US 165, south of LA 465 to junction of LA 121, west of LA 121 and LA 112 to Union Hill, and north of LA 113 from Union Hill to Vernon Parish line, and that portion south of Alexandria between Red River and US 167 to junction of US 167 with I-49 at Turkey Creek exit, east of I-49 southward to parish line;

xi. Vernon—north of LA 10 from the parish line westward to LA 113, south of LA 113 eastward to parish line. Also the portion north of LA 465 west of LA 117 from Kurthwood to Leesville and north of LA 8 from Leesville to Texas state line.

c. Still hunting only in all or portions of the following parishes:

i. Claiborne and Webster—Caney, Corney and Middlefork tracts of Kisatchie National Forest. (See Kisatchie National Forest Regulations);

ii. Ouachita—east of Ouachita River;

iii. Rapides—west of US 167 from Alexandria southward to I-49 at Turkey Creek Exit, west of I-49 southward to Parish Line, north of Parish Line westward to US 165, east of US 165 northward to US 167 at Alexandria. North of LA 465 from Vernon Parish line to LA 121, west of LA 121 to I-49, west of I-49 to LA 8, south and east of LA 8 to LA 118 (Mora Road), south and west of LA 118 to Natchitoches Parish line;

iv. Vernon—east of Mora-Hutton Road from Natchitoches Parish line to Hillman Loop Road, south and east of Hillman Loop Road to Comrade Road, south of Comrade Road to LA 465, east and north of LA 465 to Rapides Parish line.

3. Area 3

a. Portions of the following parishes are open:

i. Acadia—north of I-10;

ii. Allen—south of US 190 and west of LA 113;

iii. Beauregard—west of LA 113 and east of LA 27 from the parish line northward to DeRidder and north of US 190 westward from DeRidder to Texas state line;

iv. Calcasieu—east of LA 27 from Sulphur northward to the parish line, and north of I-10;

v. Jefferson Davis—north of I-10 and south of US 190;

vi. Lafayette—west of I-49 and north of I-10;

vii. Rapides—south of LA 465 to junction of LA 121, west of LA 121 and LA 112 to Union Hill and north of LA 113 from Union Hill to Vernon Parish line;

viii. St. Landry—west of US 167;

ix. Vernon—west and north of LA 113, south of LA 465, east of LA 117 from Kurthwood to Leesville, and south of LA 8 from Leesville to Texas state line.

4. Area 4

a. All of St. Helena and Washington Parishes are open.

b. Portions of the following parishes are also open:

i. East Baton Rouge—all except that portion north of I-110 and west of US 61;

ii. East Feliciana—east of US 61;

iii. West Feliciana—east of US 61;

iv. Livingston—north of I-12;

v. Tangipahoa—north of I-12;

vi. St. Tammany—all except that portion south of I-12, west of LA 1077 to LA 22, south of LA 22 to Tchefuncte River, west of Tchefuncte River southward to Lake Pontchartrain.

c. Still hunting only in all or portions of the following parishes:

i. East Feliciana and East Baton Rouge—east of Thompson Creek from the Mississippi state line to LA 10, north of LA 10 from Thompson Creek to LA 67 at Clinton, west of LA 67 from Clinton to Mississippi state line, south of Mississippi state line from LA 67 to Thompson Creek.

Also that portion of East Baton Rouge Parish east of LA 67 from LA 64 north to Parish Line, south of Parish Line from LA 64 eastward to Amite River, west of Amite River southward to LA 64, north of LA 64 to LA 37 at Magnolia, east of LA 37 northward to LA 64 at Indian Mound, north of LA 64 from Indian Mound to LA 67. Also, that portion of East Feliciana Parish east of LA 67 from parish line north to LA 959, south of LA 959 east to LA 63, west of LA 63 to Amite River, west of Amite River southward to parish line, north of parish line westward to LA 67;

ii. St. Helena—north of LA 16 from Tickfaw River at Montpelier westward to LA 449, east and south of LA 449 from LA 16 at Pine Grove northward to Rohner Road, south of Rohner Road to LA 1045, south of LA 1045 to the Tickfaw River, west of the Tickfaw River from LA 1045 southward to LA 16 at Montpelier;

iii. Tangipahoa—that portion of Tangipahoa Parish north of LA 10 from the Tchefuncte River to LA 1061 at Wilmer, east of LA 1061 to LA 440 at Bolivar, south of LA 440 to the Tchefuncte River, west of the Tchefuncte River from LA 440 southward to LA 10;

iv. Washington and St. Tammany—east of LA 21 from the Mississippi state line southward to the Bogue Chitto River, north of the Bogue Chitto River from LA 21 eastward to the Pearl River Navigation Canal, east of the Pearl River Navigation Canal southward to the West Pearl River, north of the West Pearl River from the Pearl River Navigation Canal to Holmes Bayou, west of Holmes Bayou from the West Pearl River northward to the Pearl River, west of the Pearl River from Holmes Bayou northward to the Mississippi state line, south of the Mississippi state line from the Pearl River westward to LA 21. Also, that portion of Washington Parish west of LA 25 from the Mississippi state line southward to the Bogue Chitto River, then west of the Bogue Chitto River to its junction with the St. Tammany Parish line, north of the St. Tammany Parish line to the Tangipahoa Parish line, east of the Tangipahoa Parish line to the Mississippi state line, south of the Mississippi state line to its junction with LA 25;

v. West Feliciana—west of Thompson Creek to Illinois-Central Railroad, north of Illinois-Central Railroad to Parish Road #7, east of Parish Road #7 to the junction of US 61 and LA 966, east of LA 966 from US 61 to Chaney Creek, south of Chaney Creek to Thompson Creek.

5. Area 5

a. All of West Carroll Parish is open.

6. Area 6

a. All of Point Coupee Parish is open.

b. Portions of the following parishes are also open:

i. Avoyelles—all except that portion west of I-49;

ii. Evangeline—that portion east of I-49 to junction of LA 29, east of LA 29 south of I-49 to Ville Platte and north of US 167 east of Ville Platte;

iii. Iberville—All north of I-10, and that portion south of I-10 at the Atchafalaya Basin protection levee south to Upper Grand River, then north of Upper Grand River to the Intracoastal Canal at Jack Miller, then west of the Intracoastal Canal northward to Bayou Plaquemine, then north of Bayou Plaquemine to the Mississippi River.

iv. Lafayette—north of I-10 and east of I-49;

v. Rapides—south of Alexandria between Red River and US 167 to the junction of US 167 with I-49 at Turkey Creek Exit, east of I-49 southward to parish line;

vi. St. Landry—east of US 167;

vii. St. Martin—north of I-10;

viii. East Baton Rouge—north of I-110 and west of US 61;

ix. West Feliciana—west of US 61;

x. East Feliciana—west of US 61;

xi. West Baton Rouge—north I-10.

c. Still hunting only in all or portions of the following parishes:

i. Avoyelles—north of LA 1 from Simmesport westward to LA 115 at Marksville, east of LA 115 from Marksville northward to the Red River near Moncla, south and west of the Red River to LA 1 at Simmesport;

ii. Rapides—south of Alexandria between Red River and US 167 to the junction of US 167 with I-49 at Turkey Creek Exit, east of I-49 southward to parish line;

iii. West Feliciana—west of Thompson Creek to Illinois-Central Railroad, north of Illinois-Central Railroad to Parish Road #7, east of Parish Road #7 to the junction of US 61 and LA 966, east of LA 966 from US 61 to Chaney Creek, south of Chaney Creek to Thompson Creek.

7. Area 7

a. Portions of the following parishes are open:

i. Iberia—south of LA 14 and west of US 90.

ii. St. Mary—all except that portion north of US 90 from Iberia Parish line eastward to Wax Lake Outlet, east of Wax Lake Outlet southward to Intracoastal Waterway, north of Intracoastal Waterway eastward to the Atchafalaya River, east of the Atchafalaya River.

8. Area 8

a. Portions of the following parishes are open:

i. Allen—that portion east of LA 113 from the parish line to US 190, north of US 190 eastward to Kinder, west of US 165 northward to LA 10 at Oakdale and south of LA 10 from Oakdale westward to parish line;

ii. Beauregard—that portion east of LA 113. Also that portion west of LA 27 from parish line northward to DeRidder, south of US 190 from DeRidder to Texas state line;

iii. Calcasieu—that portion west of LA 27 from the parish line southward to Sulphur and north of I-10 from Sulphur to the Texas state line;

iv. Vernon—that portion west of LA 113 from the parish line northward to Pitkin and south of LA 10 from Pitkin southward to the parish line.

9. Area 9

a. All of the following parishes are open: Ascension, Assumption, Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John, Terrebonne

b. Portions of the following parishes are open:

i. Iberia—east of US 90;

ii. Iberville—south of I-10, and west of the Atchafalaya Basin Protection levee, to Upper Grand River, then South of Upper Grand River to the Intracoastal Canal at Jack Miller, then east of the Intracoastal Canal to Bayou Plaquemines, then south of Bayou Plaquemines to the Mississippi River;

iii. Lafayette—south of I-10 and east of US 90;

iv. Livingston—south of I-12;

v. St. Martin—south of I-10.

vi. St. Mary—north of US 90 from Iberia Parish line eastward to Wax Lake Outlet, east of Wax Lake Outlet southward to Intracoastal Waterway, north of Intracoastal Waterway eastward to the Atchafalaya River, east of the Atchafalaya River;

vii. St. Tammany—that portion south of I-12, west of LA 1077 to LA 22, south of LA 22 to Tchefuncte River, west of Tchefuncte River southward to Lake Pontchartrain;

viii. Tangipahoa—south of I-12;

ix. High Water Benchmark Closure. Deer hunting in those portions of Iberia, Iberville, St. Martin, and St. Mary parishes south of I-10, west of the East Guide Levee, east of the West Guide Levee, and north of US 90 will be closed when the river stage of the Atchafalaya River reaches 18 feet at Butte LaRose.

c. Still hunting only in all or portions of the following parishes:

i. Iberville—east of the Mississippi River;

ii. Plaquemines—east of the Mississippi River;

iii. St. Bernard—all of the parish shall be still hunting only except that portion of St. Bernard known as the spoil area between the MRGO on the east and Access Canal on the west, south of Bayou Bienvenue and north of Bayou la Loutre;

iv. St. John—south of Pass Manchac from Lake Pontchartrain to US 51, east of US 51 from Pass Manchac to LA 638 (Frenier Beach Road). North of LA 638 from US 51 to Lake Pontchartrain, west of Lake Pontchartrain from LA 638 to Pass Manchac.

10. Area 10

a. All of Cameron and Vermillion Parishes are open.

b. Portions of the following parishes are open:

i. Acadia—south of I-10;

ii. Calcasieu—south of I-10;

iii. Iberia—west of US 90 and north of LA 14;

iv. Jefferson Davis—south of I-10;

v. Lafayette—south of I-10 and west of Hwy 90.

G. WMA Regulations

1. General

a. The following rules and regulations concerning the management, protection and harvest of wildlife have been officially approved and adopted by the Wildlife and Fisheries Commission in accordance with the authority provided in Louisiana Revised Statutes of 1950, Section 109 of Title 56. Failure to comply with these regulations will subject individual to citation and/or expulsion from the management area.

b. Citizens are cautioned that by entering a WMA managed by the LDWF they may be subjecting themselves and/or their vehicles to game and/or license checks, inspections and searches.

c. WMA seasons may be altered or closed anytime by the LDWF Secretary in emergency situations (floods, fire or other critical circumstances).

d. Hunters may enter the WMA no earlier than 4:00 a.m. unless otherwise specified. Hunters must check out and exit the WMA no later than two hours after sunset, or as otherwise specified.

e. Lands within WMA boundaries will have the same seasons and regulations pertaining to baiting and use of dogs as the WMA within which the lands are enclosed; however, with respect to private lands enclosed within a WMA, the owner or lessee may elect to hunt according to the regular season dates and hunting regulations applicable to the geographic area in which the lands are located, provided that the lands are first enrolled in DMAP. Interested parties should contact the nearest LDWF region office for additional information.

f. Dumping garbage or trash on WMAs is prohibited. Garbage and trash may be properly disposed of in designated locations if provided.

g. Disorderly conduct or hunting under influence of alcoholic beverages, chemicals and other similar substances is prohibited.

h. Damage to or removal of trees, shrubs, hard mast (including but not limited acorn and pecans), wild plants, non-game wildlife (including reptiles and amphibians) or any species of butterflies, skippers or moths is prohibited without a permit from the LDWF. Gathering and/or removal of soft fruits, mushrooms and berries shall be limited to five gallons per person per day.

i. Burning of marshes is prohibited. Hunting actively burning marsh prohibited.

j. Nature Trails. Trails shall be limited to pedestrians only. No vehicles, ATVs, horses, mules, bicycles, etc. allowed. Removal of vegetation (standing or down) or other natural material prohibited.

k. Deer seasons are for legal buck deer unless otherwise specified.

l. Small game, when listed under the WMA regulations may include both resident game animals and game birds as well as migratory species of birds.

m. Oysters may not be harvested from any WMA, except that oysters may be harvested from private oyster leases and state seed grounds located within a WMA, when authorized by the Wildlife and Fisheries Commission and upon approval by the Department of Health and Hospitals.

n. Free ranging livestock prohibited.

2. Permits

a. A WMA Hunting Permit is required for persons ages 18 through 59 to hunt on WMAs.

b. Self-Clearing Permits. A self-clearing permit is required for all activities (hunting, fishing, hiking, bird watching, sightseeing, etc.) on WMAs unless otherwise specified. The Self-Clearing Permit will consist of two portions: check in, check out. On WMAs where self-clearing permits are required, all persons must obtain a WMA self-clearing permit from an information station. The check in portion must be completed and put in a permit box before each day's activity on the day of the activity (except if hunting from a private camp adjacent to the WMA being hunted or if camping on the WMA, users need only to check in once during any 72 hour period). Users may check-in one day in advance of use. The check-out portion must be carried by each person while on the WMA and must be completed and put in a permit box immediately upon exiting the WMA or within 72 hours after checking in if hunting from a private

camp adjacent to the WMA being hunted or if camping on the WMA. No permit is required of fishers and boaters who do not travel on a WMA road and/or launch on the WMA as long as they do not get out of the boat and onto the WMA. When mandatory deer checks are specified on WMAs, hunters must check deer at a check station. (Self-clearing permits are not required for persons only traveling through the WMA provided that the most direct route is taken and no activities or stops take place.)

c. Persons using WMAs or other LDWF administered lands for any purpose must possess one of the following: a valid wild Louisiana stamp, a valid Louisiana fishing license, or a valid Louisiana hunting license. Persons younger than 16 or older than 60 years of age are exempt from this requirement. Also a Self-Clearing WMA permit, detailed above, may be required (available at most entrances to each WMA). Check individual WMA listings for exceptions.

3. Special Seasons

a. Youth Deer Hunt. Youths 17 or younger only. Youths must be accompanied by an adult 18 years of age or older. Youths must possess a hunter safety certification or proof of successful completion of a hunter safety course. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for the youth. Adults may not possess a firearm. Youths may possess only one firearm while hunting. Legal firearms are the same as described for deer hunting. The supervising adult shall maintain visual and voice contact with the youth at all times, except properly licensed youths and youths 12 years old or older who have successfully completed a hunter safety course may hunt without a supervising adult. Contact the appropriate region office for maps of specific hunting areas. Either-sex deer may be taken on WMAs with youth hunts. Consult the regulations pamphlet for WMAs offering youth hunts.

NOTE: Some hunts may be by pre-application lottery.

b. Youth Squirrel Hunt (on selected WMAs only). Only youths 17 or younger may hunt. Squirrel, rabbit, raccoon, hogs and opossum may be taken. No dogs allowed. All other seasons will remain open to other hunters. Youths must possess a hunter safety certification or proof of successful completion of a hunter safety course. Youths must be accompanied by one adult 18 years of age or older. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for the youth. Adults may not possess a firearm. Youths may possess only one firearm while hunting. The supervising adult shall maintain visual and voice contact with the youth at all times, except properly licensed youths and youths 12 years old or older who have successfully completed a hunter safety course may hunt without a supervising adult. Self-clearing permits are required. Consult the regulations pamphlet for WMAs offering youth squirrel hunts.

c. Youth Mourning Dove Hunt. A youth mourning dove hunt will be conducted on specific WMAs and will follow the same regulations provided for youth deer hunts on the first or second weekend of the mourning dove season (Saturday and/or Sunday only). Consult the regulations pamphlet for WMAs offering youth mourning dove hunts.

d. Physically Challenged Season. An either-sex deer season will be held for hunters possessing a physically challenged hunter permit on WMAs during the dates specified under the individual WMA. Participants must possess a physically challenged hunter permit. Contact region office for permit application and map of specific hunting area. Consult the regulations pamphlet for WMAs offering physically challenged seasons.

e. Turkey Lottery Hunts. Hunts restricted to those persons selected by lottery. Consult the regulations pamphlet for deadlines. All turkeys must be reported at self-clearing station. Contact region offices for more details. Consult separate turkey hunting regulations pamphlet for more details.

f. Waterfowl Lottery Hunts. Hunts restricted to those persons selected by lottery. Consult the regulations pamphlet for deadline. Consult regulations pamphlet for individual WMA schedules or contact any Wildlife Division Office for more details.

g. Mourning Dove Lottery Hunts. Consult regulations pamphlet for individual WMA schedules or contact any Wildlife Division Office for more details.

h. Trapping. Consult Annual Trapping Regulations for specific dates. All traps must be run daily. Traps with teeth are illegal. Hunter orange required when a deer gun season is in progress.

i. Raccoon Hunting. A licensed hunter may take raccoon or opossum, one per person per day, during daylight hours only, during the open rabbit season on WMAs.

Nighttime Experimental—all nighttime raccoon hunting where allowed is with dogs only. There is no bag limit. Self-clearing permit required.

j. Sport Fishing. Sport fishing, crawfishing and frogging are allowed on WMAs when in compliance with current laws and regulations except as otherwise specified under individual WMA listings.

k. Small Game Emphasis Areas. Specially designated areas on certain WMAs will allow small game hunting with dogs, confined to that specific area when the remainder of the WMA is restricted to still hunt only. Additionally, off season training of rabbit dogs may be allowed on some the Small Game Emphasis Areas. Small Game Emphasis Areas are offered on Big Colewa Bayou, Bayou Macon, Bayou Pierre, Boeuf, Dewey W. Wills, Marsh Bayou, Ouachita, Richard K. Yancey, Sandy Hollow, Sherburne, and Walnut Hill WMAs.

4. Firearms

a. Firearms having live ammunition in the chamber, magazine, cylinder or clip when attached to firearms and crossbows cocked in the ready position are not allowed in or on vehicles, boats under power, motorcycles, ATVs, UTVs, ATCs or in camping areas on WMAs. Firearms may not be carried on any area before or after permitted hours except in authorized camping areas and except as may be permitted for authorized trappers.

b. Firearms and bows and arrows are not allowed on WMAs during closed seasons except on designated shooting ranges or as permitted for trapping and except as allowed pursuant to R.S. 56:109.C and R.S. 56:1691. Bows and broadhead arrows are not allowed on WMAs except during deer archery season, turkey season or as permitted for bowfishing. Active and retired law enforcement officers in

compliance with POST requirements, Federal Law Enforcement Officers and holders of Louisiana concealed handgun permits or permit holders from a reciprocal state who are in compliance with all other state and federal firearms regulations may possess firearms on WMAs provided these firearms are not used for any hunting purpose.

c. Encased or broken down firearms and any game harvested may be transported through the areas by the most direct route provided that no other route exists except as specified under WMA listing.

d. Loaded firearms are not allowed near WMA check stations.

e. Centerfire rifles and handguns larger than .22 caliber rimfire, shotgun slugs or shot larger than BB lead or F steel shot cannot be carried onto any WMA except during modern and primitive firearm deer seasons and during special shotgun season for feral hogs on Atchafalaya Delta, Pass-a-Loutre, Pointe-aux-Chenes and Salvador WMAs (consult regulations pamphlet for specific WMA regulations).

f. Target shooting and other forms of practice shooting are prohibited on WMAs except as otherwise specified.

g. Discharging of firearms on or across, or hunting from designated roads, ATV/UTV trails, nature trails, hiking trails, and their rights-of-way is prohibited during the modern firearms and primitive firearms deer seasons.

5. Methods of Taking Game

a. Moving deer or hogs on a WMA with organized drives and standers, drivers or making use of noises or noise-making devices is prohibited.

b. On WMAs the daily limit shall be one antlered deer and one antlerless deer (when legal) per day, not to exceed three antlered deer or four antlerless deer per season (all segments included) by all methods of take.

c. Baiting, or hunting over bait is prohibited on all WMAs . Bait is defined as any substance used to attract game via ingestion.

d. During Mandatory Deer Check hunts, deer may not be skinned nor have any external body parts removed including but not limited to feet, legs, tail, head or ears before being checked out.

e. Deer hunting on WMAs is restricted to still hunting only.

f. Construction of and/or hunting from permanent tree stands or permanent blinds on WMAs is prohibited. Any permanent stand or permanent blind will be removed and destroyed. A permanent blind is any blind using non-natural materials or having a frame which is not dismantled within two hours after the end of legal shooting time each day. Blinds with frames of wood, plastic, metal poles, wire, mesh, webbing or other materials may be used but must be removed from the WMA within two hours after the end of legal shooting time each day. Blinds made solely of natural vegetation and not held together by nails or other metallic fasteners may be left in place but cannot be used to reserve hunting locations. Natural vegetation (including any material used as corner posts) is defined as natural branches that are 2 inches or less in diameter. All decoys must be removed from the WMA daily. Permanent tree stands are any stands that use nails, screws, spikes, etc., to attach to trees and are strictly prohibited. Deer stands may not be left on WMAs unless the stands are removed from trees, placed flat on the ground, and left in a non-hunting position (a non-hunting position is one in which a hunter could not hunt from the stand in its present position). Also, all stands left must be legibly tagged with the user's name, address, phone number and LDWF i.d. number. No stand may be left on any WMA prior to the day before deer season opens on that WMA and all stands must be removed from the WMA within one day after the close of deer hunting on that WMA. Free standing blinds must be disassembled when not in use. Stands left will not reserve hunting sites for the owner or user. All portable stands, blinds, tripods, etc., found unattended in a hunting position, not placed flat on the ground, or untagged will be confiscated and disposed of by the LDWF. LDWF is not responsible for unattended stands left on an area.

g. Physically Challenged Wheelchair Confined Deer and Waterfowl Hunting Areas. Special deer and waterfowl hunting areas, blinds and stands identified with LDWF logos, have been established for physically challenged hunter permit (PCHP) wheelchair confined hunters on WMAs. Hunters must obtain a PCHP permit and are required to make reservations to use blinds and stands. PCHP wheelchair hunting areas are available on Alexander State Forest, Big Colewa Bayou, Buckhorn, Clear Creek, Elbow Slough, Floy McElroy, Jackson–Bienville, Ouachita, Sandy Hollow, and Sherburne WMAs. Check WMA hunting schedules or call the LDWF Field Offices in Pineville, Lake Charles, Opelousas, Minden, Monroe or Hammond for information.

h. Hunting from utility poles and structures, and oil and gas exploration facilities or platforms is prohibited.

i. It is illegal to save or reserve hunting locations using permanent stands or blinds. Stands or blinds attached to trees with screws, nails, spikes, etc. are illegal.

j. Tree climbing spurs, spikes or screw-in steps are prohibited.

k. Unattended decoys will be confiscated and forfeited to the LDWF and disposed of by the LDWF. This action is necessary to prevent preemption of hunting space.

l. Spot lighting (shining) from vehicles is prohibited on all WMAs.

m. Horses and mules may be ridden on WMAs except where prohibited and except during gun seasons for deer and turkey. Riding is restricted to designated roads and trails depicted on WMA map, self-clearing permit is required. Organized trail rides prohibited except allowed by permit only on Camp Beauregard. Hunting and trapping from horses and mules is prohibited except for quail hunting or as otherwise specified. Horse-drawn conveyances are prohibited.

n. All hunters (including archers and small game hunters) except waterfowl hunters and mourning dove hunters on WMAs must display 400 square inches of "hunter orange" and wear a "hunter orange" cap during open gun season for deer. Quail and woodcock hunters and hunters participating in special dog seasons for rabbit, squirrel and feral hogs are required to wear a minimum of a "hunter orange" cap. All other hunters and archers (while on the ground) except waterfowl hunters also must wear a minimum of a "hunter orange" cap during special dog seasons for rabbit and squirrel and feral hogs. Also all

persons afield during hunting seasons are encouraged to display "hunter orange". Hunters participating in special shotgun season for feral hogs on Atchafalaya Delta, Pass-a-Loutre, Pointe-aux-Chenes and Salvador WMAs must display 400 square inches of hunter orange and wear a “hunter orange” cap.

o. Deer hunters hunting from concealed ground blinds must display a minimum of 400 square inches of “hunter orange” above or around their blinds which is visible from 360 degrees.

p. Archery season for deer. The archery season on WMAs is the same as outside and is open for either-sex deer except as otherwise specified on individual WMAs. Archery season restricted on Atchafalaya Delta and closed on certain WMAs when special seasons for youth or physically challenged hunts are in progress. Consult regulations pamphlet for specific seasons.

q. Either-sex deer may be taken on WMAs at any time during archery season except when bucks only seasons are in progress on the respective WMAs. Archers must abide by bucks only regulations and other restrictions when such seasons are in progress.

r. Primitive Firearms season for deer. Either-sex unless otherwise specified. See WMA deer schedule. Except youths 17 or younger may use any legal weapon during the primitive firearm season.

6. Camping

a. Camping on WMAs, including trailers, houseboats, recreational vehicles and tents, is allowed only in designated areas and for a period not to exceed 16 consecutive days, regardless if the camp is attended or unattended. At the end of the 16 day period, camps must be removed from the area for at least 48 hours. Camping area use limited exclusively to outdoor recreational activities.

b. Houseboats are prohibited from overnight mooring within WMAs except on stream banks adjacent to LDWF-owned designated camping areas. Overnight mooring of vessels that provide lodging for hire are prohibited on WMAs. Houseboats shall not impede navigation. On Atchafalaya Delta WMA houseboats may be moored by permit only in designated areas during hunting season. Permits are available by lottery annually or by three year lease through a bid program.

c. Discharge of human waste onto lands or waters of any WMA is strictly prohibited by state and federal law. In the event public restroom facilities are not available at a WMA, the following is required. Anyone camping on a WMA in a camper, trailer, or other unit (other than a houseboat or tent) shall have and shall utilize an operational disposal system attached to the unit. Tent campers shall have and shall utilize portable waste disposal units and shall remove all human waste from the WMA upon leaving. Houseboats moored on a WMA shall have a permit or letter of certification from the Health Unit (Department of Health and Hospitals) of the parish within which the WMA occurs verifying that it has an approved sewerage disposal system on board. Further, that system shall be utilized by occupants of the houseboats when on the WMA.

d. No refuse or garbage may be dumped from these boats.

e. Firearms may not be kept loaded or discharged in a camping area unless otherwise specified.

f. Campsites must be cleaned by occupants prior to leaving and all refuse placed in designated locations when provided or carried off by campers.

g. Trash must be contained at all times while camping.

h. No burning trash.

i. Glass containers prohibited on campgrounds.

j. Non-compliance with camping regulations will subject occupant to immediate expulsion and/or citation, including restitution for damages.

k. Swimming is prohibited within 100 yards of boat launching ramps.

7. Restricted Areas

a. For your safety, all oil and gas production facilities (wells, pumping stations and storage facilities) are off limits.

b. No unauthorized entry or unauthorized hunting in restricted areas, refuges, or limited use areas unless otherwise specified.

8. Dogs. All use of dogs on WMAs, except for bird hunting and duck hunting, is experimental as required by law. Having or using dogs on any WMA is prohibited except for nighttime experimental raccoon hunting, squirrel hunting, rabbit hunting, bird hunting, duck hunting, hog hunting and bird dog training when allowed; see individual WMA season listings for WMAs that allow dogs. Dogs running at large are prohibited on WMAs. The owner or handler of said dogs shall be liable. Only recognizable breeds of bird dogs and retrievers are allowed for quail and migratory bird hunting. Only beagle hounds which do not exceed 15 inches at the front shoulders and which have recognizable characteristics of the breed may be used on WMAs having experimental rabbit seasons. A leashed dog may be used to trail and retrieve wounded or unrecovered deer during legal hunting hours. Any dog used to trail or retrieve wounded or unrecovered deer shall have on a collar with owner’s name, address and phone number. In addition, a dog may be used to trail and retrieve unrecovered deer after legal hunting hours; however, no person accompanying a dog after legal hunting hours may carry a firearm of any sort.

9. Vehicles

a. An all-terrain vehicle is an off-road vehicle (not legal for highway use) with factory specifications not to exceed the following: weight-750 pounds, length-85", and width-48". ATV tires are restricted to those no larger than 26 x 12 with a maximum l” lug height and a maximum allowable tire pressure of 12 psi. as indicated on the tire by the manufacturer. Use of all other ATVs or ATV tires are prohibited on a WMA.

b. Utility Type Vehicle (UTV, also utility terrain vehicle) is defined as any recreational motor vehicle other than an ATV, not legal for highway use, designed for and capable of travel over designated unpaved roads, traveling on four or more low-pressure tires, with factory specifications not to exceed the following: weight-1900 pounds, length-128" and width-68". UTV tires are restricted to those no larger than 26 x 12 with a maximum 1" lug height and a maximum allowable tire pressure of 12 psi. UTV’s are commonly referred to as side by sides and may include golf carts.

c. Vehicles having wheels with a wheel-tire combination radius of 17 inches or more measured from the center of the hub and horizontal to ground are prohibited.

d. The testing, racing, speeding or unusual maneuvering of any type of vehicle is prohibited within WMAs due to property damages resulting in high maintenance costs, disturbance of wildlife and destruction of forest reproduction.

e. Tractor or implement tires with farm tread designs Rl, R2 and R4 known commonly as spade or lug grip types are prohibited on all vehicles.

f. Airboats, aircraft, personal water craft, "mud crawling vessels" (commonly referred to as crawfish combines which use paddle wheels for locomotion) and hover craft are prohibited on all WMAs and Refuges. Personal water craft are defined as a vessel which uses an inboard motor powering a water jet pump as its primary source of propulsion and is designed to be operated by a person sitting, standing or kneeling on the vessel rather than in the conventional manner of sitting or standing inside the vessel. Personal water craft allowed on designated areas of Alexander State Forest WMA. Except, Type A personal water craft, model year 2003 and beyond, which are eight feet in length and greater, may be operated in the areas of Catahoula Lake, Manchac WMA, Maurepas Swamp WMA, Pearl River WMA and Pointe-aux-Chenes WMA from April 1 until the Monday of Labor Day weekend, from sunrise to sunset only. No person shall operate such water craft at a speed greater than slow/no wake within 100 feet of an anchored or moored vessel, shoreline, dock, pier, persons engaged in angling or any other manually powered vessel.

g. Driving or parking vehicles on food or cover plots and strips is prohibited.

h. Blocking the entrance to roads and trails is prohibited.

i. Licensed motorized vehicles (LMVs) legal for highway use, including motorcycles, are restricted entirely to designated roads as indicated on WMA maps. UTVs are restricted to marked UTV trails only. ATVs are restricted to marked ATV trails only, except when WMA roads are closed to LMVs, ATVs may then use those roads when allowed. WMA maps are available at all LDWF Field offices. This restriction does not apply to bicycles.

NOTE: Only ATV and UTV trails marked with signs and/or paint, and depicted on WMA maps are open for use.

j. Use of special ATV trails for physically challenged persons is restricted to ATV physically challenged permittees. Physically challenged ATV permittees are restricted to physically challenged ATV trails or other ATV trails only as indicated on WMA maps or as marked by sign and/or paint. Persons 60 years of age and older, with proof of age, are also allowed to use special physically challenged trails and need not obtain a permit. However, these persons must abide by all rules in place for these trails. Physically challenged persons under the age of 60 must apply for and obtain a physically challenged hunter program permit from the LDWF.

k. Entrances to ATV trails will be marked with peach colored paint. Entrances to physically challenged-only ATV trails will be marked with blue colored paint. Entrances to ATV trails that are open all year long will be marked with purple paint. The end of all ATV trails will be marked by red paint. WMA maps serve only as a general guide to the route of most ATV trails, therefore all signage and paint marking as previously described will be used to determine compliance. Deviation from this will constitute a violation of WMA rules and regulations.

l. Roads and trails may be closed due to poor condition, construction or wet weather.

m. ATVs, and motorcycles cannot be left overnight on WMAs except on designated camping areas. ATVs are prohibited from two hours after sunset to 4:00 AM, except raccoon hunters may use ATVs during nighttime raccoon take seasons only. ATVs are prohibited from March 1 through August 31 except squirrel hunters are allowed to use ATV trails during the spring squirrel season on the WMA and except certain trails may be open during this time period to provide access for fishing or other purposes and some ATV trails will be open all year long on certain WMAs.

n. Caution. Many LDWF-maintained roadways on WMAs are unimproved and substandard. A maximum 20 mph speed limit is recommended for all land vehicles using these roads, unless specific signage otherwise allows or restricts.

o. Hunters are allowed to retrieve their own downed deer and hogs with the aid of an ATV except on Thistlethwaite, Sherburne, Atchafalaya Delta, Pass-a-Loutre, Pointe-aux-Chenes, Salvador, Timken, Lake Bouef, and Biloxi WMAs under the following conditions:

i. no firearms or archery equipment is in possession of the retrieval party or on the ATV;

ii. the retrieval party may consist of no more than one ATV and one helper;

iii. ATVs may not be used to locate or search for wounded game or for any other purpose than retrieval of deer and hogs once they have been legally harvested and located;

iv. UTV's may not be used to retrieve downed deer or hogs.

10. Commercial Activities

a. Hunting Guides/Outfitters. No person or group may act as a hunting guide, outfitter or in any other capacity for which they are paid or promised to be paid directly or indirectly by any other individual or individuals for services rendered to any other person or persons hunting on any WMA, regardless of whether such payment is for guiding, outfitting, lodging or club memberships.

b. Except for licensed activities otherwise allowed by law, commercial activities are prohibited without a permit issued by the Secretary of the LDWF.

c. Commercial Fishing. Permits are required of all commercial fishermen using Grassy Lake, Pomme de Terre and Spring Bayou WMAs. Gill nets or trammel nets and the take or possession of grass carp are prohibited on Spring Bayou WMA. Drag seines (except minnow and bait seines) are prohibited except experimental bait seines allowed on Dewey Wills WMA north of LA 28 in Diversion Canal. Commercial fishing is prohibited during regular waterfowl seasons on Grand Bay, Silver Lake and Lower Sunk Lake on Richard K. Yancey WMA. Commercial fishing is prohibited on Salvador/Timken, Ouachita and Pointe-aux-Chenes WMAs except commercial fishing on Pointe-aux-Chenes is allowed in Cut Off Canal and Wonder Lake. No commercial fishing activity shall impede navigation and no unattended vessels or barges will be allowed. Non-compliance with

permit regulations will result in revocation of commercial fishing privileges for the period the license is issued and one year thereafter. Commercial fishing is allowed on Pass-a-Loutre and Atchafalaya Delta WMAs. See Pass-a-Loutre for additional commercial fishing regulations on mullet.

11. WMAs Basic Season Structure. For season dates, bag limits, shooting hours, special seasons and other information consult the annual regulations pamphlet for specific details.

12. Resident Small Game (squirrel, rabbit, quail, mourning dove, woodcock, snipe, rail and gallinule). Same as outside except closed during modern firearm either-sex deer seasons on certain WMAs (See WMA schedule) and except non-toxic shot must be used for rail, snipe, and gallinule. Consult regulations pamphlet. Unless otherwise specified under a specific WMA hunting schedule, the use of dogs for rabbit and squirrel hunting is prohibited. Spring squirrel season with or without dogs: 1st Saturday of May for 9 days. Consult regulations pamphlet for specific WMAs.

13. Waterfowl (ducks, geese and coots). Consult regulations pamphlet. Hunting after 2 p.m. prohibited on all WMAs except for Atchafalaya Delta, Attakapas, Biloxi, Lake Boeuf, Pass-a-Loutre, Pointe-aux-Chenes, and Salvador/Timken WMAs. Consult specific WMA regulations for shooting hours on these WMAs.

14. Archery. Consult regulations pamphlet.

15. Hogs. Feral hogs may be taken during any open hunting season on WMAs by properly licensed and/or permitted hunters using only guns or bow and arrow legal for specified seasons in progress, except take of hogs is prohibited during nighttime raccoon seasons. Hogs may not be taken with the aid of dogs, except feral hogs may be taken with the aid of dogs during the month of February on Attakapas, Bodcau, Boeuf, Clear Creek, Dewey Wills, Jackson-Bienville, Little River, Pass a Loutre, Pearl River, Richard K. Yancey, Sabine, Sabine Island, and West Bay WMAs by self-clearing permit. All hogs must be killed immediately and may not be transported live under any conditions, except as allowed by permit from either the Minden, Lake Charles, Monroe, Pineville, Hammond or Opelousas offices, and hunters may use centerfire pistols in addition to using guns allowed for season in progress. Additionally, feral hogs may be taken on Atchafalaya Delta, Pass-a-Loutre, Pointe-aux-Chenes and Salvador WMAs from February 16 through March 31 with shotguns loaded with buckshot or slugs or rimfire rifles no larger than .22 caliber. Additional requirements may be specified under individual WMAs, see regulation pamphlet.

a. Experimental trapping of feral hogs may be allowed by permit only on Boeuf, Clear Creek, Jackson-Bienville, Manchac, Pearl River, Richard K. Yancey, Sherburne, Thistlethwaite, and West Bay WMAs. No live take will be allowed. Permit available through pre-application lottery.

16. Outlaw Quadrupeds and Birds. Consult regulations pamphlet. During hunting seasons specified on WMAs, except the turkey and spring squirrel seasons, take of outlaw quadrupeds and birds, with or without the use of electronic calls, is allowed by properly licensed hunters and only with guns or bows and arrows legal for season in progress on WMA. However, crows, blackbirds, grackles and cowbirds may not be taken before September 1 or after January 1. As described in 50 CFR Part 21, non-toxic shot must be used for the take of crows, blackbirds, cowbirds and grackles under the special depredation order. In addition an annual report has to be submitted to the U.S. Fish and Wildlife Service for those that participate in the take of these species.

17. WMAs Hunting Schedule and Regulations

a. Alexander State Forest. From December through February all hunters must check daily with the Office of Forestry for scheduled burning activity. No hunting or other activity will be permitted in burn units the day of the burning. Call 318-487-5172 or 318-487-5058 for information on burning schedules. Vehicles restricted to paved and graveled roads. No parking on or fishing or swimming from bridges. No open fires except in recreation areas.

b. Atchafalaya Delta. Water control structures are not to be tampered with or altered by anyone other than employees of LDWF . All-Terrain vehicles, motorcycles, horses, and mules prohibited except as permitted for authorized WMA trappers. Mudboats or air-cooled propulsion engines powered by more than 36 total horsepower are prohibited on the WMA. Limited access area, no internal combustion engines allowed from September through January. See WMA map for specific locations.

c. Bayou Macon. All night activities prohibited except as otherwise provided.

d. Big Colewa Bayou. All nighttime activities prohibited.

e. Biloxi. ATVs, UTVs, motorcycles, horses, and mules are prohibited. Mud Boats or air-cooled propulsion vessels powered by more than 36 total horsepower are prohibited on the WMA. All ATVs, UTVs, and motorcycles are prohibited.

f. Bodcau-Towable Watersports not allowed in Ivan Lake.

g. Camp Beauregard. Daily military clearance required for all recreational users. All game harvested must be reported on self-clearing checkout permit. Retriever training allowed on selected portions of the WMA. Contact the LDWF Field Office for specific details. No hunting in restricted areas.

h. Dewey W. Wills. Crawfish: 100 pounds per person per day.

i. Elbow Slough. Non-toxic shot (minimum size #6) only for all hunting. All motorized vehicles prohibited.

j. Elm Hall. No ATVs or UTVs allowed.

k. Fort Polk. Daily military clearance required to hunt or trap. New special regulations apply to ATV users.

l. Grassy Lake. Commercial Fishing: Permitted except on Smith Bay, Red River Bay and Grassy Lake proper on Saturday and Sunday and during waterfowl season. Permits available from area supervisor at Spring Bayou headquarters or Opelousas Field Office. No hunting in restricted area.

m. Joyce. Swamp Walk: No loaded firearms or hunting allowed within 100 yards of walkways.

n. Lake Boeuf. Hunting allowed until 12:00 noon on all game, except deer may be hunted until one-half hour after sunset. All nighttime activities prohibited. All-Terrain vehicles, motorcycles, horses, and mules are prohibited.

o. Lake Ramsay. Foot traffic only—all vehicles restricted to Parish Roads.

p. Manchac. Crabs: No crab traps allowed. Attended lift nets are allowed.

q. Maurepas Swamp. No loaded firearms or hunting allowed within 100 yards of Nature Trail.

r. Ouachita. Waterfowl Refuge: North of LA 15 closed to all hunting, fishing and trapping and ATV/UTV use during duck season including early teal season, except hunting allowed during Waterfowl Falconry Season. Crawfish: 100 pounds per person per day limit. Night crawfishing prohibited. No traps or nets left overnight. All nighttime activities prohibited except as otherwise provided.

s. Pass-a-Loutre. Commercial Fishing: Same as outside. Commercial mullet fishing open only in: South Pass, Pass-a-Loutre, North Pass, Southeast Pass, Northeast Pass, Dennis Pass, Johnson Pass, Loomis Pass, Cadro Pass, Wright Pass, Viveats Pass, Cognevich Pass, Blind Bay, Redfish Bay, Garden Island Bay, Northshore Bay, East Bay (west of barrier islands) and oil and gas canals as described on the LDWF Pass-a-Loutre WMA map. All ATVs, UTVs, motorcycles, horses, and mules prohibited on this area. Oyster harvesting is prohibited. Mudboats or air-cooled propulsion engines powered by more than 36 total horsepower are prohibited on the WMA. Limited access area, no internal combustion engines allowed from September through January. See WMA map for specific locations.

t. Pearl River. All roads closed 8 p.m. to 4:00 a.m. to all vehicles. Old Hwy. 11 will be closed when river gauge at Pearl River, Louisiana, reaches 16.5 feet. All hunting except waterfowl will be closed when the river stage at Pearl River reaches 16.5 feet. No hunting in the vicinity of Nature Trail. Observe "No Hunting" signs. Rifle range open Friday, Saturday and Sunday with a fee. Type A personal water craft, model year 2003 and beyond, which are eight feet in length and greater, may be operated in the areas of Pearl River Wildlife Management Area, south of U.S. 90 from April 1 until the Monday of Labor Day Weekend, from sunrise to sunset only. No person shall operate such water craft at a speed greater than slow/no wake within 100 feet of an anchored or moored vessel, shoreline, dock, pier, persons engaged in angling or any other manually powered vessel. Crawfish: 100 pounds per person per day.

u. Peason Ridge. Daily military clearance required to hunt or trap. Special federal regulations apply to ATV users.

v. Pointe-aux-Chenes. Hunting until 12 noon on all game, except for mourning dove hunting and youth lottery deer hunt as specified in regulation pamphlet. Point Farm: Gate will be open all weekends during month of February. No motorized vessels allowed in the drainage ditches. Recreational Fishing: Shrimp may be taken by the use of cast nets only. During the inside open shrimp season, 25 pounds per boat per day (heads on) maximum shall be allowed. Size count to conform with open season requirements. During the inside closed season, 10 pounds per boat per day (heads on) may be taken for bait. All castnet contents shall be contained and bycatch returned to the water immediately. Oyster harvesting is prohibited. Fish may be taken only by rod and reel or hand lines for recreational purposes only. Crabs may be taken only through the use of hand lines or nets; however, none are to remain set overnight. Twelve dozen crabs maximum are allowed per boat or vehicle per day. Crawfish may be harvested in unrestricted portions of the WMA and shall be limited to 100 pounds per person per day. Fishing gear used to catch crawfish shall not remain set overnight. The harvest of all fish, shrimp, crabs and crawfish are for recreational purposes only and any commercial use is prohibited. All boats powered by engines having total horsepower above 25 h.p. are not allowed in the Grand Bayou, Montegut and Pointe-aux-Chenes water management units. Public is permitted to travel anytime through the WMA for access purposes only, in the waterways known as Grand Bayou, Humble Canal, Little Bayou Blue, Grand Bayou Blue, St. Louis Canal and Bayou Pointe-aux-Chenes unless authorized by the LDWF. All other motorized vehicles, horses and mules are prohibited unless authorized by the LDWF. Limited access area, no internal combustion engines allowed from September through January. See WMA map for specific locations. All ATVs, UTVs, motorcycles, horses, and mules prohibited.

w. Pomme de Terre. Commercial Fishing: permitted Monday through Friday, except closed during duck season. Commercial fishing permits available from area supervisor, Opelousas Field Office or Spring Bayou headquarters. Sport Fishing: Same as outside except allowed only after 2 p.m. only during waterfowl season. Crawfish: March 15 - July 31, recreational only, 100 lbs. per person per day.

x. Richard K. Yancey. Recreational Crawfishing: West of the Mississippi River Levee March 15-July 31. 100 pounds per person per day. No traps or nets left overnight. No motorized watercraft allowed.

y. Russell Sage. Transporting trash or garbage on WMA roads is prohibited. All nighttime activities prohibited except as otherwise provided. Internal combustion engines and craft limited to 10 h.p. rating or less in the Greentree Reservoirs.

NOTE: All season dates on Chauvin Tract (U.S. 165 North) same as outside, except still hunt only and except deer hunting restricted to archery only. All vehicles including ATVs prohibited.

z. Sabine Island. Sabine Island boundaries are Sabine River on the west, Cut-Off Bayou on the north, and Old River and Big Bayou on the south and east.

aa. Salvador/Timken. Hunting until 12 noon only for waterfowl. Recreational Fishing: Shrimp may be taken by the use of cast nets only. During the inside open shrimp season, 25 pounds per boat per day (heads on) maximum shall be permitted. Size count to conform with open season requirements. During the inside closed season, 10 pounds per boat per day (heads on) maximum may be taken for bait. All castnet contents shall be contained and bycatch returned to the water immediately. Fish may be taken only by rod and reel or hand lines for recreational purposes only. Crabs may be taken only through the use of hand lines or nets; however, none of the lines are to remain set overnight. Twelve dozen crabs maximum are allowed per boat or vehicle per day. Crawfish may be harvested in unrestricted portions of the WMA and shall be limited to 100 pounds per person per day. Fishing gear used to catch crawfish shall not remain set overnight. The harvest of all fish, shrimp, crabs and crawfish are for recreational purposes only and any commercial use is prohibited. Use of mudboats powered by internal

combustion engines with more than four cylinders is prohibited. Pulling boats over levees, dams or water control structures or any other activities which cause detriment to the integrity of levees, dams and water control structures is prohibited. Limited access area, no internal combustion engines allowed from September through January. See WMA map for specific locations.

bb. Sandy Hollow. Bird Dog Training: Consult regulation pamphlet. Wild birds only (use of pen-raised birds prohibited). Bird Dog Field Trials: Permit required from Hammond Field Office. Horseback Riding: Self-Clearing Permit required. Organized trail rides prohibited. Riding allowed only on designated roads and trails depicted on WMA map. Horses and mules are specifically prohibited during turkey and gun season for deer except as allowed for bird dog field trials. No horses and mules on green planted areas. Horse-drawn conveyances are prohibited.

cc. Sherburne. Crawfishing: Recreational crawfishing only on the South Farm Complexes. Crawfish harvest limited to 100 pounds per person per day. No traps or nets left overnight. No motorized watercraft allowed on farm complexes. Retriever training allowed on selected portions of the WMA. Contact the Opelousas Field Office for specific details. Vehicular traffic prohibited on Atchafalaya River levee within Sherburne WMA boundaries. Rifle and Pistol Ranges open daily. Skeet ranges open by appointment only, contact Hunter Education Office. No trespassing in restricted area behind ranges.

NOTE: Atchafalaya National Wildlife Refuge, and U.S. Army Corps of Engineers land holdings adjacent to the Sherburne WMA will have the same rules and regulations as Sherburne WMA. No hunting or trapping in restricted area.

dd. Soda Lake. No motorized vehicles allowed. Bicycles allowed. All trapping and hunting prohibited except archery hunting for deer and falconry. Closed to fishing west of Twelve Mile Bayou from Oct. 1-March 31.

ee. Spring Bayou. Commercial Fishing: permitted Monday through Friday except slat traps and hoop nets permitted any day and except gill or trammel nets or the take or possession of grass carp are prohibited. Permits available from area supervisor or Opelousas Field Office. Closed until after 2 p.m. during waterfowl season. Sport Fishing: Same as outside except allowed only after 2 p.m. during waterfowl season. Crawfish: recreational only, limit 100 pounds per person per day. No hunting allowed in headquarters area. Only overnight campers allowed in the improved Boggy Bayou Camping area. Rules and regulations posted at camp site. A fee is assessed for use of this campsite. Water skiing allowed only in Old River and Grand Lac.

ff. Tangipahoa Parish School Board. No horseback riding during gun season for deer or turkey. ATVs/UTVs are not allowed except as otherwise specified.

gg. Thistlethwaite. All motorized vehicles restricted to improved roads only. All users must enter and leave through main gate only.

hh. Tunica Hills. Camping limited to tents only in designated area.

ii. Union. All nighttime activities prohibited except as otherwise provided.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115 and R.S. 56:116.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:1279 (July 1999), amended LR 26:1494 (July 2000), LR 27:1049 (July 2001), LR 28:1603 (July 2002), LR 29:1124 (July 2003), repromulgated LR 29:1522 (August 2003), amended LR 30:1495 (July 2004), LR 31:1611 (July 2005), LR 32:1251 (July 2006), LR 33:1382 (July 2007), LR 34:1429 (July 2008), LR 35:1264 (July 2009), LR 36:1566 (July 2010), LR 37:2190 (July 2011), LR 38:1732 (July 2012), LR 40:

§113. General and WMA Turkey Hunting Regulations

A. General Regulations. Only gobblers (male turkeys) may be taken. Taking of hen (female) turkeys, including bearded hens, is prohibited; still hunting only. Use of dogs, electronic calling devices and live decoys is illegal. Turkeys may be hunted with shotguns, including muzzleloading shotguns, using shot not larger than #2 lead or BB steel shot, and approved archery equipment but by no other means. Shooting turkeys from a moving or stationary vehicle is prohibited. Shotguns capable of holding more than three shells prohibited. The running of coyote with dogs is prohibited in all turkey hunting areas during the open turkey season. No person shall hunt, trap or take turkeys by the aid of baiting or on or over any baited area. Baiting means placing, exposing, depositing or scattering of corn (shelled, shucked or unshucked), wheat or other grain, salt, or other feed so as to constitute a lure, attraction or enticement to, on or over any areas where hunters are attempting to take turkeys. A baited area is any area where corn (shelled, shucked or unshucked), wheat or other grain, salt, or other feed capable of luring, attracting or enticing turkeys is directly or indirectly placed, exposed, deposited, distributed or scattered. Such areas remain baited areas for 15 days following complete removal of all such corn, wheat or other grain, salt, or other feed. Wildlife agents are authorized to close such baited areas and to place signs in the immediate vicinity designating closed zones and dates of closures. No person hunting turkeys more than 200 yards from a baited area will be in violation of the turkey baiting regulation.

B. Tags

1. Prior to hunting turkeys, all turkey hunters, regardless of age or license status, must obtain turkey tags and have them in their possession while turkey hunting. Immediately upon killing a turkey, hunters must attach a carcass tag to the turkey before it is moved from the site of the kill and must document the kill on the turkey harvest report card. The date of kill and parish of kill must be recorded on the carcass tag. The tag must remain attached to the turkey while kept at camp or while it is transported to the domicile of the hunter or to a cold storage facility. Hunters who keep the carcass or meat at a camp must also comply with game possession tag regulations. Within seven days of the kill, the hunter must report the kill. Hunters may report turkeys by calling the validation phone number or using the validation website.

2. Turkey hunters purchasing licenses by phone or internet will be given an authorization number and a LDWF identification number that will serve as their license and tags until the physical license and tags arrive by mail. Turkey hunters who have purchased a license with tags, but have not yet received their physical license and tags, must immediately tag their kill with a possession tag before moving it from the site of the kill. The authorization number and LDWF identification number must be recorded on the possession tag. Hunters must retain documentation of any turkeys killed and upon receiving their physical tags and harvest report card, validate their kill as required in these

regulations. The tags for turkeys killed prior to receiving the physical tags must be removed from the turkey harvest report card and discarded.

3. Tags removed from the turkey harvest report card prior to killing a turkey are no longer valid and if lost will not be replaced. Duplicate tags and turkey harvest report cards are available to replace lost report cards and attached tags. Hunters will be charged a fee for duplicate turkey harvest report cards and tags. Hunters that have killed a turkey prior to losing their remaining tag and harvest report card must remove and discard the duplicate tag to account for the original tag that was used and validated. Hunters must record any previously validated turkey on the duplicate turkey harvest report card.

C. Possession of Live Wild Turkeys. No person shall take live wild turkeys or their eggs from the wild. No person shall possess captive live wild turkeys, (Meleagris gallopavo silvestris, M.g. osceola, M.g. intermedia, M.g. merriami, M.g. mexicana) or their eggs, regardless of origin, without a valid game breeder license. No penraised turkeys from within or without the state shall be liberated (released) within the state.

D. Statewide Youth and Physically Challenged Season Regulations. Only youths 17 years of age or younger or hunters possessing a physically challenged hunter permit with wheelchair classification may hunt. Youth must possess a hunter safety certification or proof of successful completion of a hunter safety course. Youths must be accompanied by one adult 18 years of age or older. If the accompanying adult is in possession of hunter safety certification, a valid hunting license or proof of successful completion of a hunter safety course, this requirement is waived for youth younger than 16 years of age. Adults accompanying youth may not possess a firearm or bow. Youths may possess only one firearm or bow while hunting. The supervising adult shall maintain visual and voice contact with the youth at all times, except properly licensed youths 16-17 years old and youths 12 years old or older who have successfully completed a hunter safety course may hunt without a supervising adult. Only one gobbler per day may be taken and any gobbler taken by the hunter during this special season counts towards their season bag limit of two.

E. Shooting hours—one-half hour before sunrise to one-half hour after sunset.

F. Turkey Hunting Area Descriptions

1. Area A

a. All of the following parishes are open:

i. Beauregard;

ii. Bienville;

iii. Claiborne;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates).

iv. East Baton Rouge;

v. East Feliciana;

vi. Grant;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates);

vii. Jackson;

viii. LaSalle;

ix. Lincoln;

x. Livingston;

xi. Natchitoches;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xii. Pointe Coupee;

Exception: see Sherburne WMA for special season dates on all state, federal, and private lands within Sherburne boundaries.

xiii. Rapides;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xiv. Sabine;

v. St. Helena;

xvi. Tangipahoa;

xvii. Union;

xviii. Vernon;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

xvix. West Baton Rouge;

xx. West Feliciana (including Raccourci Island);

xxi. Winn;

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

b. Portions of the following parishes are also open:

i. Allen—north of LA 104, west of LA 26 south of junction of LA 104 to US 190, north of US 190 east of Kinder, west of US 165 south of Kinder;

ii. Avoyelles—that portion bounded on the east by the Atchafalaya River, on the north by Red River to the Brouillette Community, on the west by LA 452 from Brouillette to LA 1, on the south by LA 1, eastward to Hamburg, thence by the west Atchafalaya Basin protection levee southward;

iii. Calcasieu—north of I-10;

iv. Caldwell—west of Ouachita River southward to Catahoula Parish line;

v. Catahoula—south and west of the Ouachita River from the Caldwell Parish line southward to LA 8 at Harrisonburg, north and west of LA 8 from Harrisonburg to the LaSalle Parish line, also that portion lying east of LA 15;

vi. Evangeline—north and west of LA 115, north of LA 106 west of LA 115 to US 167, west of US 167 south to LA 10, north of LA 10 west of US 167 to LA 13, west of LA 13 south of LA 10 to Mamou and north of LA 104 west of Mamou;

vii. Franklin—that portion lying east of LA 17 and east of LA 15 from its juncture with LA 17 at Winnsboro;

viii. Iberville—west of the Mississippi River;

Exception: see Sherburne WMA for special season dates on all state, federal and private lands within Sherburne boundaries.

ix. Jefferson Davis—north of US 190 from junction with LA 26 to Kinder, west of US 165 and north of I-10 west from junction of US 165;

x. Madison—that portion lying east of US 65 from East Carroll Parish line to US 80 and south of US 80. Also, all lands east of the main channel of the Mississippi River;

xi. Morehouse—west of US 165 from the Arkansas line to the junction of LA 140 at Bonita, north and west of LA 140 to junction of LA 830-4 (Cooper Lake Road), west of LA 830-4 to US 165 at Bastrop, south of US 165 to junction of LA 3051 (Grabault Road) south of LA 3051 to junction of LA 138, west of LA 138 to junction of LA 134, north of LA 134 to the Ouachita Parish line;

xii. Ouachita—all west of the Ouachita River. That portion east of the Ouachita River lying north of US 80;

xiii. Richland—that portion south of US 80 and east of LA 17;

xiv. St. Landry—that portion bounded on the west by the west Atchafalaya Basin Protection Levee and on the east by the Atchafalaya River;

Exception: the Indian Bayou area; see federal lands hunting schedule for Indian Bayou area dates.

xv. Upper St. Martin—all within the Atchafalaya Basin;

Exceptions: Sherburne WMA and Indian Bayou area, see WMA Turkey Hunting Schedule for special season dates on all state, federal and private lands within Sherburne WMA boundaries and see federal lands hunting schedule for Indian Bayou dates.

xvi. Tensas—that portion west of US 65 from the Concordia Parish line to its juncture with LA 128, north of LA 128 to St. Joseph; west and north of LA 605, 604 and 3078 northward to Port Gibson Ferry; also all lands east of the main channel of the Mississippi River;

2. Area B

a. All of the following parishes are open:

i. Ascension;

ii. DeSoto;

iii. Red River;

iv. St. Tammany;

v. Washington.

b. Portions of the following parishes are open:

i. Bossier—all open except that portion bounded on the north by I-20, on the west by LA 164, on the south by LA 164, and on the east by the Webster Parish line;

ii. Caddo—all except that portion north of I-20 from the Texas state line to I-220. west of I-220 to LA 1. west of LA 1 to Caddo Lake, south of Caddo Lake to the Texas state line;

iii. East Carroll—east of US 65 from Arkansas state line to Madison Parish line;

iv. Iberville—all east of the Mississippi River;

v. Webster—all open except that portion bounded on the north by I-20, on the east by U.S. 371, on the south by LA 164, and on the west by the Bossier Parish line.

Exception: see federal lands hunting schedule for Kisatchie National Forest dates.

3. Area C

a. All of the following parishes are open:

i. Concordia.

b. Portions of the following parishes are open:

i. Caldwell—all east of the Ouachita River;

ii. Catahoula—all of the parish except for that portion located in area A;

iii. Franklin—west of LA 17 from the Richland Parish line southward to Winnsboro, west of LA 15 southward to the Catahoula Parish line;

iv. Iberia—east of the west Atchafalaya Basin protection levee;

v. Richland—west of LA 17 from Franklin Parish line to Ringle Road, south of Ringle Road to Ferguson Road, south of Ferguson Road to Little Road, south of Little Road to Big Creek, east of Big Creek to Franklin Parish line;

vi. Tensas—east and south of US 65 from Concordia Parish line to LA 128, south of LA 128 to St. Joseph, east and south of LA 605, 604 and 3078 northward to Port Gibson Ferry.

4. Turkey season dates on wildlife management areas, national wildlife refuges, Kisatchie National Forest and U.S. Army Corps of Engineers land located within areas A, B, and C may vary from the season set for the parish in which they are located. Seasons for these lands are specified in LAC 76:XIX.115.

G. WMA Turkey Hunting Regulations

1. WMAs with youth turkey hunts are closed to all activities except turkey hunting by authorized youth hunt participants, shooting range use, and fishing on the day(s) of the youth hunt.

2. Self-Clearing Permits—all turkey hunts, including lottery hunts, are self-clearing. Hunters must check in daily by obtaining a permit from a self-clearing station prior to hunting. The self-clearing permit must be in the hunter's possession while hunting. Upon completion of each days hunt, the hunter must check out by completing and depositing the hunter report portion of the permit in the check-out box at a self-clearing station before exiting the WMA.

3. Lottery Hunts—all or portions of some WMA seasons are designated as lottery hunts and are restricted to hunters selected by pre-application lottery. To apply for these lottery hunts, a hunter must submit a completed official application form to the Baton Rouge office by the deadline printed on the application. A non-refundable fee of $5 must be sent with each application. Applicants for WMA youth hunts must be 17 years of age or younger and at least 8 years old on the day of the hunt. Applicants may submit only one application and may be selected for only one spring WMA Turkey Lottery Hunt annually, except, youths may also apply for the regular WMA turkey lottery. Submitting more than one application per lottery type will result in disqualification. Hunters must abide by self-clearing permit requirements. Hunters chosen for WMA lottery hunts may be accompanied by one person. The person accompanying a lottery hunter shall not possess a firearm/bow or take a turkey, and must remain within a distance that allows normal voice contact with the lottery hunter at all times. Youths chosen for special youth only hunts may be assigned a guide on the day of the hunt provided that guides are available. One person may accompany the youth and guide, but may not hunt.

4. WMA Physically Challenged Hunt (wheelchair confined)—open only to hunters with a physically challenged hunter permit with wheelchair classification. During this hunt, ATVs may be used by hunters on all designated ATV trails in accordance with the physically challenged hunter permit. Hunters must abide by self-clearing permit requirements.

5. Rules Specific to Certain WMAs

a. Sandy Hollow. No turkey hunting within 100 yards of food plots identified by two yellow paint rings around the nearest tree.

b. Sherburne. All turkeys taken must be checked at the WMA headquarters.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2263 (November 1999), amended LR 26:2634 (November 2000), LR 27:2270 (December 2001), LR 28:2375 (November 2002), LR 29:2512 (November 2003), LR 30:2874 (December 2004), LR 31:3167 (December 2005), LR 32:2272 (December 2006), LR 33:2469 (November 2007), LR 35:91 (January 2009), LR 35:2478 (November 2009), LR 36:2581 (November 2010), LR 37:3535 (December 2011), LR 38:2941 (November 2012), LR 40:

§115. Turkey Hunting Areas, Seasons, and Bag Limits

A. Daily limit is one gobbler. Season limit is two gobblers. Turkeys taken on WMAs are part of the season bag limit. Only one turkey may be taken during spring WMA lottery hunts.

B. Turkey season will open on the fourth Saturday in March. The Area A turkey season will be 30 consecutive days in length, the Area B turkey season will be 23 consecutive days in length, and the Area C turkey season will be 16 consecutive days in length. Wildlife Management Areas, National Forests, National Wildlife Refuges, and U.S. Army Corps of Engineers land may vary from this framework. Deviation from this framework may occur in those years when the fourth Saturday in March falls the day before Easter.

C. Statewide youth turkey and physically challenged season on private lands shall be the weekend prior to the start of the regular turkey season.

D. Only those wildlife management areas listed herein are open to turkey hunting. All other wildlife management areas are closed.

E. 2015 Turkey Hunting Schedule

Area	Season Dates
A	March 28 - April 26
B	March 28- April 19
C	March 28- April 12
Private Lands Youth and Physically Challenged Hunter (Wheelchair Confined) Hunt	March 21-22

F. Wildlife Management Area Turkey Hunting Schedule

WMA	Non-Lottery Hunt Dates	Lottery Hunt Dates
Attakapas	March 28 – April 5	None
Bayou Macon	None	April 18-19
Big Lake	March 28 - April 12	None
Bodcau	March 28 - April 12	None
Boeuf	March 28 – April 5	None
Clear Creek	April 6-26	March 28-29 April 4-5
Camp Beauregard	March 28 – April 5	None
Dewey Wills	None	March 28-29 April 4-5
Fort Polk-Vernon	March 28– April 26	None
Grassy Lake	March 28 – April 5	None
Hutchinson Creek	March 28 – April 26	None
Jackson-Bienville	March 28 – April 12	None
Lake Ramsey	March 28 – April 12	None
Little River	March 28 – April 12	None
Loggy Bayou	None	April 17-19
Pearl River	None	March 28-29
Peason Ridge	March 28 – April 26	None
Pomme de Terre	April 22 – April 26	None
Richard K. Yancey	March 28 – April 12	None
Sabine	None	April 3-5 April 17-19
Sandy Hollow	March 28 – April 12	None
Sherburne	March 30 – April 1	March 28-29
Sicily Island	None	March 28-30 March 31-April 2 April 3-5 April 6-8 April 9-12
Tangipahoa Parish School Board	March 28 – April 26	None
Tunica Hills South Tract	April 13-19	March 28-29 April 4-5 April 11-12
Tunica Hills North Tract	April 13-19	March 28-29 April 4-5 April 11-12
Union	April 6-12	April 4-5
Walnut Hills	March 28 – April 26	None
West Bay	None	March 28-29 April 4-5 April 11-12

G. Wildlife Management Area Lottery Youth Hunts

WMA/Ranger District	Lottery Youth Hunt Date
Big Lake	March 21
Bodcau	March 21-22
Clear Creek	March 21
Fort Polk-Vernon/Peason Ridge	March 21
Grassy Lake	March 21
Jackson-Bienville	March 21-22
Loggy Bayou	April 11-12
Pearl River	March 21
Pomme de Terre	April 11
Richard K. Yancey	March 21-22
Sherburne	March 21
Sicily Island	March 21
Spring Bayou	April 11
Tunica Hills	March 21
Union	March 21-22
West Bay	March 21

H. Non-Lottery WMA Youth Hunts

1. Bodcau WMA will be open April 18-19 (only youths may hunt).

2. Jackson-Bienville WMA will be open April 18-19 (only youths may hunt).

I. Wildlife Management Area Physically Challenged (Wheelchair Confined) Hunt

1. Jackson-Bienville WMA will be open April 20-26 to holders of valid physically challenged hunter (wheelchair classification) permits.

J. Federal Lands Turkey Hunting Schedule

1. Kisatchie National Forest (KNF) turkey hunting schedule: (youth only) March 21-22 on Caney, Calcasieu (except Vernon Unit lands within Ft. Polk-Vernon WMA) and Kisatchie Ranger Districts, (youth only) March 21 on Catahoula and Winn Ranger Districts. Caney Ranger District, March 28-April 12; all remaining KNF lands, March 28-April 19 (including Catahoula and Red Dirt National Wildlife Management Preserves, except self-clearing permit required to hunt turkey on Catahoula and Red Dirt National Wildlife Management Preserves).

2. U.S. Army Corps of Engineers turkey hunting schedule: Indian Bayou Area, March 21-22 youth and physically challenged lottery only hunt, and lottery hunt only on March 28-29 and April 4-5. Old River Control and Lock Areas, March 28-April 12.

3. National Wildlife Refuges: Bogue Chitto NWR, March 28-April 19, March 21-22 (youth only); Lake Ophelia NWR, March 21 (youth lottery only), March 28-April 12

hunt ends at 12 p.m. each day; Tensas NWR, March 21-22 (youth only), March 28-April 12; Upper Ouachita NWR, March 21 (youth lottery only).

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2264 (November 1999), amended LR 26:2634 (November 2000), LR 27:2270 (December 2001), LR 28:2376 (November 2002), LR 29:2513 (November 2003), LR 30:2875 (December 2004), LR 31:3167 (December 2005), LR 32:2272 (December 2006), LR 33:2470 (November 2007), LR 35:90 (January 2009), LR 35:2481 (November 2009), LR 36:2583 (November 2010), LR 37:3541 (December 2011), LR 38:2944 (November 2012), LR 40:

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 written comments relative to the proposed Rule until 4:30 p.m., Thursday, April 3, 2014 to Steve Smith, Wildlife Division, Department of Wildlife and Fisheries, Box 98000, Baton Rouge, LA, 70898-9000, or via email to ssmith@wlf.la.gov.

Public Hearing

Public hearings will be held at the following locations: February 25 beginning at 6 p.m., LDWF Minden Office, 9961 Highway 80, Minden; February 25 beginning at 6 p.m., USGS National Wetlands Research Center, 700 Cajundome Boulevard, Lafayette; February 26 beginning at 6 p.m., LDWF Headquarters Building Louisiana Room, 2000 Quail Drive, Baton Rouge; February 27 beginning at 6 p.m., LSU Ag Center (next to Burton Coliseum), 7101 Gulf Highway, Lake Charles; February 27 beginning at 6 p.m., Alexandria Convention Hall, 915 Third Street, Alexandria; March 1 beginning at 2 p.m., LDWF Monroe Office, 368 Centurylink Drive, Monroe; March 1 beginning at 2 p.m., Slidell Municipal Auditorium, 2056 Second Street, Slidell. Also comments will be accepted at regularly scheduled Wildlife and Fisheries Commission Meetings from February through April.

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 statement, the filing of the Notice of Intent and final Rule and the preparation of reports and correspondence to other agencies of government.

Billy Broussard
Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Bird Dog Training Areas and Resident Game Hunting Season

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change will have no anticipated implementation costs to state or local governmental units. The proposed rule change establishes deer hunting season schedules for 2014-2015 and 2015-2016 and turkey hunting season dates for 2015-2016.

The proposed rule change contains alterations in regulations pertaining to hunting gear, hunting safety, and wildlife management area (WMA) safety, use, and maintenance. The proposed rules change also alters hunting regulations pertaining to specific species including bobcats, coyotes, and feral hogs. The proposed rules change establishes small game emphasis areas on certain WMA's.

The proposed rule change alters hunting area boundaries in Iberville, St. Mary, and Ouachita parishes.

The proposed rule change replaces the applications process for bird dog training areas (BDTA) with a self-clearing permit process and removes requirements that all birds taken in the BDTA be marked with a LDWF leg band.

The proposed rule change includes clarifying language regarding primitive firearm seasons, youth deer hunt seasons, archery seasons, and physically challenged hunting seasons for either-sex deer on private lands.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change is expected to 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 proposed rule change will have an effect on certain persons listed below.

Deer hunters on Lake Boeuf WMA would benefit from additional hunting opportunities.

Recreational crawfish fishermen would benefit from additional opportunities to harvest crawfish on Richard K. Yancey WMA.

Small game hunters on private lands would benefit from being allowed to carry ammunition sufficient to take hogs encountered during small game hunting expeditions.

Hunters who enjoy participating in primitive firearm hunting opportunities would benefit by the classification of one more type of firearms, muzzleloading shotguns, during primitive firearms season.

Safety regulations prohibiting the firing of firearms across roads and trails during deer firearms season on WMAs would benefit hunters and others traversing those paths.

Deer hunters who wish to dress deer in the field on WMAs would benefit from the lifting of the prohibition against dressing deer in the field (Except during Mandatory Deer Check hunts).

People who wish to train dogs on the proposed Small Game Emphasis Areas on certain WMA would benefit. Hunters who wish to use dogs to hunt on Small Game Emphasis Areas would benefit because they would be allowed opportunities to hunt with dogs earlier in the season than usual.

The inclusion of additional dates for deer hunting in Area 7 (from the second Saturday of November through the Sunday after Thanksgiving) would benefit deer hunters by offering additional opportunities for deer hunting.

People who use Bird Dog Training Areas would benefit from a rescinding of bird banding requirements and the replacement of an applications process with a less burdensome self-clearing permitting process.

The proposed alteration in the dimensions of tires on ATV allowed on WMA would benefit some ATV operators by allowing more leniency in restrictions and making restrictions consistent with those for utility task vehicles (UTV).

Potential participants in towable water sports in Ivan Lake in Bodcau WMA may be negatively affected by a reduction in recreational activities resulting from the proposed ban.

Some raccoon hunters, opossum hunters, rabbit hunters, and squirrel hunters may be negatively affected by the proposed restriction on the use of centerfire firearms to harvest those species.

Some hog hunters may be negatively affected by the proposed ban on hunting hogs at night during raccoon season on WMAs.

The addition of a youth lottery turkey hunt on Richard K. Yancey WMA will provide additional opportunity for hunters 15 years old and younger.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is expected to have no effect on competition or employment.

Bryan McClinton	Evan Brasseaux
Undersecretary	Staff Director
1401#043	Legislative Fiscal Office

NOTICE OF INTENT

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Catfish Regulations in Louisiana/Texas Border Waters
(LAC 76:VII.110)

The Wildlife and Fisheries Commission does hereby give notice of its intent to modify the recreational harvest regulations for blue and channel catfish on the waters of the Louisiana-Texas border, specifically Toledo Bend Reservoir, Caddo Lake, and the Sabine River, in accordance with the reciprocal agreement between Texas and Louisiana.

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 1. Freshwater Sports and Commercial Fishing
§110. Texas Border Waters Recreational Creel, Size, and Possession Limits

A. Purpose

1. Pursuant to Louisiana Revised Statute 56:673 and the July 1, 2010 Memorandum of Understanding between Louisiana Department of Wildlife and Fisheries and Texas Parks and Wildlife, the commission hereby ratifies and enters into an agreement with the Texas Parks and Wildlife Department to establish uniform and reciprocal regulations for the recreational harvest of freshwater game fish on the waters of the Louisiana-Texas border, specifically Toledo Bend Reservoir, Caddo Lake, and the Sabine River. Those regulations are as follows.

B. Toledo Bend Reservoir

1. The recreational daily creel limit (daily take) for largemouth bass (*Micropterus salmoides*) and spotted bass (*Micropterus punctulatus*) is set at eight fish, in aggregate. The minimum total length limit for largemouth bass (*M. salmoides*) is 14 inches. There is no minimum length limit on spotted bass. For enforcement purposes, a spotted bass shall be defined as a black bass with a tooth patch on its tongue.

2. The daily creel limit for white bass (*Morone chrysops*) is 25 fish and there is no minimum length limit.

3. There is no limit on the daily take of Yellow Bass (*Morone mississippiensis*).

4. The recreational daily creel limit for black crappie (*Pomoxis nigromaculatus*) and white crappie (*Pomoxis annularis*) is set at 25 fish, in the aggregate, and there is no minimum length limit.

5. The recreational daily creel limit for channel catfish (*Ictalurus punctatus*) and blue catfish (*Ictalurus furcatus*) is set at 50 fish in the aggregate, there is no minimum length limit and not more than five fish may exceed 30 inches in total length.

6. The recreational daily creel limit for flathead catfish (*Pylodictis olivaris*) is set at 10 fish. The minimum length limit is 18 inches.

C. Caddo Lake

1. Harvest regulations for black basses (largemouth bass, *Micropterus salmoides* and spotted bass, *Micropterus punctulatus*) on Caddo Lake are as follows.

a. Largemouth bass size limits—14-18 inch slot. A 14-18 inch slot limit means that it is illegal to keep or possess a largemouth bass whose maximum total length is between 14 inches and 18 inches, both measurements inclusive.

b. Spotted bass size limits—no minimum length limit. For enforcement purposes, a spotted bass shall be defined as a black bass with a tooth patch on its tongue.

c. The daily creel limit (daily take) for black bass (*Micropterus spp.*) is set at eitht fish, in the aggregate, of which no more than four largemouth bass may exceed 18 inches maximum total length.

2. The daily creel limit for white bass (*Morone chrysops*) is 25 fish and there is no minimum length limit.

3. There is no daily creel limit on yellow bass (*Morone mississippiensis*), and there is no minimum length limit.

4. The recreational daily creel limit for black crappie (*Pomoxis nigromaculatus*) and white crappie (*Pomoxis annularis*) is set at 25 fish, in the aggregate, and there is no minimum length limit.

5. The recreational daily creel limit for channel catfish (*Ictalurus punctatus*) and blue catfish (*Ictalurus furcatus*) is set at 50 fish in the aggregate, there is no minimum length

limit and not more than five fish may exceed 30 inches in total length.

6. The recreational daily creel limit for flathead catfish (*Pylodictis olivaris*) is set at 10 fish. The minimum length limit is 18 inches.

D. Sabine River

1. For purposes of this Section the Sabine River shall be defined as river proper from the Toledo Bend Dam downstream to the Interstate 10 bridge and the river proper upstream from Toledo Bend Reservoir to the point at which the entire river enters Texas as marked by state line sign.

2. The recreational daily creel limit (daily take) for largemouth bass (*Micropterus salmoides*) and spotted bass (*Micropterus punctulatus*) is set at eight fish, in aggregate. The minimum length limit for largemouth bass (*M. salmoides*) is 14 inches. There is no minimum length limit on spotted bass. For enforcement purposes, a spotted bass shall be defined as a black bass with a tooth patch on its tongue.

3. The daily creel limit for striped bass (*Morone saxatilis*) is set at five fish. There is no minimum length limit and only two fish may be over 30 inches in total length.

4. The daily creel limit for white bass (*Morone chrysops*) is 25 fish and there is no minimum length limit.

5. There is no daily creel limit on yellow bass (*Morone mississippiensis*), and there is no minimum length limit.

6. The recreational daily creel limit for black crappie (*Pomoxis nigromaculatus*) and white crappie (*Pomoxis annularis*) is set at 25 fish, in the aggregate, and there is no minimum length limit.

7. The recreational daily creel limit for channel catfish (*Ictalurus punctatus*) and blue catfish (*Ictalurus furcatus*) is set at 50 fish in the aggregate, there is no minimum length limit and not more than five fish may exceed 30 inches in total length.

8. The recreational daily creel limit for flathead catfish (*Pylodictis olivaris*) is set at 10 fish. The minimum length limit is 18 inches.

E. Daily Possession Limit: Toledo Bend Reservoir, Caddo Lake, and the Sabine River

1. The following possession limits apply to all persons while on the waters of Toledo Bend Reservoir, Caddo Lake, or the Sabine River. No person shall possess any species of fish in excess of a one day creel limit. No person shall at any time possess in excess of the daily creel limit of any species, except that a two day creel limit may be possessed on the land, if the fish were caught on more than one day and no daily creel limits were exceeded. No person shall possess any fillets of any fish species while on the water.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6(25)(a), R.S. 56:325(C), R.S. 56:326.3, and R.S. 56:673.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 14:548 (August 1988), amended LR 17:278 (March 1991), LR 17:1123 (November 1991), LR 19:790 (June 1993), LR 23:999 (August 1997), LR 31:948 (April 2005), LR 37:2439 (August 2011), LR 40:

Family Impact Statement

In accordance with Act 1183 of 1999, 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 written comments of the Notice of Intent to Mr. Mike Wood, Director, Inland Fisheries Section, Department of Wildlife and Fisheries, P.O. Box 98000, Baton Rouge, LA 70898-9000 no later than 4:30 p.m., March 6, 2014.

Billy Broussard
Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Catfish Regulations in Louisiana/Texas Border Waters

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change is expected to have no effect on costs or savings to state or local governmental units.

The proposed rule change would alter the daily creel limit regulations for channel catfish and blue catfish harvested in three water bodies along the Louisiana-Texas boundary: the Toledo Bend Reservoir, Caddo Lake, and the Sabine River. Current regulations pertaining to channel and blue catfish in these water bodies set a daily creel limit of 50 fish in total with a limit of five catfish over 20 inches in total length. The proposed change would maintain the daily 50 fish creel limit but set a limit of five fish over 30 inches in total length.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change is expected to 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 proposed rule change is expected to benefit anglers who fish in the Toledo Bend Reservoir, Caddo Lake, and the Sabine River by allowing them to keep more of the channel catfish and blue catfish that they catch.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is expected to have no effect on competition or employment.

Bryan McClinton	Evan Brasseaux
Undersecretary	Staff Director
1401#045	Legislative Fiscal Office

NOTICE OF INTENT

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Largemouth Bass Regulations (LAC 76:VII.149 and 191)

The Wildlife and Fisheries Commission does hereby give notice of its intent to modify the recreational harvest regulations for largemouth bass on Black Bayou Lake, Chicot Lake, Cross Lake, Lake Rodemacher, Spanish Lake, and Vernon Lake, Louisiana.

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 1. Freshwater Sports and Commercial Fishing

§149. Black Bass Regulations—Daily Take and Size Limits

A. The Wildlife and Fisheries Commission establishes a statewide daily take (creel limit) of 10 fish for black bass (*Micropterus spp.*). The possession limit shall be the same as the daily take on water and twice the daily take off water.

B. In addition, the commission establishes special size and daily take regulations for black bass on the following water bodies:

1. Caney Creek Reservoir (Jackson Parish):

a. size limit—15-inch to 19-inch slot. A 15 to 19-inch slot limit means that it is illegal to keep or possess a black bass whose maximum total length is between 15 inches and 19 inches, both measurements inclusive;

b. daily take—8 fish of which no more than 2 fish may exceed 19 inches maximum total length;*

c. possession limit:

i. on water—same as daily take;

ii. off water—twice the daily take;

2. John K. Kelly-Grand Bayou Reservoir (Red River Parish):

a. size limit—14-inch to 17-inch slot. A 14-to 17-inch slot limit means that it is illegal to keep or possess a black bass whose maximum total length is between 14 inches and 17 inches, both measurements inclusive;

b. daily take—eight fish of which no more than four fish may exceed 17 inches maximum total length;*

c. possession limit:

i. on water—same as daily take;

ii. off water—twice the daily take;

3. False River (Pointe Coupee Parish):

a. size limit—14-inch minimum size limit;

b. daily take—5 fish;

c. possession limit:

i. on water—same as daily take;

ii. off water—twice the daily take;

4. Poverty Point Reservoir (Richland Parish):

a. size limit—15 inch-19inch slot. A 15-19 inch slot limit means that it is illegal to keep or possess a black bass whose maximum total length is between 15 inches and 19 inches, both measured inclusive;

b. daily take—8 fish with only one fish over 19 inches per person:

i. on water possession—same as daily limit per person;

5. Louisiana-Texas Border Waters—Toledo Bend Reservoir, Caddo Lake, and Sabine River:

a. the size, daily take, and possession limits for black bass for water bodies located on the Louisiana-Texas border (Toledo Bend Reservoir, Caddo Lake and the Sabine River) are established in §110 of this Chapter.

*Maximum total length—the distance in a straight line from the tip of the snout to the most posterior point of the depressed caudal fin as measured with mouth closed on a flat surface.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6(25) (a), R.S. 56:325(C), R.S. 56:326.3, and R.S. 56:673.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR:14:364 (June 1988), amended LR 17:277 (March 1991), repromulgated LR 17:488 (May 1991), amended LR 17:1122 (November 1991), LR 20:796 (July 1994), LR 23:1168 (September 1997), LR 24:505 (March 1998), LR 26:97 (January 2000), LR 28:104 (January 2002), LR 29:373 (March 2003), LR 30:2339 (October 2004), repromulgated LR 30: (October 2004), repromulgated LR 30:2495 (November 2004), amended LR 37:2440 (August 2011), LR 39:1833 (July 2013), LR 40:

§191. Black Bass Regulations—Spanish Lake

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:6 (25)(a), R.S. 56:325(C) and R.S. 56:326.3.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 25:2263 (November 1999), repealed LR 40:

Family Impact Statement

In accordance with Act #1183 of 1999, 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 written comments of the Notice of Intent to Mr. Mike Wood, Director, Inland Fisheries Section, Department of Wildlife and Fisheries, Box 98000, Baton Rouge, LA 70898-9000 no later than 4:30 p.m., March 6, 2014.

Billy Broussard
Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Largemouth Bass Regulations

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rules change is expected to have no effect on costs or savings to state or local governmental units.

The proposed rule change would remove the existing 14-inch to 17-inch slot limit restriction on black bass harvests in five water bodies: Black Bayou Lake (Bossier Parish), Chicot Lake (Evangeline Parish), Cross Lake (Caddo Parish), Vernon Lake (Vernon Parish), and Lake Rodemacher (Rapides Parish). The slot limit means that it is illegal to keep or possess a black bass with a total maximum length between 14 and 17 inches in the lakes to which the limit applies. With the rescission of the slot limit regulation, the general statewide rule of no size limit for black bass would apply to these five water bodies.

The proposed rule change would also remove daily take limits of black bass in Black Bayou Lake, Chicot Lake, Cross Lake, Vernon Lake, and Lake Rodemacher of eight fish of which no more than two fish may exceed 17 inches maximum total length. With the rescission of the daily take limit regulation, the general statewide rule of take limit of 10 black bass per day would apply to these five water bodies.

The proposed rule change would also remove the existing 16-inch to 21-inch slot limit restriction on black bass harvests in Spanish Lake. The slot limit means that it is illegal to keep or possess a black bass with a total maximum length between 16 and 21 inches in Spanish Lake. With the rescission of the slot limit regulation, the general statewide rule of no size limit for black bass would apply to Spanish Lake.

The proposed rule change would also remove daily take limits of black bass in Spanish Lake of eight fish of which no more than two fish may exceed 21 inches maximum total length. With the rescission of the daily take limit regulation, the general statewide rule of take limit of 10 black bass per day would apply to Spanish Lake.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule change is expected to have no effect on revenue collections of state or local governmental units because there is no fee associated with the permit.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule change is expected to benefit anglers who fish in Black Bayou Lake, Chicot Lake, Cross Lake, Lake Rodemacher, Vernon Lake, and Spanish Lake because it simplifies the recreational harvest regulations and should result in an increase in anglers' harvests of black bass.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is expected to have no effect on competition or employment.

Bryan McClinton
Undersecretary
1401#044

Evan Brasseaux
Staff Director
Legislative Fiscal Office

Administrative Code Updates

CUMULATIVE: January-December 2013

LAC Title	Part #.Section #	Action	Month	Location: LR 39 Page#
4	III.Chapter 11	Adopted	Dec.	3272
7	XIII.Chapters 1-11 (formerly Chapters 1-3)	Repromulgated	Oct.	2701
	XIII.101,121,141,171,183,193	Amended	July	1757
	XIII.145,741,767-779	Repromulgated	Nov.	3059
	XIII.239,241	Adopted	July	1757
	XXI.101	Amended	Dec.	3246
	XXI.341	Adopted	Dec.	3236
	XXI.1507	Amended	Nov.	3060
	XXI.1515	Amended	Dec.	3247
	XXI.Chapter 31	Adopted	Dec.	3238
	XXV.101,103,111,113,117,121,123,141	Amended	Feb.	300
	XXV.121	Amended	Dec.	3238
	XXV.141	Amended	June	1413
	XXV.145,151,153,157	Amended	Feb.	300
	XXV.155,159,165,167	Adopted	Feb.	300
10	XIX.101,103,105,107,109,111,113,115,117	Adopted	Oct.	2789
	XIX.119,121,123,125,127,201,203,205,301	Adopted	Oct.	2789
	XIX.303,305,307,309,311,313,315,317,319	Adopted	Oct.	2789
	XIX.321,323	Adopted	Oct.	2789
13	I.4701,4703,4705,4707,4709	Adopted	June	1419
22	I.207	Amended	Dec.	3321
	I.313	Amended	Aug.	2281
	I.325	Amended	Oct.	2779
	I.341	Amended	Dec.	3309
	I.343,345,347,349,351,353,355,357,359,361	Repealed	Dec.	3309
	I.363	Repealed	Dec.	3309
	III.8101,8103,8301,8303,8501,8701,8703	Adopted	Apr.	1041
	V.101,105	Amended	Aug.	2252
	V.103,107,109,111,113,115,117	Repealed	Aug.	2252
	V.119,121,123,125,201,203,205,209,211,213	Adopted	Aug.	2252
	XI.101,103,109,111,113,115,117,121,501,503	Amended	Aug.	2258
	XI.102,103,108,122,510,514	Adopted	Aug.	2252
	XI.105,107,119,509,908,910,911	Repealed	Aug.	2258
	XI.301,303,305,307,309,901,903,904,1101	Amended	Aug.	2269
	XI.311,905,907,908,909,910,1111	Repealed	Aug.	2269
	XI.505,507,511,513,701,703,705,707,709	Amended	Aug.	2258
	XI.711,901,903,904,907,909,1501,1503	Amended	Aug.	2258
	XI.1103,1105,1107,1109,1113,1115,1117	Amended	Aug.	2269
	XI.1301,1701,1703,1705	Amended	Aug.	2269
	XIII.503	Amended	Apr.	1042
25	VII.103,107,301,305,501,2303,3101,3103	Amended	Jan.	67
	VII.105,303,503,1307,1309,2705,4317,5307	Repealed	Jan.	67
	VII.3109,4103,4105,4301,4303,4305,4307	Amended	Jan.	67
	VII.4309,4311,4501,4503,4507,5101,5103	Amended	Jan.	67
	VII.5105,5107,5109,5111,5303,5305,5307	Amended	Jan.	67
	VII.5113,5115	Adopted	Jan.	67
	VII.5311,5313,5315,5317	Repealed	Jan.	67
	IX.305,307,313,314,315,317,319,321,331	Amended	May	1264
	IX.500,501,502,504,505,901,921,929,1101	Amended	May	1264
	IX.1103,1105,1107,1109,1111,1113,1115	Amended	May	1264
	IX.1117,1119,1121,1123,1125,1127,1129	Amended	May	1264
	IX.1131	Amended	May	1264
	XI.501,503,505,507,509,511,513,515,517	Repealed	May	1264
	XI.519,521,523,525,527,529,531	Repealed	May	1264
28	I.305,307,309,311,313,315,501,503,701,703	Amended	Dec.	3261
	I.501	Repromulgated	Feb.	307
	I.705,709,713,715,719,901,903,1101,1103	Amended	Dec.	3261
	I.1105,1107,1109,1303	Amended	Dec.	3261
	IV.301	Amended	Feb.	308
	IV.703	Amended	Mar.	481
	IV.703	Amended	Sept.	2485
	IV.1201,1203,1205,1207,1209,1213,1215	Amended	Aug.	2234
	IV.1211	Repealed	Aug.	2234
	IV.1217	Amended	Aug.	2234
	VI.311,315	Amended	Aug.	2238
	IX.103,105	Amended	Jan.	84
	XXI.101,103,301,303,501,503,505,507,509	Repealed	Sept.	2484
	XXI.511,513,515,517,519,521,523,525,527	Repealed	Sept.	2484
	XXXI.101,301,303,305,307,501,503,505,507	Repealed	Sept.	2481
	XXXI.509,511,513,515,517,519,521,523,525	Repealed	Sept.	2481
	XXXI.527,529,701,703,705,901,903,905,907	Repealed	Sept.	2481
28	XXXI.909,911,1301,1303,1305,1307,1309	Repealed	Sept.	2481
	XXXI.1311,1501,1503,1505,1507,1509	Repealed	Sept.	2481
	XXXI.1511	Repealed	Sept.	2481
	XLIII.543	Amended	Dec.	3261
	LXXVII.101,103,105,107,301,303,305,307	Repealed	Sept.	2437
	LXXVII.309,311,313,315,317,319,321,323	Repealed	Sept.	2437
	LXXVII.325,327,329,331,333,335,337,339	Repealed	Sept.	2437
	LXXVII.341,343,345,347,349,351,353,355	Repealed	Sept.	2437
	LXXVII.357,359,361,363,356,367,369,371	Repealed	Sept.	2437
	LXXVII.373,375,377,379,381,383,385,387	Repealed	Sept.	2437
	LXXVII.389,391,393,395,397,501,503,505	Repealed	Sept.	2437
	LXXVII.507,511,513,515,701,901,903	Repealed	Sept.	2437
	LXXIX.105,107,115,117,119,123,301,303	Amended	June	1438
	LXXIX.107	Amended	Feb.	306
	LXXIX.107	Amended	Nov.	3070
	LXXIX.109,110,111,113	Repealed	Feb.	306
	LXXIX.305,703,705,1705,2105,2113,2117	Repealed	June	1438
	LXXIX.501,505,509,511,515,517,525,527	Amended	June	1438
	LXXIX.529,531,533,535,707,901,1101	Amended	June	1438
	LXXIX.1103	Adopted	Mar.	480
	LXXIX.1901,1903,2103,2109,2111,2120	Amended	June	1438
	LXXIX.2102,2508	Adopted	June	1438
	LXXIX.2119,2125,2129,2133,2703,2705	Repealed	June	1438
	LXXIX.2127,2131,2135,2307,2313,2319	Amended	June	1438
	LXXIX.2323,2325,2327,2329,2331,2339	Amended	June	1438
	LXXIX.2501,2503,2505,2507,2509,2511	Amended	June	1438
	LXXIX.2513,2515,2517,2519,2521,2701	Amended	June	1438
	LXXIX.2707,2709,2711,2713,2715,2719	Repealed	June	1438
	LXXIX.2717,2735,2901,2903,3003,3301	Amended	June	1438
	LXXIX.2721,2723,2725,2727,2729,2731	Repealed	June	1438
	LXXIX.2733,2905,2907,2909,2911,2913	Repealed	June	1438
	LXXIX.3101	Repealed	June	1438
	LXXIX.3303	Amended	June	1438
	LXXXIII.301,409,517,613	Amended	Feb.	304
	LXXXIII.301,409,521	Amended	June	1421
	LXXXIII.301,413,515,613,1301	Amended	Sept.	2441
	LXXXIII.303	Adopted	Sept.	2441
	LXXXIII.612	Adopted	Feb.	304
	LXXXIII.1102	Amended	Feb.	304
	LXXXIII.3501,3505	Adopted	Mar.	472
	LXXXIII.3503,3507	Amended	Mar.	472
	CXI.305,701,1817	Amended	Apr.	1018
	CXI.319,1809,1810,2201,2203,2205,2207	Adopted	Jan.	73
	CXI.701,1701,1813,1817,1825	Amended	Jan.	73
	CXI.1127,1129,1711,1713,1715,1717,3501	Amended	June	1422
	CXI.1804,1805,1806.1807,1808	Repromulgated	Jan.	73
	CXI.1813	Amended	Sept.	2444
	CXI.2400,2409,2411,2412,2413,2415	Adopted	Jan.	73
	CXIII.303,307,309,1905,3101	Amended	Jan.	80
	CXIII.1907	Adopted	Jan.	80
	CXV.101,303,307,313,323,325,329,331,333	Amended	Aug.	2195
	CXV.311,315,319,321,335,507,509,511,513	Repealed	Aug.	2195
	CXV.337,341,343,345,349,501,503,505,515	Amended	Aug.	2195
	CXV.339,519,705,1113,1303,2305,2313	Amended	Dec.	3258
	CXV.521,703,705,707,709,713,715,717,719	Amended	Aug.	2195
	CXV.711,907,909,1119,1121,1129,1131,1137	Repealed	Aug.	2195
	CXV.901,903,913,915,1103,1105,1107,1109	Amended	Aug.	2195
	CXV.1111,1115,1117,1123,1124,2345,2347	Amended	Aug.	2195
	CXV.1145,1147,1901,1903,2321,2323,2393	Repealed	Aug.	2195
	CXV.1301	Amended	Mar.	476
	CXV.1301	Amended	Nov.	3069
	CXV.1302,1303	Adopted	Mar.	476
	CXV.1304,1305,1306	Repromulgated	Mar.	476
	CXV.2314,2324	Amended	Dec.	3260
	CXV.2314,2911	Adopted	Aug.	2195
	CXV.2317	Amended	Apr.	1038
	CXV.2339,2382	Repromulgated	Aug.	2195
	CXV.2347	Amended	Dec.	3258
	CXV.2349,2355,2357,2364,2367,2371,2373	Amended	Aug.	2195
	CXV.2375,2377,2379,2381,2383,2385,2387	Amended	Aug.	2195
	CXV.2375,2389	Amended	Dec.	3258
	CXV.2395,3501,3503,3505,3507,3509,3511,	Repealed	Aug.	2195
	CXV.3115,3117,3305,3309,3313,3317,3701	Amended	Aug.	2195
	CXV.3319	Repealed	Dec.	3258
	CXV.3513,3515,3517	Repealed	Aug.	2195
	CXV.3703	Amended	Aug.	2195
	CXXXI.233,235,237,240,243,348,405,409	Amended	June	1459

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28	CXXXI.605,607,609,629,630,631,633,648	Amended	June	1459
	CXXXI.659,703,705,707,721,723	Amended	June	1459
	CXXXV.101,103,105,107,109,111,113	Repealed	July	1765
	CXXXV.115,117,119,121,123,125,127	Repealed	July	1765
	CXXXIX.103,303,306,307,503,507,511,517	Amended	Nov.	3062
	CXXXIX.107,301,519,523,2301,2303,2503	Amended	Dec.	3249
	CXXXIX.301	Amended	Mar.	473
	CXXXIX.401,403,405,407,409,411,417,419	Adopted	Mar.	473
	CXXXIX.421,423,521,707	Adopted	Mar.	473
	CXXXIX.503,505,507,509,511,513,515,517	Amended	June	1431
	CXXXIX.512	Amended	Jan.	81
	CXXXIX.518,901,1101,1303,1503,2501	Amended	June	1431
	CXXXIX.519,701,1101,1303,1503,1703	Amended	Nov.	3062
	CXXXIX.523,1105	Adopted	June	1431
	CXXXIX.1601	Adopted	Nov.	3062
	CXXXIX.1903,1905,2501,2905,2911,3101	Amended	Nov.	3062
	CXXXIX.1907,2105	Repealed	Nov.	3062
	CXXXIX.2509,2709	Amended	Dec.	3249
	CXXXIX.2709	Amended	June	1431
	CXXXIX.2709,2711	Amended	Apr.	1021
	CXLV.502,505	Amended	Dec.	3252
	CXLV.505	Amended	Jan.	82
	CXLV.505	Amended	Apr.	1021
	CXLVII.105,301,303,305,325,701,905	Amended	May	1272
	CXLVII.327	Repealed	May	1272
	CLIII.1301,1303,1305	Adopted	Jan.	82
	CLV.101,103,301,303,307,309,311,313,501	Adopted	Apr.	1023
	CLV.503,505,701,703,705,707,901,1101	Adopted	Apr.	1023
	CLV.1103,1105,1107,1109,1111,1301,1303	Adopted	Apr.	1023
	CLVII.101,301,303,305,307,309,311,313	Adopted	Apr.	1029
	CLVII.301	Amended	Dec.	3257
	CLVII.305,307	Amended	Aug.	2193
	CLVII.307	Amended	Nov.	3069
	CLIX.101,103,105,107,109,111,113,201,301	Adopted	Sept.	2445
	CLIX.303,305,307,401,403,405,407,409,411	Adopted	Sept.	2445
	CLIX.501,503,505,507,701,703,705,707,709	Adopted	Sept.	2445
	CLIX.711,901,1101,1103	Adopted	Sept.	2445
31	I.1101,1103,1105,1107	Adopted	Apr.	1055
	II.117	Adopted	Dec.	3324
	II.401,403,405,407,409,411,413,415,417,419	Adopted	Oct.	2789
	II.421	Adopted	Oct.	2789
33	III.319	Adopted	Apr.	1039
	III.506,507,2160,3003,5116,5122,5311,5901	Amended	May	1276
	III.509	Amended	May	1279
	III.905	Amended	May	1278
	III.2121,2122,2199	Amended	Aug.	2238
	III.2511,5113	Amended	Dec.	3268
	III.2801,2803,2807,2811,2813,2817,2819	Amended	June	1466
	III.2815	Adopted	June	1466
	III.2821	Amended	June	1466
	III.3003	Amended	Apr.	1038
	III.5308	Repealed	Dec.	3268
	V.2267,2299,3105,4901	Amended	Sept.	2491
	V.2299	Amended	Sept.	2486
	V.10111	Amended	Oct.	2783
	VI.803	Repromulgated	Jan.	85
	IX.2505	Amended	Dec.	3269
	XI.905	Repromulgated	Jan.	85
34	I.5505	Amended	Dec.	3271
	I.5515	Adopted	May	1280
	I.5517	Adopted	Feb.	309
	I.5519	Adopted	Feb.	309
	III.103	Amended	Dec.	3271
	III.131	Amended	Jan.	85
	III.131	Amended	Sept.	2493
	III.Chapter 4	Adopted	Dec.	3270
35	I.1505	Amended	May	1281
	IX.9105	Adopted	May	1281
	XIII.11003	Adopted	Sept.	2493
37	VII.123,129	Repealed	Dec.	3324
	XIII.1301,1303,1305,1307	Amended	Dec.	3302
	XIII.1309,1311,1313,1315	Adopted	Dec.	3302
	XIII.3501,3503,3507,3509,3511,3513	Amended	July	1807
	XIII.3510	Adopted	July	1807
	XIII.3515,3517,3519,3521,3523,3525	Amended	July	1807
	XIII.14301,14303,14305,14307,14309,14311	Adopted	Oct.	2773
	XIII.14313,14315,14317	Adopted	Oct.	2773
40	I.305	Amended	Feb.	331
	I.306	Adopted	Feb.	331

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40	I.3119,3329,3911,4119,4339,4537,5157,5399	Amended	July	1838
	IV.109,113	Amended	Aug.	2312
	IV.109,113	Repromulgated	Nov.	3101
	IV.301,323,353,357,369,371	Amended	Aug.	2313
	IV.307,325,329,331,337,343,359	Amended	July	1834
40	IV.309,333	Repealed	July	1834
	IV.324,368	Adopted	Aug.	2313
42	XI.2415	Amended	Feb.	329
43	I.700,724	Amended	June	1474
	I.700,724	Amended	Oct.	2775
	I.723,727	Amended	Feb.	327
	I.728	Adopted	Feb.	327
	XIX.103	Amended	Mar.	515
	XIX.107	Amended	Dec.	3308
	XIX.118	Amended	July	1824
	XIX.609,613,619	Amended	Dec.	3308
	XIX.701,703,705,707	Amended	Nov.	3099
46	I.1103	Amended	Oct.	2737
	I.1109	Adopted	Oct.	2737
	I.1303	Amended	Mar.	483
	I.1539	Adopted	Oct.	2737
	I.1905,1907	Adopted	Mar.	483
	V.101,1307	Amended	Nov.	3070
	V.309,1507,1509,1511,1703	Adopted	Mar.	498
	V.1309,1707,1901	Adopted	Nov.	3070
	V.1501,1503,1505,1701,1705	Amended	Mar.	498
	XIII.101,103,301,303,305,307,309,311,501	Amended	Oct.	2739
	XIII.313,315,317,319,911,913,915,917,921	Repealed	Oct.	2739
	XIII.503,701,705,707,709,711,1101,1103	Amended	Oct.	2739
	XIII.703,901,903,905,907,909,1135,1505	Adopted	Oct.	2739
	XIII.923,925	Repealed	Oct.	2739
	XIII.1105,1107,1109,1111,1113,1115,1117	Amended	Oct.	2739
	XIII.1119,1121,1123,1125,1127,1129,1131	Amended	Oct.	2739
	XIII.1133,1301,1303,1305,1501,1503,1903	Amended	Oct.	2739
	XIII.1701,1703,1705,1707,1709,1711,1901	Adopted	Oct.	2739
	XIII.1905,1909,1911,2301,2303,2305,2307	Adopted	Oct.	2739
	XIII.1907,2101,2501	Amended	Oct.	2739
	XXI.603,607	Amended	Apr.	1040
	XXXIII.103	Repromulgated	Jan.	86
	XXXIII.116,911,1403	Amended	Aug.	2277
	XXXIII.120	Amended	Aug.	2277
	XXXIII.305	Repealed	May	1282
	XXXIII.306,307,706,707	Amended	Jan.	87
	XXXIII.318	Repealed	Aug.	2279
	XXXIII.415,419	Amended	Aug.	2278
	XXXIII.415,1505,1506,1509,1511,1513	Amended	Jan.	89
	XXXIII.903,907	Amended	Oct.	2752
	XXXIII.1506,1507	Amended	Oct.	2753
	XXXIII.1511	Amended	Oct.	2753
	XXXIII.1605	Amended	Aug.	2277
	XXXIII.1611,1709	Amended	May	1282
	XXXIII.1613,1709,1809	Amended	Jan.	86
	XXXIII.1619	Repealed	Aug.	2277
	XLIV.301,901,1101,1201,1301,1501,1701	Amended	July	1767
	XLIV.501,701,1901,2301,3501,3901,4301	Repealed	July	1767
	XLIV.1401,1403,1405,1407,1409,1411,1413	Adopted	July	1767
	XLIV.1415	Adopted	July	1767
	XLIV.2501,2701,2901,3101,3301,3701,3703	Amended	July	1767
	XLIV.4101,5301,5501,5503,5901,6101	Amended	July	1767
	XLIV.4501,4701,4901,5101,5701,6301	Repealed	July	1767
	XLV.241,243,245,3301-3355,6301-6313	Adopted	Dec.	3277
	XLV.353	Amended	Dec.	3287
	XLV.424	Adopted	Dec.	3276
	XLV.523	Amended	Dec.	3291
	XLV.1935	Amended	Dec.	3291
	XLV.6506	Amended	Apr.	1047
	XLV.6513	Amended	Dec.	3290
	XLV.7403,7407,7409,7415,7419,7421,7423	Amended	Dec.	3287
	XLV.7411,7413,7427,7431,7433	Repealed	Dec.	3287
	XLV.7425,7429,7435,7437	Amended	Dec.	3287
	XLVI.101,103,105,107,109,111,113,115,117	Adopted	Oct.	2784
	XLVI.119,121,123,125,127,129,131,133,135	Adopted	Oct.	2784
	XLVI.137,139,141,143	Adopted	Oct.	2784
	XLVII.3328	Amended	Aug.	2280
	XLVII.3707	Amended	Mar.	501
	XLIX.303,503,505,511,701,709,713,903,905	Amended	Apr.	1044
	XLIX.1101,1105,1107,1201,1301	Amended	Apr.	1044
	LIII.506,904	Adopted	Nov.	3075
	LIII.901,903,905,909	Amended	July	1777
	LIII.1103	Amended	Feb.	315
	LIII.1139,1143	Amended	Feb.	313
	LIII.1503	Amended	May	1282

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46	LIII.1525	Adopted	May	1282
	LIII.1705	Amended	Feb.	313
	LIII.1713,2743	Amended	Feb.	312
	LIII.1727	Repealed	Feb.	313
	LIII.1801,1807,2303	Amended	Nov.	3074
	LIII.2401,2403,2405,2407	Adopted	Mar.	501
	LIII.2705	Amended	Feb.	312
	LIII.2901,2909,2911,2913,2917,2921,2925	Amended	Feb.	314
	LIII.2931	Repealed	Feb.	314
	LX.103,301,307,501,503,701,703,705,801	Amended	July	1782
	LX.505,1101,1103,1505,3703	Adopted	July	1782
	LX.803,901,903,1101,1303,1305,1309,1311	Amended	July	1782
	LX.1321,1323,1703,2101,2103,2105,2107	Amended	July	1782
	LX.2109,2113,2115,2117,2118,3313,3315	Amended	July	1782
	LX.3701	Amended	July	1782
	LXI.903,905,909	Amended	Oct.	2801
	LXI.903,1901,2909	Amended	Apr.	1060
	LXI.911	Adopted	Oct.	2801
	LXI.1301,1303,1313,1315,1701	Amended	Aug.	2282
	LXI.1307	Repealed	Aug.	2282
	LXI.2701,3111,3113	Amended	June	1481
	LXIII.601,603	Amended	Feb.	311
	LXIII.801,803,809,811,813,815	Amended	Oct.	2754
	LXIII.903	Amended	Oct.	2754
	LXIII.1001,1002	Amended	Oct.	2756
	LXIII.1003	Adopted	Oct.	2756
	LXVII.3503	Adopted	Nov.	3074
	LXVII.10309	Amended	Feb.	310
	LXVII.10701	Adopted	Feb.	310
	LXVII.30302,30401,30900,31101	Adopted	Nov.	3072
	LXVII.30501	Amended	Nov.	3072
	LXXV.107,109,121,123,125,701	Amended	Apr.	1042
	LXXV.130	Adopted	Apr.	1042
	LXXX.707	Amended	Aug.	2275
	XCI.301,305,311	Amended	Oct.	2757
	XCI.313	Amended	Jan.	91
	XCI.1101	Adopted	Jan.	91
48	I.4301,4303,4305,4307,4309,4311,4313,4315	Repealed	Oct.	2759
	I.4317,4319,4321,4323,4325,4327,4329	Repealed	Oct.	2759
	I.4403,4409,4415	Amended	Aug.	2280
	I.Chapter 46	Repealed	Nov.	3077
	I.5901,5903,5905,5907,5909,5911,5913,5915	Repealed	Oct.	2762
	I.5917,5919,5921,5923,5925,5927,5929,5931	Repealed	Oct.	2762
	I.5933,5935,5937,5939,5941,5943,5945,5947	Repealed	Oct.	2762
	I.5949,5951,5953,5955,5957,5959,5961,5963	Repealed	Oct.	2762
	I.5965,5967,5969,5971,5973,5975,5977,5979	Repealed	Oct.	2762
	I.5981,5983,5985,5987,5989,5991,5993	Repealed	Oct.	2762
	I.7701,7703,7705,7707,7709,7711,7713,7719	Repealed	Oct.	2766
	I.7720,7721,7723,7729,7731,7733,7735,7736	Repealed	Oct.	2766
	I.7737,7739,7741,7743,7745,7747,7749,7751	Repealed	Oct.	2766
	I.7753,7755,7757,7759,7761,7763,7765,7767	Repealed	Oct.	2766
	I.7769,7771,7772,7773,7775,7777,7779,7781	Repealed	Oct.	2766
	I.7783,7785	Repealed	Oct.	2766
	I.8101,8104,8105,8111,8112,8113,8115,8121	Repealed	Oct.	2770
	I.8123,8125,8127,8128,8129,8130,8131,8132	Repealed	Oct.	2770
	I.8133,8135,8137,8139,8141,8143,8145,8147	Repealed	Oct.	2770
	I.8149,8151,8153,8155,8157,8159,8161,8165	Repealed	Oct.	2770
	I.8167	Repealed	Oct.	2770
	I.9003,9009,9077,9093,9097	Amended	Sept.	2510
	I.9731,9735,9739,9741,9743,9745,9747,9749	Repealed	Nov.	3098
	I.12533	Amended	June	1469
	I.12535	Adopted	June	1469
	V.8501,8502,8503,8505,8507,8509,8511	Amended	Dec.	3304
	V.8513	Amended	Dec.	3304
	V.8515	Adopted	Dec.	3304
50	I.1501,1503	Adopted	Apr.	1051
	I.3503,3505,3507,3509	Amended	Jan.	92
	I.3507	Repromulgated	Feb.	318
	I.Chapter 55	Repealed	Nov.	3077
	I.8341,8345,8347,8349	Amended	Mar.	509
	I.12501	Amended	Mar.	505
	II.105,113	Amended	Apr.	1052
	II.10154,10156	Amended	June	1471
	II.20005	Amended	May	1286
	II.20005	Amended	Nov.	3097
	II.20005	Amended	Nov.	3097
	III.763,765	Repealed	Dec.	3299
	III.2305	Repealed	Dec.	3298
	III.2309	Adopted	Dec.	3299
	III.2315	Adopted	Dec.	3298
	III.20509	Adopted	May	1285
	V.915,959	Amended	Jan.	94
	V.953	Amended	Dec.	3297

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50	V.953,954,967	Amended	Nov.	3095
	V.959	Amended	Feb.	323
	V.963	Repromulgated	Jan.	95
	V.963	Amended	June	1470
	V.1301,1303,1305,1307,1309	Adopted	Feb.	323
	V.2503	Amended	Dec.	3294
	V.2705	Amended	Dec.	3296
	V.2709	Amended	Mar.	505
	V.2713	Adopted	Dec.	3294
	V.5109	Adopted	Feb.	327
	V.5315,5515,5717,5915,6117	Amended	June	1472
	V.6301,6303,6305,6311	Adopted	Sept.	2505
	VII.32903	Amended	July	1780
	VII.32903	Amended	Oct.	2766
	VII.32965,32967,32969	Adopted	Feb.	325
	IX.701,703,705,15103	Adopted	Sept.	2509
	IX.8305	Amended	Jan.	96
	IX.8505	Adopted	Jan.	96
	IX.8701	Repealed	Jan.	96
	IX.15111	Adopted	Dec.	3300
	IX.15113	Amended	Dec.	3300
	IX.15113	Amended	Dec.	3301
	IX.15133,15135	Amended	July	1781
	IX.15143	Amended	Jan.	96
	IX.15143	Amended	July	1781
	XI.3501	Amended	Jan.	93
	XI.3501	Amended	Mar.	506
	XI.6901,6903	Amended	May	1283
	XI.7503	Amended	Feb.	316
	XI.10301,10701	Amended	Nov.	3076
	XIII.121	Adopted	Mar.	509
	XIII.701	Amended	Apr.	1050
	XIII.10301	Amended	Apr.	1050
	XV.6501	Adopted	Feb.	318
	XV.6701,6703,6705	Repealed	Feb.	318
	XV.6905	Amended	Apr.	1048
	XV.9113	Amended	Mar.	505
	XV.9501,9503,9505	Adopted	Oct.	2760
	XV.9701,9703	Adopted	Jan.	93
	XV.10701	Amended	Jan.	97
	XV.10701	Amended	Dec.	3302
	XV.12901,12902,12903,12905,12907,12909	Amended	Sept.	2506
	XV.12910,12911,12912,12913,12915	Amended	Sept.	2506
	XV.12917	Amended	July	1780
	XV.12919	Adopted	Apr.	1052
	XV.28101	Amended	May	1286
	XVII.501	Amended	Oct.	2770
	XIX.309	Amended	Apr.	1052
	XIX.4329	Amended	Jan.	95
	XIX.4329,4334,4335,4337	Amended	May	1284
	XXI.Chapter 5	Adopted	Nov.	3086
	XXI.701	Adopted	Mar.	509
	XXI.2101,2103,2105,2107,2301,2501,2503	Amended	Sept.	2494
	XXI.2305	Adopted	Sept.	2494
	XXI.2701,2703,2901	Amended	Sept.	2494
	XXI.2915	Amended	Mar.	507
	XXI.6101	Amended	Apr.	1049
	XXI.8105,8301,8305,8307,8311,8313,8315	Amended	Feb.	319
	XXI.8105,8301,8307,8501,9501	Amended	July	1778
	XXI.8302	Adopted	Feb.	319
	XXI.8321,8323,8501,8701,8901,8903,9301	Amended	Feb.	319
	XXI.8325,8327	Adopted	July	1778
	XXI.9303,9501,9503	Amended	Feb.	319
	XXI.9501	Amended	Mar.	508
	XXI.9501	Amended	Mar.	508
	XXI.9501	Repromulgated	Apr.	1048
	XXI.11101,11103,11301,11303,11501,11521	Amended	Sept.	2497
	XXI.11104,11529,12103	Adopted	Sept.	2497
	XXI.11301	Amended	Mar.	507
	XXI.11523,11527,11701,11703,11705,11901	Amended	Sept.	2497
	XXI.11903,11905,12101	Amended	Sept.	2497
	XXI.14301	Amended	Apr.	1049
	XXI.16901	Amended	Apr.	1049
	XXII.2701	Amended	Mar.	506
	XXII.6303,6903	Amended	Dec.	3297
	XXIII.1301	Amended	Feb.	316
	XXV.701	Amended	Feb.	316
	XXVII.325,353	Amended	May	1285
	XXXIII.501	Amended	Feb.	317
	XXXIII.2701	Amended	Feb.	317
	XXXIII.14701	Amended	Dec.	3301
51	XIV.411	Repromulgated	Mar.	511
52	I.703,704,802,803,1002,1003,1009,1010	Amended	June	1415

LAC Title	Part #.Section #	Action	Location: Month	LR 39 Page#
52	I.708,1001,1004,1005,1006,1007,1011,1015	Repealed	June	1415
	I.801,804,806,808	Adopted	June	1415
	I.1012,1013,1014,1017,1018,1101,1102	Amended	June	1415
	I.1016,1103,1104	Repealed	June	1415
	I.1703	Amended	Nov.	3062
55	III.110	Adopted	Mar.	516
	III.117	Amended	Sept.	2511
55	III.155	Repromulgated	Jan.	98
	III.325	Amended	Sept.	2512
	III.1717	Adopted	Dec.	3324
	V.103,303	Amended	June	1478
	VI.301	Amended	July	1825
	VI.301	Amended	Sept.	2512
	VII.503,505,507,509,511	Amended	July	1826
56	III.2301,2303,2305,2307	Adopted	Jan.	117
	V.1107	Amended	Mar.	486
58	I.115,117	Adopted	Jan.	120
	I.401,405,407	Amended	Jan.	119
	IX.201,202,203,204,205	Adopted	May	1286
	XVII.201,202,203,204,205	Adopted	Aug.	2283
	XVIII.101,102,103,104	Adopted	June	1482
	XIX.101,103,105,301,501,503,701,703,705	Adopted	Aug.	2187
61	I.1516	Adopted	Jan.	103
	I.1520	Amended	Jan.	103
	I.1520	Repromulgated	Feb.	329
	I.1661,1663,1665,1667,1669,1673	Amended	Apr.	1006
	I.1668	Adopted	Apr.	1009
	I.1692,1693,1695,1697	Amended	Apr.	1015
	I.1694	Adopted	Apr.	1015
	I.1907	Amended	Jan.	99
	III.2305	Amended	Sept.	2437
	III.2501	Amended	Jan.	102
	III.2503	Amended	Jan.	99
	V.101,303,304,703,907,1103,1307,1503,2503	Amended	Mar.	487
67	I.301,303,305,307,309	Amended	Dec.	3247
	III.1249,5563	Amended	June	1413
	III.1259,5351	Adopted	Nov.	3061

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	III.1290,1291	Repealed	June	1413
67	III.1503,2005,5106,5383	Amended	Aug.	2192
	III.2509	Amended	July	1765
	III.2545	Amended	July	1764
	III.5107	Amended	Oct.	2736
	III.5597	Adopted	Jan.	67
	III.5597	Amended	Aug.	2191
	III.7302,7355	Amended	Jan.	66
	III.7304,7325,7357,7373	Amended	Mar.	470
	V.6704	Adopted	Jan.	66
	V.6953,7103,7303	Amended	Jan.	66
	V.7503	Repromulgated	May	1264
	V.7503,7505,7507,7509,7511	Amended	Apr.	1006
70	I.701,703,705,707,709,710,711,713	Repealed	Jan.	117
	II.527	Amended	Oct.	2801
	II.527	Amended	Nov.	3100
	IX.301,313,315	Amended	Jan.	104
	IX.303,305,307,309,311,317,319,321,323	Repromulgated	Jan.	104
	IX.325,327,329,331,333,335,337	Repromulgated	Jan.	104
	IX.901,903,905,907,909,911,913,915,917	Repealed	Jan.	104
	IX.919,921,923,925,927,929,931,933,935	Repealed	Jan.	104
	IX.937	Repealed	Jan.	104
	IX.1301	Amended	Dec.	3325
	XXIX.101,103,105,107,109,111,113,115	Adopted	Apr.	1058
73	I.303	Amended	Jan.	98
76	I.701	Amended	Apr.	1062
	V.111	Amended	Aug.	2291
	V.301	Amended	Jan.	120
	V.701	Amended	Aug.	2291
	VII.134	Amended	Nov.	3100
	VII.149,165,189	Amended	July	1832
	VII.187	Amended	July	1833
	VII.199	Amended	Jan.	120
	VII.335	Amended	Feb.	330
	VII.357	Amended	Apr.	1062
	VII.535	Adopted	Mar.	516
	XV.101	Amended	July	1834
	XIX.101,103	Amended	Aug.	2306
	XIX.111	Amended	Aug.	2292

Potpourri

POTPOURRI

Department of Children and Family Services
Division of Programs

Temporary Assistance for Needy Families (TANF)
Caseload Reduction

The Department of Children and Family Services, hereby gives notice that, in accordance with federal regulations at 45 CFR 261.40, the Temporary Assistance for Needy Families (TANF) caseload reduction report for Louisiana is now available to the public for review and comment.

In order to receive a caseload reduction credit for minimum participation rates, the agency must submit a report based on data from the Family Independence Temporary Assistance Program (FITAP) and the Strategies to Empower People Program (STEP) containing the following information:

1. a listing of, and implementation dates for, all state and federal eligibility changes, as defined at §261.42, made by the state after FY 2005;
2. a numerical estimate of the positive or negative impact on the applicable caseload of each eligibility change (based, as appropriate, on application denials, case closures, or other analyses);
3. an overall estimate of the total net positive or negative impact on the applicable caseload as a result of all such eligibility changes;
4. an estimate of the state's caseload reduction credit;
5. a description of the methodology and the supporting data that it used to calculate its caseload reduction estimates;
6. a certification that it has provided the public an appropriate opportunity to comment on the estimates and methodology, considered their comments, and incorporated all net reductions resulting from federal and state eligibility changes; and
7. a summary of all public comments.

Copies of the TANF Caseload Reduction Report may be obtained by writing Brandy Bonney, Department of Children and Family Services, P.O. Box 94065, Baton Rouge, LA 70804-9065, by telephone at (225) 342-4096, or via E-mail at brandy.bonney@la.gov.

Written comments regarding the report should also be directed to Ms. Bonney. These must be received by close of business on February 19, 2014.

Suzy Sonnier
Secretary

1401#030

POTPOURRI

Department of Health and Hospitals
Emergency Response Network Board

LERN Destination Protocol: Stroke

On November 21, 2013, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "LERN Destination Protocol: STROKE," as follows.

The following protocol applies to patients with suspected stroke:

Compromise Of:

- **Airway**
- **Breathing**
- **Circulation**

➔ **Closest ED**

NO

- **All other patients with suspected stroke**

Patients with seizure with focal deficit, extended window (4-8 hrs from onset), and patients with unknown onset may benefit from evaluation at Level I or II hospital with

➔ **Transport to LERN Stroke Level I, II, or III**

NO

Terminally Ill or Palliative Care Patient → **Transfer to LERN Stroke Level I, II, III, or IV**

Guiding principles:

- Time is the critical variable in acute stroke care.
- Protocols that include pre-hospital notification while en route by EMS should be used for patients with suspected acute stroke to facilitate primary destination efficiency.
- Treatment with intravenous tPA is the only FDA approved acute therapy for stroke.
- EMS should identify the geographically closest facility capable of providing tPA treatment.
- Transfer patient to the nearest hospital equipped to provide tPA treatment.
- Secondary transfer to facilities equipped to provide tertiary care and interventional treatments should not prevent administration of tPA to appropriate patients.

Norman E. McSwain, Jr.
Chair

1401#011

POTPOURRI

Department of Health and Hospitals
Emergency Response Network Board

LERN Destination Protocol: Trauma

On November 21, 2013, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "LERN Destination Protocol: TRAUMA" replacing the "LERN Destination Protocol: Trauma" adopted and promulgated April 26, 2012, and repealing "LERN ENTRY CRITERIA, Trauma Pre-Hospital and Hospital Triage Protocol" adopted and promulgated April 21, 2011, as follows.

Call LERN Communication Center at 1-866-320-8293 for patients meeting the following criteria:

- Unmanageable airway
- Tension pneumothorax
- Traumatic cardiac arrest
- Burn patient without patent airway
- Burn patient > 40 % BSA without IV

→ **Closest ED/Trauma Center**

NO ↓

Physiologic

- GCS < 14
- SBP < 90 (adults and > 9 y/o)
  - < 70 + 2 [age (yrs)] (age 1 to 8 y/o)
  - < 70 (age 1 to 12 months)
  - < 60 (term neonate)
- RR < 10 or > 29 (adults & ≥ 9 y/o)

→ **To Appropriate Trauma Center or Hospital as Determined by LERN Communication Center**

< 15 or > 30 (age 1 to 8 y/o)

< 25 or > 50 (< 12 m/o)

NO ↓

Anatomic

- Open or depressed skull fractures
- Open head injury with or without CSF leak
- Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit)
- All penetrating injuries to head, neck, torso, & extremities proximal to elbow & knee
- Flail Chest
- 2 or more proximal long-bone fractures
- Crush, degloved or mangled extremity
- Amputation proximal to wrist & ankle
- Pelvic Fractures
- Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls
- Major joint dislocations (hip, knee, ankle, elbow)
- Open Fractures
- Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture)

→ **To Appropriate Trauma Center or Hospital as Determined by LERN Communication Center**

NO ↓

Mechanism

- Falls >20 ft. adults
  >10 ft. (child) or 2 to 3 times height
- High-risk auto crash
  - Intrusion >12 in. occupant site
    >18 in. any site
  - Ejection, partial or complete from automobile
  - Death in same passenger compartment
- Auto vs. pedestrian/bicyclist thrown, run over or significant (>20 MPH) impact
- Motorcycle crash >20 MPH

→ **To Appropriate Trauma Center or Hospital as Determined by LERN Communication Center**

NO ↓

Other

- Pregnancy >20 weeks
- Burns (follow ABA guidelines)
- Age ≥ 55 y/o or <8 y/o
- Anticoagulation & bleeding disorders –patients w/ head injuries are at high risk for rapid deterioration

→ **To Appropriate Trauma Center or Hospital as Determined by LERN Communication Center**

MULTI / MASS CASUALTY INCIDENT (MCI)

→ **To Appropriate Trauma Center or Hospital as Determined by LERN Communication Center**

Norman E. McSwain, Jr.
Chair

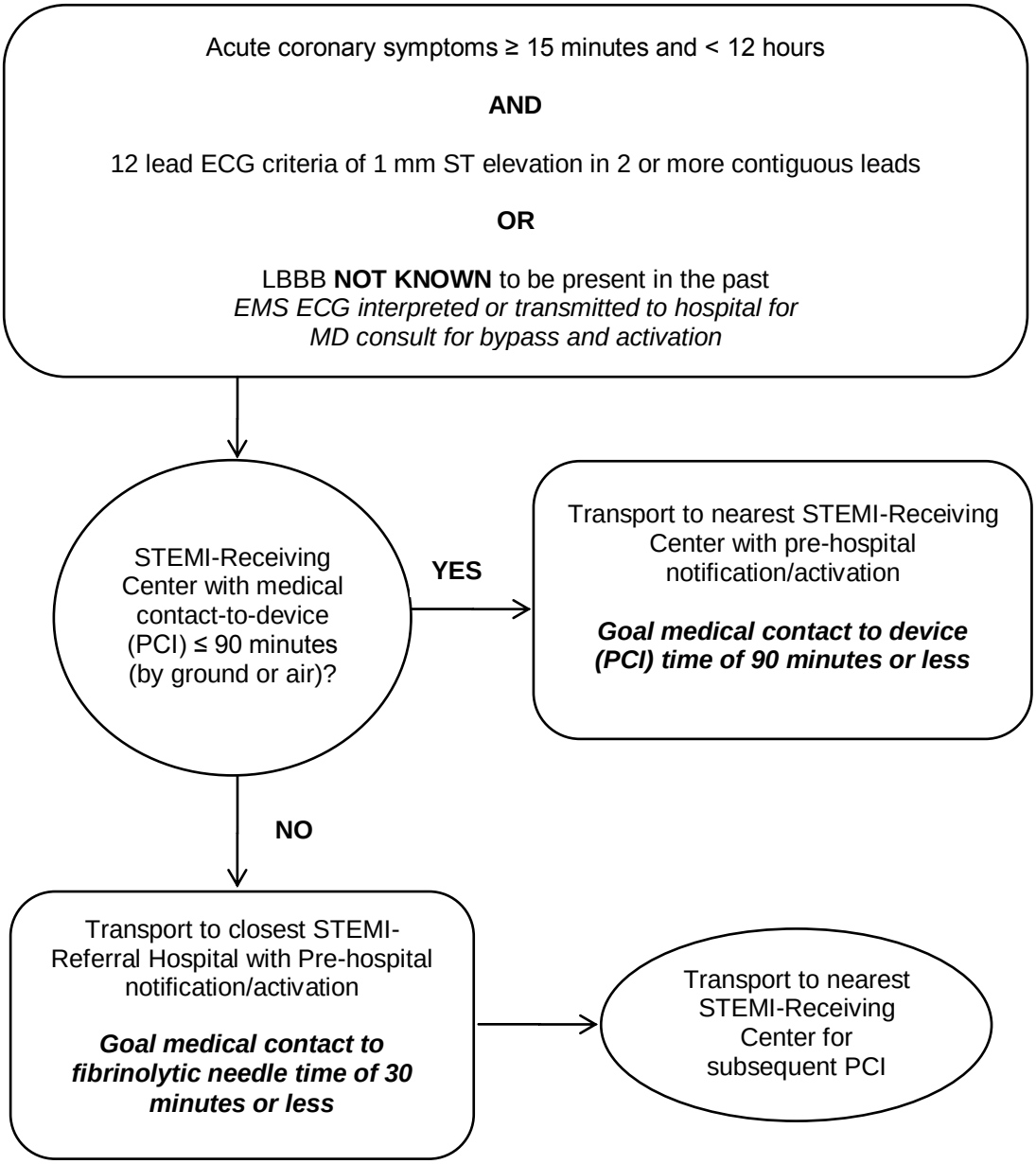
1401#010

POTPOURRI

Department of Health and Hospitals
Emergency Response Network Board

STEMI Triage Protocol for Pre-Hospital Providers

On November 21, 2013, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "STEMI Triage Protocol for Pre-Hospital Providers," as follows.



*O'Gara PT, Kushner FG, Ascheim DD, et all. 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infraction: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Journal of the American College of Cardiology. 2013;61(4):e78.

Norman E. McSwain, Jr.
Chair

1401#012

POTPOURRI

Department of Public Safety and Corrections
Oil Spill Coordinator's Office

Deepwater Horizon Oil Spill—Draft Programmatic and Phase III Early Restoration Plan and Draft Early Restoration Programmatic Environmental Impact Statement

Action: Notice of availability and request for comments; amendment

The Louisiana Oil Spill Coordinator's Office published a Notice of Availability and request for comments in the November 2013 *Louisiana Register* (on pages 3181-3183) and in the December 2013 Louisiana Register (on pages 3409-3411) providing information related to the *Deepwater Horizon* Oil Spill and proposed early restoration. This notice amends the information provided in the November and December Register notice:

Comments Due Date: Public comments received on or before February 19, 2014 (or 75 days from the availability of the document) will be considered.

Addresses:

Obtaining Documents: You may download a copy of the document at http://losco-dwh.com/.

Alternatively, you may request a CD of the document (see For Further Information Contact). You may also review copies of the document at the public facilities listed at http://losco-dwh.com/.

Submitting Comments*:* You may submit comments by one of the methods listed in the draft phase III ERP/PEIS or any of the following.

Via the Web: http://losco-dwh.com/Early RestorationPlanning.aspx or www.gullspillrestoration.noaa.gov.

For electronic submission containing attachments, email: Karolien.Debusschere@la.gov.

U.S. Mail: Louisiana Oil Spill Coordinator's Office, P.O. Box 66614, Baton Rouge, LA 70806 or U.S. Fish and Wildlife Service, P.O. Box 49567, Atlanta, GA 30345.

For Further Information Contact: Karolien Debusschere at Karolien.Debusschere@la.gov

Brian Wynne
Coordinator

1401#032

POTPOURRI

Department of Natural Resources
Office of the Secretary
Fishermen's Gear Compensation Fund

Underwater Obstruction—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 $35,543.64 were received for payment during the period December 1, 2013-December 31, 2013.

There were 3 paid and 5 denied.

Latitude/longitude coordinates, in degree decimal minutes, of reported underwater obstructions are:

29 12.519	89 59.031	Jefferson
29 14.461	89 27.251	Plaquemines
29 18.129	89 46.365	Plaquemines
29 18.430	91 23.380	Saint Mary
29 22.533	90 28.485	Terrebonne
29 23.740	90 32.890	Terrebonne
29 24.440	89 59.970	Jefferson
30 08.481	89 36.121	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

1401#031

POTPOURRI

Department of Wildlife and Fisheries
Wildlife and Fisheries Commission

Public Hearing—Louisiana Wild Seafood Certification Program (LAC 76:I.701, 704, 705, and 709)

The Department of Wildlife and Fisheries published a Notice of Intent to amend the Wild Seafood Certification Program in the November 20, 2013 edition of the Louisiana Register (Vol. 39, No. 11). After a thorough review of the proposed rule changes, the Department of Wildlife and Fisheries proposes the following substantive changes found in LAC 76:I.701 C.1.d.i; 704 A. A public hearing pursuant to R.S. 49:968(H)(2) will be conducted February 25, 2014, at 10 a.m.

Title 76
WILDLIFE AND FISHERIES
Part I. Wildlife and Fisheries Commission and Agencies Thereunder
Chapter 7. Louisiana Wild Seafood Certification Program

§701. Declaration of Policy, Purposes, and Intent

A. - C.1.c. …

i. LDWF may issue an LWSCP wholesale/retail dealer permit to docks and landings that do not possess the required LDHH permit. The LWSCP permit shall be issued on the condition that the LDHH permit is obtained by January 1 2015.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:578.15 and R.S. 56:23.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Office of the Secretary, LR 38:1999 (August 2012), amended by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 39:1062 (April 2013), LR 40:

§704. Product Registration and Supply Chain Verification

A. …

1. Applications for product registration shall only be submitted by the person who owns the brand.

2. Product registrations are valid for 1 year and expire 12 months from the date of registration.

3. Applications for product registration shall be accepted at any time of the year.

4.a. - c. …

d. species or species group indicated on product packaging

e. …

f. photo or image of package containing product brand and name

5. When a person registering a product does not directly purchase the seafood to be used in the product, the packager of the product may submit invoices to satisfy the invoice submission requirements of this Subsection.

B - D. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:578.15 and R.S. 56:23.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 40:

Public Hearing

A public hearing will be held on February 25, 2014, at 10 a.m. at the Louisiana Department of Wildlife and Fisheries, 2000 Quail Dr., Baton Rouge, LA 70808.

Robert Barham
Secretary

1401#042

POTPOURRI

Workforce Commission
Office of Unemployment Insurance

Public Hearing—Substantive Changes to Proposed Rule
Appealed Claims for Board of Review
(LAC 40:IV.111)

The Louisiana Workforce Commission (LWC) published a Notice of Intent to amend §111; Notice of Hearing in the February 20, 2013 edition of the *Louisiana Register* (LR 39:420). The notice solicited comments and testimony. As a result of its analysis of the comments and testimony received, the LWC proposes to amend certain portions of the proposed Rule. §111 will be amended to reflect the notice of hearing may be mailed or transmitted to the parties. The proposed amendment will closely align the proposed Rule with the proposed Rule on the same topic as published by the LWC in the November, 2013 edition of the *Louisiana Register* (LR 39:3172). No fiscal or economic impact will result from the amendments proposed in this notice.

Title 40
LABOR AND EMPLOYMENT
Part IV. Employment Security
Subpart 1. Board of Review
Chapter 1. Employment and Security Law
§111. Notice of Hearing

A. A notice of hearing shall be mailed or transmitted to all parties to the appeal at least seven days prior to the date of the hearing, specifying the place, date, and time of the hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1631.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Employment Security, LR 15:486 (June 1989), amended by the Department of Employment and Training, Office of Employment Security, LR 17:36 (January 1991), amended by the Workforce Commission, Office of Unemployment Insurance Administration, LR 40:

Curt Eysink
Executive Director

1401#085

POTPOURRI

Workforce Commission
Office of Workers' Compensation

Public Hearing—Utilization Review Procedures
(LAC 40:I.2715)

The Louisiana Workforce Commission, Office of Workers' Compensation published a Notice of Intent to amend the Utilization Review Procedures in the September 20, 2013 edition of the *Louisiana Register* (LR Vol. 39, No. 09). A public hearing was held pursuant to R.S. 49:953(A)(2) on October 24, 2013, and interested persons were invited to provide comment. After a thorough review and careful consideration of the received comments, the Louisiana Workforce Commission, Office of Workers' Compensation proposes the following substantive changes found in LAC 40:I:2715(D).

Title 40
LABOR AND EMPLOYMENT
Part I. Workers' Compensation Administration
Subpart 2. Medical Guidelines
Chapter 27. Utilization Review Procedures
§2715. Medical Treatment Schedule Authorization and Dispute Resolution

A. - C. …

D. Submission and Process for Request for Authorization

1. …

2. Evaluation and Management Visits

a. The medical treatment schedule provides that a timely routine evaluation and management office visit with the treating physician is required for documentation of functional improvement resulting from previously authorized medical care, service and treatment. A LWC-WC-1010 shall be required to initiate the request for authorization of the first routine evaluation and management office visit that occurs beyond the statutory non-emergency medical care monetary limit of $750 per health care provider. If such routine evaluation and management office visit is approved as medically necessary, a LWC-WC-1010 shall not be required for any subsequent routine evaluation and management office visits with the employee's treating physician within the first year of the accident date not to exceed 12 visits. Any routine evaluation and management office visit that occurred prior to the first submission of a LWC-WC-1010 shall count towards the 12 visits to occur within one year of the accident date. A LWC-WC-1010 shall be required for a routine evaluation and management office visit after the twelfth visit or after one year from date of accident. If approved, an LWC-WC-1010 shall only be required on every fourth routine evaluation and management

office visit thereafter. The carrier/self-insured employer may authorize more office visits over a defined period of time.

b. A routine evaluation and management office visit is limited to new and established patient evaluation and management office/outpatient visits, which includes the following Current Procedural Terminology Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215.

c. Any medical care, services, or treatment performed at such routine evaluation and management office visit that will be billed as anything other than a routine evaluation and management office visit code shall require pre approval with a request for authorization on a form LWC-WC-1010. Nothing contained in Subparagraph D.2.a of this Section shall prevent the carrier/self insured employer from denying one of the 12 routine evaluation and management office visits to occur within the first year of the accident date for reasons other than medical necessity to include but not be limited to causation, compensability, and medical relatedness. After the first 12 routine evaluation and management office visits or after one year from the date of accident, the carrier/self insured employer may deny as not medically necessary any request for a routine evaluation and management office visit.

D.3. - O. ….

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1203.1.

HISTORICAL NOTE: Promulgated by the Department of Employment and Training, Office of Workers' Compensation, LR 17:263 (March 1991), repromulgated LR 17:653 (July 1991), repromulgated LR 18:257 (March 1992), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 38:1030 (April 2012), repromulgated LR 38:1287 (May 2012), amended LR 38:3255 (December 2012), LR 40:

The proposed amendments alter the Notice of Intent printed in the September 20, 2013 edition of the *Louisiana Register*. Specifically, the proposed amendments further define, by CPT Code, a routine evaluation and management office visit.

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.

A public hearing will be held on Friday, February 28, 2014, at 9 a.m. at the Louisiana Workforce Commission Training Center, 2155 Fuqua St., Baton Rouge, LA 70802.

Curt Eysink
Executive Director

1401#048

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